

Methodist Homes The Herons

Inspection report

Calverton Close
Toton
Nottingham
Nottinghamshire
NG9 6GY
Tel: 0115 946 0007
Website: www.mha.org.uk

Date of inspection visit: 02 December 2014
Date of publication: 02/03/2015

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

We inspected the service on 2 December 2014. This was an unannounced inspection. The Herons is registered to provide accommodation for up to 39 older people. The home is situated on two floors with a passenger lift for access to the upper floor. On the day of our inspection 38 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

When we last inspected the service on 13 May 2014 we found there were improvements needed in relation to how people gave consent to their care, how they received care and support which met their needs and the manager’s failure to notify us of events in the service. The provider sent us an action plan telling us they would

Summary of findings

make these improvements by August 2014. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan.

People felt safe in the service and the manager shared information with the local authority when needed. Staff knew how to respond to incidents if the manager was not in the service. This meant there were systems in place to protect people from the risk of abuse.

Medicines were managed safely and people received their medicines as prescribed. Staffing levels were matched to the needs of people who used the service to ensure they received care and support when they needed it.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by

ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. The manager told us that all of the people using the service had the capacity to make their own decisions but there were systems in place to ensure the appropriate assessments would take place if the need arose.

People were supported to maintain their nutrition and health needs. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

People enjoyed the activities and social stimulation they were offered. People also knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. Audits had been completed that resulted in the manager implementing action plans to improve the service.

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 was safe.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutrition. Their health was monitored and staff responded when health needs changed.

People made decisions in relation to their care and support.

Good



Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect.

People were encouraged to make choices and decisions about the way they lived and they were empowered to be independent.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well led.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were effective procedures in place to monitor the quality of the service and where issues were identified action was taken to address these to promote continuous improvement.

Good



The Herons

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.

We inspected the service on 2 December 2014. This was an unannounced inspection. The inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the

service and asked them for their views. We also contacted two external health care providers who visited the service and asked them for their views of the care people received in the service. Before the inspection, the provider 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.

During the visit we spoke with six people who used the service, three relatives, two members of care staff, the head cook, the deputy manager and the registered manager. We observed care and support in communal areas. We looked at the care records of three people who used the service, the medicine records for ten people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider.

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 with us.

Is the service safe?

Our findings

All of the people who used the service that we spoke with told us they felt safe. They told us that if they were concerned they would talk to a member of staff or the manager if it was more serious. One person said, “I am very safe and comfortable here. The staff are very kind.”

Relatives we spoke with told us they felt their relation was safe. One relative said, “I can sleep now. It’s a tremendous reassurance that [relation] is here and I know the staff care and look after them.” Another said, “I feel much more content knowing [relation] is here.”

People could be assured that incidents would be responded to appropriately. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager demonstrated that they had shared information with the local authority following incidents in the service.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. We saw from the care records of one person that a referral had been made to the falls team after the person had a fall. This person was given support to access specialist equipment and physiotherapy to try and minimise the risk of further falls and this had been effective. The manager told us that the service had a good relationship with the local falls team and that if a person had more than one fall they were immediately referred to the team. We spoke with the local falls team and they confirmed this was the case.

The manager told us that reports of accidents and incidents were logged on the providers online system and these were reviewed by the head office to assess if there

were any trends in order to identify and make improvements to the support people received. We saw this system was used and had resulted in referrals to the falls prevention team where needed.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help then staff were quick to respond. Relatives also said they felt there were enough staff to give their relation the care they needed. One relative told us there had been occasions when their relation had called for staff using the alarm call and that, “A member of staff always comes within a minute or two and helps [relation] back to bed or wherever [relation] wants to go.”

We observed staff were available when people needed support and staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. There were systems in place to adjust staffing levels to meet the changing needs of people and the manager gave us an example of when this taken place recently. The manager told us there was a dedicated team of bank staff who were used to cover staff sickness to ensure consistency in the staffing group.

Two people who used the service had been assessed as being able to manage their own medicines. We spoke with one of them and they told us staff supported them to manage their medicines and said, “If I am ill staff take that (medicines management) on.” We saw there were systems in place to regularly check these people were still able to safely manage their own medicines.

Other people did not manage their own medicines and relied on staff to administer these to them. We observed a member of staff administering medicines to a person and saw they followed safe practices. Staff received training in the safe handling and administration of medicines and had their competency assessed. We found the systems were safe and people were receiving their medicines as prescribed.

Is the service effective?

Our findings

The last time we inspected the service we found there had been a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found at this inspection that improvements had been made in relation to how care was assessed and planned to meet individual needs.

The last time we inspected the service we also found there had been of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found at this inspection that improvements had been made in relation to people consenting to care and people were now more involved in making decisions about their care..

The care plans we looked at during this inspection had appropriate forms in place to ensure people's consent to their wishes when they reached the end of their life had been sought. The manager told us she had been working with people's doctors to make sure this was assessed appropriately. We found one such form needed additional information and the manager discussed this with the person's doctor following our visit.

People felt they were supported to make decisions about their care and support and the manager and staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and described how they supported people to make their own decisions. The manager told us that all of the people currently using the service had the capacity to make their own decisions and so capacity assessments had not needed to be undertaken.

The manager displayed a good understanding of the Deprivation of Liberty Safeguarding (DoLS) and told us there was no one who currently used the service who required an application for a DoLS. The staff we spoke with had a basic understanding of DoLS and told us there was further training being given on this topic. The manager had the required information to enable her to make an application if the need arose in the future.

People we spoke with told us they were happy with the care they received from the staff, and their relatives also spoke positively about the care provided. Three people told us that The Herons was, "The best care home in the area." Another person said, "I wouldn't wish to be anywhere else."

Where people were at risk of developing a pressure ulcer or had developed an ulcer staff had sought appropriate advice from the district nursing team and had obtained specialist equipment to help manage the risk. We saw from the care records of two people who had a pressure ulcer that there was a plan in place informing staff how to minimise the risk of the ulcer deteriorating and the person developing a further pressure ulcer. We saw staff were following advice from the visiting district nurses such as supporting people with repositioning as detailed in the care plans. We saw this care was effective with the ulcers of both people making progress with healing.

People's health needs were monitored and their changing needs responded to. People told us they were supported to see a doctor when they needed to and that chiropodists and opticians visited them at the service. Two people told us, "The optician visits regularly and the NHS chiropodist visits every 3 months and a private chiropodist visits in between." One person said, "I have been seen by a physiotherapist which was organised by the staff." Their relative told us, "[Relation] is now more mobile than before [relation] came to live here."

We saw from care records that staff sought advice from a range of external professionals such as dieticians, occupational therapists and the falls team to support people with their health care. We received feedback from a visiting doctor who told us that staff always called them when there was a health issue they needed advice with and always followed the advice given. A second visiting doctor commented positively on the care provided by the staff and said they felt the staff were very knowledgeable about people's care needs.

People felt supported by staff who had the knowledge and skills to provide effective care and support. People told us they felt that the staff were sufficiently trained. One person told us, "They do not use agency staff. They only use their own bank staff so they are familiar with the residents and what they need."

Staff told us they enjoyed working in the service and had worked in the service for a number years. Staff told us they had regular support and supervision with the manager, where they were able to discuss the need for any extra training and their personal development. They told us they were given the training they needed to do their job and records we saw confirmed this.

Is the service effective?

People we spoke with told us that the food was good and that they were given plenty to eat. One person said, “Breakfast is my main meal of the day. I can have cereal or porridge and then an egg on toast and sometimes bacon, and then toast and marmalade. On a Sunday there is a full English breakfast with everything on. It’s really lovely.”

One person told us, “There is fruit and crisps for residents to help themselves to at any time and staff will always make extra drinks, but there is rarely a need as they are served with meals, mid-morning and afternoon and at bedtime.” We saw there was fresh fruit and snacks on a side table for people to eat and we saw two people help themselves to the fruit.

People were supported to eat and drink enough to help keep them healthy. We observed the lunch time meal and saw that where people needed support to eat we saw this was given by staff in a discreet and supportive manner. The meal looked appetising and nutritious and people we spoke with during lunch told us they were enjoying the meal. One person had a special diet and this was provided to them in their bedroom. We saw staff gave the special diet and supported the person to eat the food. We spoke with the cook and they were aware of who was on a special diet, such as a diabetic diet. Nutritional assessments were undertaken monthly to assess if people needed extra support with their nutrition.

Is the service caring?

Our findings

Without exception people told us that staff were consistently caring and kind and that they felt very comfortable with the staff. One person told us, “I get on well with the staff.” Another said, “They [staff] are very kind.” One relative said “Staff are excellent and really care.” Our observations supported what people told us. We saw people laughing and chatting with each other and with staff. People told us they had forged friendships with other people and with staff and during our visit these friendships were evident. We observed people chatting to other people who used the service and enquiring about them if they were not where they would normally be in the home.

We sought feedback from two visiting doctors and they both told us they felt staff were very caring and they knew the needs of people well. A volunteer told us, “Staff know the residents well. They have a warm relationship with a close knit team who pull together. They are kind to the residents.”

People’s comfort was important to staff and we observed examples where staff noticed and responded when they felt people may need support with this. For example one person was in the dining room and the sun was shining in their face through the window. A member of staff quickly noticed and asked if the person wanted the curtains closing.

We observed the lunch time meal and we saw this was a social occasion with people chatting together and with staff. There was banter between staff and people who used the service and we saw many occasions where people were laughing together at things staff were saying. It was a happy and relaxed atmosphere.

People were treated with kindness and compassion by staff. We heard staff speaking to people in a kind tone of voice. We saw staff bend down to get eye contact with people who had hearing impairments to gain their attention before speaking to them. We saw staff were patient and understanding when supporting people. For example, we saw a member of staff giving a person their medicines. The staff member sat with the person for quite a while in a relaxed way and chatted to them, rather than standing waiting for them to take their medicine.

Staff had an appreciation of the importance of people’s choice and independence and we saw many examples of

staff supporting people with this. We saw one person struggling to eat their meal and this was noticed immediately by a member of staff who kindly asked the person if they would like a different type of cutlery to enable them to eat their meal. The person accepted this cutlery and we saw they ate their meal independently after this. One person who used a wheelchair told us they could go out of the service independently but had trouble getting back in due to the ramp. They told us that staff had given them a ‘call pendant’ so they could ring when ready to go back into the service and that this had helped them to retain their independence.

We heard one staff member ask a person if they would like to be supported to have a bath. The person said, “Oh no I don’t feel up to it today.” The staff member put their hand gently on the person’s arm and said, “I will ask you again tomorrow to see if you feel more like it then.” We saw a member of staff ask a person which of their personal mugs they would like their drink in. The staff member took the person’s own coffee to make the drink. We spoke with the person and they told us, “That is what I always have in the afternoon and I only like my own coffee.” This showed staff respected people’s individual choice and preferences and acted in accordance with these.

We saw people’s choices were respected when we looked at care records. For example we saw one person had refused to use some equipment provided for them and staff had recorded this decision and also recorded that they had explained the risk of not using the equipment. We spoke with the person’s relative and they confirmed they had been involved in these discussions.

We saw there was a variety of communal areas where people could spend their time and the service was in the process of opening a kitchen/diner where people could make their own snacks and drinks and spend time with their visitors. One person told us they used one of these communal areas to follow one of their hobbies with a visiting friend.

People were supported to have a say in how they were cared for. They had access to their care records and people told us they had been involved in planning their care. One person told us, “I have recently been involved in updating my care plan.” One relative told us that staff left messages in their relation’s care folder about any changes to their care. Out of the three care plans we looked at, two people had signed their own care plan to say they were happy with

Is the service caring?

the plan and the other person had signed their plan detailing that they didn't want involvement and wished their family to be consulted instead. In the provider information return the manager told us that people were involved in implementing a care plan from the day of admission to ensure the, "plan was person centred to that resident."

The manager told us that there was information available for people if they wished to use and advocate and that a local advocacy service was visiting the home in the near future. We saw this information on display in the service. Advocates are trained professionals who support, enable and empower people to speak up.

People we spoke with told us that staff respected their privacy and dignity. We observed staff respecting people's privacy and dignity when supporting them. For example

speaking to people discreetly about matters of a personal nature and knocking or bedroom doors and waiting for an answer prior to entering. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this.

In the provider information return the manager told us that staff were trained in how to respect people's privacy and dignity. She told us that she carried out regular observations of staff interactions to assess if people were treated with compassion and privacy and dignity was respected. This was supported with further monthly observations by a service delivery manager. If room for improvement was noted then this was followed up with individual training. The manager used these observations to develop and sustain the approach used by staff.

Is the service responsive?

Our findings

People's preferences were known by staff. For example we observed staff serve drinks in the lounge during the afternoon and staff served tea without milk to a person without asking their preference. We spoke with the person and they told us, "That is just how I like it and all the staff know that." We observed staff provide another person with what was clearly their preferred drink.

We spoke with staff and they knew the likes, dislikes and preferences of people they were supporting and we saw this information was recorded in people's care records in a 'personal profile'.

People told us they didn't get to go out on trips as often as they used to as staff were busy providing care and support. However, people told us there were a great many in-house activities they could participate in and records showed that everyone using the service was supported to follow their hobbies and interests. One person told us, "I like the 'Knit and Natter' they are great sessions. If you can't knit you can just natter." Another person told us about the game they enjoyed, they said, "You throw a beanbag on to a big sheet on the floor and whatever number the bag lands on you answer the question allocated to that number." Several people spoke enthusiastically about a 'seaside day' in which the outside of the home was transformed in to a beach, fish and chips were served in paper, ice cream was served and beach games were played. People told us they had thoroughly enjoyed this day with one person saying, "It was super. A really lovely day." A relative told us, "[relations name] does a lot more for herself since she came to The Herons and has started knitting again and joining in with activities."

The service had implemented a volunteer scheme, with a volunteer manager leading the group to support people to follow their hobbies and interests and develop new interests. The activities group was still being developed but

we saw volunteers already in place included a library, a group of individual and session activity organisers and an IT volunteer who had started showing a group of people how to use the internet. The volunteers had spoken with people and gained an understanding of their hobbies and interests and these had been recorded in the activity folder. People had then been supported to take part in their chosen activities and they had been assessed to determine physical, sensory, well being and participation values. This was used to determine if the activity had been successful.

We saw there were planned activities at least twice a day and we attended both the morning and afternoon sessions. Both sessions were well attended and we saw people were engaged and stimulated by the sessions held. People were animated and chatted to each other whilst joining in with the volunteers running the sessions.

People felt they could speak with staff and tell them if they were unhappy with the service. They told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. One person said, "I am very happy with my treatment here." The relatives we spoke with said they felt comfortable to speak with staff if they wanted to raise any concerns. One relative told us they had raised some minor concerns with the staff and these had been addressed right away. The relative told us, "I would not hesitate to escalate issues to the manager if they didn't improve."

People could be assured their concerns would be responded to. There was a clear procedure for staff to follow should a concern be raised. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the manager. In the provider information request the manager told us that there had been two complaints raised and we saw these had been investigated and resolved with the person raising the complaint.

Is the service well-led?

Our findings

The last time we inspected the service we found there had been a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We found improvements had been made and the manager and provider were now informing us of incidents in the service. This meant we were being kept informed of events happening in the home.

People were aware of the meetings held for people using the service and told us they would attend if they had anything to say. One person told us, "They (staff) do their utmost to cater to my needs." A relative said, "This is a good home. The staff are caring and work to the best of their ability."

We saw the record of the most recent meeting and saw that an action arising was in relation to the menu. This action had been completed with new menus being introduced with the input of people who used the service. People were kept up to date with events and changes in the service via a monthly newsletter which we saw on display in various parts of the home. The most recent newsletter gave an introduction to new volunteers, information on what activities the volunteers were planning and the events planned for the month.

We observed people who used the service and staff who worked together to create an open and inclusive atmosphere. There was much friendly banter between staff and people who used the service, who spoke openly and warmly to each other. We saw staff supporting each other and working well as a team. We also saw people using the service supporting each other. One person was delivering a newspaper to another person and told us they did this each day. Another person was keeping the lift door open whilst a person in a wheelchair self propelled out of the lift.

The manager told us in the provider information return that they worked hard to make sure the community had a link with the home. We spoke with the volunteer group leader and they told us they had been actively approaching community groups to forge links with the service. We saw the result of this was there were regular visits from local places of worship, local schools and an army wives choir.

There was a registered manager in post and she understood her role and responsibilities. People were clear about who the manager was and felt they could approach her if they wanted to talk to her about anything and that she would listen and make changes as a result of this.

In the provider information return, the manager told us that staff completed an annual satisfaction survey and this was used to assess the motivation of staff. Staff told us they felt the manager listened to them if they raised any concerns or suggested improvements. The staff told us they could attend staff meetings and these were a two way conversation with the manager. They told us they felt supported and could approach the manager, who had a visible presence in the service. We could see that staff enjoyed working in the service, they looked happy and they told us they enjoyed their job. We observed them working together as a team and they were organised and efficient.

We saw the manager kept a record of compliments received from relatives of people who used the service. We saw there had been four written compliments received in the month of our visit with one relative saying, "The care is second to none."

People were given the opportunity to have a say in what they thought about the quality of the service they received. All of the people we spoke with told us they had received a survey recently but not everyone had filled it in as they felt they could speak with the manager at any time. One relative told us they were happy with the service and didn't feel the need to fill it in. We looked at the surveys completed so far and the results were very positive and 100 percent of the participants stated they were satisfied with the service overall.

There were systems in place to monitor the quality of the service provided. These included, a monthly audit completed by the management team in areas such as care planning and medicines management. Service managers also carried out monthly visits which included looking at areas of management such as how accidents and nutrition were being managed. We saw these visits also included observations of staff and discussions with staff to test their knowledge of the needs of the people they were supporting. We saw there were action plans put in place where areas requiring improvements were identified.