

Methodist Homes

Herondale Kingfisher

Inspection report

175 Yardley Green Road
Bordesley Green
Birmingham
West Midlands
B9 5PU

Tel: 01217530333

Date of inspection visit:
12 November 2019
13 November 2019

Date of publication:
17 January 2020

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

Herondale Kingfisher is a residential care home providing personal and nursing care to 67 people aged 65 and over at the time of the inspection. The service can support up to 79 people.

The service is split over two buildings on the same site. Herondale provides nursing and residential care to people living with dementia and Kingfisher supports people primarily with nursing care needs.

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

People received safe care. People were supported by staff who understood the action to take should they have any concerns about people's safety. The risks associated with people's care had been identified and plans put in place to minimise these. Staff had been recruited safely. People were supported to take their medicines safely.

People received effective care. People received support to eat and drink meals of their choosing and where required were supported to access appropriate healthcare. Staff had received training in people's needs. 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.

People felt well supported and cared for by staff. People had been involved in developing a plan of care based on their preferences and were involved in making choices about their care. Staff enjoyed supporting people.

People received care that was responsive to their needs. People had been involved in reviewing their care to ensure it continued to meet their needs. People participated in activities of their choosing. People and relatives felt able to raise any concerns and could be assured these would be investigated.

The service was well led. Systems were in place to monitor the quality and safety of the service. People and staff were able to feedback their views of the service. The registered manager was aware of their responsibilities for notifying the commission of specific events.

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 3 June 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 ●

Herondale Kingfisher

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

On the first day of the inspection the inspection team consisted of an inspection manager, an inspector, an assistant inspector and a specialist advisor who had experience in this type of setting. One inspector returned to complete the inspection on the second day.

Service and service type

Herondale Kingfisher 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. This means that they 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 information from the local clinical commissioning group who work with this service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with seventeen members of staff including the registered manager, deputy manager, area manager, care staff, nurses and the chef. 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.

We reviewed a range of records. This included ten peoples care records and seven medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

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 as 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 were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns. Staff had received safeguarding training and were able to describe the action they took to keep people safe.
- The registered manager was aware of their responsibility to report any safeguarding concerns to the appropriate authorities.

Assessing risk, safety monitoring and management

- Risks to people's care had been identified and measures put in place to reduce these risks.
- Staff were aware of the risks associated with people's care and told us steps they took to keep people safe.
- One person we spoke with described how staff had supported them to feel safe when using equipment to help them mobilise.

Staffing and recruitment

- We received mixed views about the staffing levels at the home. Whilst some staff told us there were sufficient staff available on shift, other staff thought the staffing levels were not sufficient. Some staff explained this meant they had to leave communal areas unattended for short periods.
- We spent time observing care practice. Whilst we observed two instances where people had been left in communal areas for short periods of time, people did not have to wait significant amounts of time to receive support.
- The registered manager showed us their staffing dependency tool which was used to determine the staffing levels needed depending on people's current needs. Records we viewed confirmed that these staffing levels were in place at the time of the inspection.
- Staff informed us of the recruitment checks that were carried out prior to their employment at the service. Records we viewed confirmed that recruitment checks had been carried out.

Using medicines safely

- People received safe support with their medicines. We saw staff supporting people with their medicines and this was done in a dignified and caring manner.
- There were systems in place to monitor medicine administration.
- Some people living at the service received their food, drink and medicines via an enteral feeding tube. Whilst we found the correct procedures were in place to support people with their food and drinks, we found the service needed to gain further authorisation for medicines that were given through this feeding tube. The registered manager confirmed this had been actioned following the inspection.

- There were some improvements required with the cleanliness of one of the medication rooms and in ensuring all medicines were stored safely. We found there were no cleaning schedule records available for this area of the home. The area manager informed us this would be rectified immediately.

Preventing and controlling infection

- The home was clean and odour free and had a dedicated team of staff responsible for the cleanliness of the home.
- Staff were aware of their responsibility for good infection control standards. We saw staff using personal protective equipment when supporting people, for example at meal times.

Learning lessons when things go wrong

- We saw there were systems in place to investigate any incidents and accidents that occurred at the home. Each accident was investigated individually to determine if anything could be done to prevent re-occurrence. The registered manager had systems in place to analyse incidents in order to identify trends to reduce the chance of a similar incident occurring again.

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 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

- Peoples needs were assessed prior to them moving into the service to ensure their needs could be met safely.

Staff support: induction, training, skills and experience

- Staff informed us that they had received an induction and had received sufficient training to give them the skills needed for their roles.
- We saw there were systems in place to monitor the training staff had received to ensure it was kept up to date.
- Nurses received clinical supervision and informed us they had been supported to complete revalidation as and when required.

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

- Peoples preferences for food and drinks were catered for and made known to the dedicated team of staff responsible for food preparation. One person told us, "Quality of food is very good."
- The chefs at the service were able to tell us how they prepared a special or modified diet for some people which we saw put into practice.
- We saw people were offered choices of meals and there were written menus available to help people make these choices.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us about how they worked with other healthcare professionals to ensure people received care that was based on their needs.

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

- At the time of the inspection the home was undergoing renovation in the Kingfisher building to update and improve the environment for people living there. The registered manager had ensured they communicated decisions made with people living at the home and had given people the opportunity to move bedrooms whilst the work was undertaken to minimise the disruption to these people.
- The registered manager informed us of planned improvements within the Herondale building to make the environment more dementia friendly. This included increasing the signage around the communal areas and introducing key areas of interest.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive appropriate healthcare in line with their individual needs.
- We saw there was information available to staff about people's healthcare needs. Staff were able to tell us about people's healthcare needs.
- People were supported to maintain their oral healthcare and assessments had been introduced in line with best practice.
- People had access to a GP who visited the home regularly and the home was able to refer to community healthcare teams such as dieticians and tissue viability.

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.

- People had been supported appropriately under the MCA. Staff understood the requirements of the MCA and were able to tell us how they ensured they sought consent and offered choices to people.
- Whilst the registered manager had applied for DoLS appropriately, staff were unable to consistently tell us who had a DoLS in place and whether there were any associated conditions. However, we saw people were able to access secure communal and garden areas freely and staff were able to tell us how they supported people in the least restrictive manner.
- Where it was thought that a person may lack capacity to make a specific decision, MCA assessments and best interest meetings had taken place, in most cases.

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 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

- People felt cared for and told us of the caring nature of staff. One person told us, "Staff listen to what we say. Staff here are very dedicated and very caring."
- One relative told us staff had made an effort to get to know what their family members interests were. This relative informed us, "Staff do seem kind and caring." Another relative told us, "The staff take good care of mum."
- Staff informed us they enjoyed their role and one staff member told us, "I like to come here and spend time with the residents."
- We observed kind, supportive and friendly interactions between staff and people. On one occasion a person living with dementia was showing distressed behaviour. We saw staff take time to comfort and reassure the person. The staff member knew how to support the person and what words of comfort to offer.
- The service had a minister who visited the home to deliver a weekly service for people with one type of faith. We saw that people's spiritual needs had been considered and recorded in their care plans and there were resources available for people of different faiths.
- The home had introduced different initiatives that showed us the service was caring. These included a welcome pack that people received when they first moved into the home and a wishing tree. This had resulted in the home arranging for one person to go back to their old place of work.

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

- People and their relatives had been involved in developing their plans of care. This had enabled people to state how they wished to be supported.
- People informed us they were involved in decisions about their care

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. We saw staff knocking on people's bedroom doors before entering to respect their privacy.
- People were encouraged to remain independent, for example, at meal times and with their mobility.
- Staff explained how they promoted people's dignity by ensuring people were covered when supporting them with personal care.

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 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

- People and their relatives where appropriate had been involved in developing their plan of care to ensure individualised care could be provided. Care was reviewed with people to determine if it continued to meet their needs and also to enable people and their relatives to state any changes they may want to make.
- Whilst staff knew people well and how to support them we found some care records needed updating to reflect people's current needs. The management team had identified this and had put a plan in place to ensure this was rectified.

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.

- Staff were aware of people's communication needs. The registered manager informed us of resources that were due to be purchased to enable communication for those people living with dementia.

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

- The service had employed an activities coordinator who had sought out people's preferences for activities. We saw activities were planned for the week. Individual activities were also carried out, at times, for those people receiving care in their bedroom. For example, one person told us that staff brought him a newspaper every day.
- The service had purchased dementia friendly aids that we saw brought people comfort and encouraged people's communication.
- We saw a music session taking place in Herondale unit which was run by a music therapist. We saw people become animated and were enjoying taking part in the activity.
- Relatives were welcomed into the home and relatives we spoke with said they could visit when they wished. One relative told us, "We come when we want to and are made to feel welcome. It's like a family."

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how they could raise concerns or complaints about the service. One relative told us, "I would raise a complaint if I needed to." A person we spoke with explained how concerns that they raised were actioned by the management team.

End of life care and support

- People had been given the opportunity to discuss end of life wishes to ensure care could be provided as the person wished at this time.
- Staff had received training in end of life care and further specialist training was planned
- The registered manager had introduced a 'Butterfly Box' for relatives to have when their family member was nearing the end of their lives. This contained comfort and practical items for families to use so that they wouldn't need to leave the service if they didn't want to.

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 to 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

- The service worked with people, relatives and health professionals to ensure the service people received was person centred.

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

- Through our discussions with the registered manager we determined that they were aware of and acted in line with the duty of candour requirements. The registered manager was open and transparent throughout the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a management structure in place with the registered manager employing a deputy manager and care managers in place to oversee the provision of care in the service.
- The registered manager was aware of their responsibility to notify the commission of specific incidents that had occurred at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Most of the staff that we spoke with felt supported in their roles and felt able to suggest improvements within the service. One staff member told us, "If I have a problem I go to [name of manager] and she will help me."
- We saw there were systems in place to seek feedback from people and staff. There were planned residents and staff meeting and surveys had been carried out with staff and people living at the home. Where less positive results were found, an action plan had been put in place which was reviewed.
- One person we spoke with told us, "The service does ask for feedback. We have relatives' meetings and a questionnaire is filled in."
- There were systems in place to have oversight of the service and to monitor the quality and safety of the service.

Working in partnership with others

- The service worked alongside professionals such as commissioners, social workers and healthcare

professionals to ensure people received the care they needed.