Devon Care Homes Limited

The Firs Residential Home

Inspection report

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Date of inspection visit: 4 and 16 December 2014
Date of publication: 26/03/2015

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 took place on 4 and 16 December 2014 and was unannounced. The Firs Residential Home cares for up to 29 older people who are living with dementia. At the time of our visit the provider had built an extension to add an additional seven bedrooms. They were in the process of registering these additional bedrooms with the Care Quality Commission (CQC). Since this inspection the home has been granted registration to provider accommodation for seven additional people taking their registration up to 36 people.

At the time of our visit there were 27 people living at The Firs. Many of the people who were living at the home have dementia and lacked capacity, and were not able to communicate their experiences of the care they received.

We last inspected the home in December 2013. At that inspection we found the service was meeting all the regulations inspected.

The home had a registered manager who had registered with the Care Quality Commission (CQC) in September 2014 and had a degree qualification in dementia studies. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the two days of our inspection there was a calm, friendly and homely atmosphere. People seemed happy

Summary of findings

and relaxed. We observed interactions between staff and people living in the home and found staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the home and knew how to respect people's privacy and dignity. Everyone spoke highly about the care and support at the home. One person said, "They look after me very well". A health professional said "Staff were always kind and friendly to the people who live there" and they had no concerns about the care provided. A visitor said ""Nothing has been too much trouble; everyone has been very kind and thoughtful".

Suitable arrangements were in place to ensure people's nutritional needs were met. People were provided with a choice of healthy food and drink

Care records met people's individual needs and gave staff the information and guidance they needed. They contained detailed person centred information about how people wished to be supported. People's risks were well managed, monitored and regularly reviewed to help keep people safe. The home were transferring to a new care recording system that was more comprehensive and staff were positive about the new recording system.

People were supported to take part in a varied range of activities and were developing close links with the community. Activities were meaningful and reflected people's interests and hobbies.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff understood their role with regards the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Applications were made and advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse; they described what action they would take to protect people against harm. Staff said they felt confident any incidents or allegations would be fully investigated. People told us they felt safe.

People knew how to raise concerns and make complaints. Records showed and people said concerns raised had been dealt with promptly and satisfactorily. Staff were supported by the registered manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the home and improvements were made when required. The registered manager and provider's senior manager reviewed processes and practices to ensure people received a high quality service.

People were at the centre of the home and their opinions were sought. There was an effective quality assurance system in place that monitored people's satisfaction with the service. Audits were carried out and were used to help make improvements and ensure good delivery of care and support provided by the home.

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.

Good

There were sufficient numbers of skilled and experienced staff to meet people's need.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Medicines were stored securely and administered as required.

Is the service effective?
The service was effective.

Good

People received good care and support that met their needs.

Staff received on-going training to make sure they had the knowledge and the skills to carry out their role effectively. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

The registered manager and staff were aware that, where people were restricted or deprived of their liberty, a Deprivation of Liberty Safeguard application would need to be made, to ensure this was in people's best interest and the least restrictive practice was used.

People could make choices about their food and drink. People were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

People had regular access to healthcare professionals, such as GPs, opticians and dentists.

Is the service caring?
The service was caring.

Good

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well. Staff had built positive caring relationships with people and care was provided with kindness and compassion.

The staff promoted independence, respected people's dignity and maintained their privacy. People and their families were informed and actively involved in decisions about their care and support.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People's needs were assessed and care plans were produced identifying how to support people's individual needs. Daily handover meetings were held with staff to discuss people's progress and any additional support they required. Staff had a good understanding of how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests. Family members and friends continued to play an important role and people spent time with them. Visitors could join people in activities in the home and the community.

People could raise any concern and felt confident that these would be addressed promptly.

Is the service well-led?

Good

The service was well led.

Staff were supported by the registered manager and felt able to have open and transparent discussions with her. Staff said both the registered manager and senior manager were approachable and defined by clear roles within the home.

Quality assurance systems drove improvements and raised standards of care. People were able to comment on the service provided to help continuous improvements of care delivery.

Incidents were notified to the Care Quality Commission as required.

The Firs 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 16 December 2014 and was unannounced.

The inspection team was one inspector. In preparation for the inspection we reviewed information we held about the home. This included the 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. The provider had not been asked to submit a PIR in time for the inspection. We also reviewed notifications of incidents the provider had sent us since the last inspection.

During the inspection we met with 19 people who lived in the home; most of them were living with dementia and were unable to communicate their experience of living at the home in detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people using the service, and two of their relatives and friends to obtain their feedback.

We spoke with the registered manager, eight care staff and four support staff. We looked at the care records of four people and five people's medicine records (MAR's). We looked at four staff recruitment files and a variety of quality monitoring arrangements in the home. We obtained feedback from five health and social care professionals, which were a commissioner, two GP'S and two district nurses.

Good

Is the service safe?

Our findings

People who lived in the home were safe. People said they felt safe, comments included, "I can get out and about when I want to, but when I am here they look after me very well" and "Very safe they are all lovely girls". One visitor said "It is a great relief I know Dad is safe, it gives me great peace of mind". Staff had received training in safeguarding vulnerable adults. Staff said they would be happy to raise concerns with the registered manager or the provider's representative and were confident they would deal with their concerns effectively. Staff were knowledgeable about outside agencies they could report concerns to including the local authority safeguarding and Care Quality Commission (CQC) and said they understood the principles of whistle blowing.

The home had a culture of learning from mistakes. The staff were aware of the reporting process for any accidents or incidents that occurred. The registered manager received all accident and incident forms and monitored and evaluated them and investigated where necessary and looked for trends and patterns.

There were sufficient numbers of staff with the right mix of skills, competence and experience available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. We observed staff were always in the vicinity of the main communal areas and appeared unrushed in their manner and responded quickly to people's requests and call bells. Staff said they could meet people's needs with the staffing levels at the home however they said they would need more staff when the occupancy at the home increased. Comments included, "We are at our limit, we will need more staff when the new building opens" and "We can look after the current clients but when the new bit opens we will need more staff especially in the kitchen and laundry". The registered manager said they would be increasing the staffing when the new bedrooms were occupied. A visiting health professional said "Staffing levels seem to be sufficient and I believe that the residents support needs are being met."

Suitable recruitment procedures and required checks were undertaken before staff began to work at the home. The registered manager said all applicants attended an interview to assess their suitability and they planned for a person at the home to be involved in the interview process of future applicants. All staff were required to complete an induction programme which was in line with the common induction standards published by Skills for Care.

When people behaved in a way that challenged others, staff managed the situation in a positive way and protected people's dignity and rights. For example, one person became very distressed and they became both physically and verbally challenging. Staff remained calm, were reassuring and continued to respect the person's dignity throughout. They spoke with the person's family to understand and ascertain how to diffuse the situation. The registered manager said they had requested a visit from the person's GP to come and review and were going to request a referral to the older people's mental health team at the earliest opportunity.

There were arrangements in place for managing risks. Individual needs were regularly assessed so that care was planned to provide people with the support they needed. Risk assessments undertaken included nutrition, skin integrity, risk of becoming unwell and falls. For example a risk assessment for manual handling and personal safety identified the person did not recognise the fire and call bell system and that they were unable to request assistance and help therefore (the person) was at risk of becoming unwell. A care plan was generated from this information guiding staff to support this person safely. This included regular monitoring checks.

People received their medicines safely and on time. We observed people being given their medicines, and talked with staff about people's medicines. Staff were trained and assessed to make sure they were competent to administer people's medicines and understood their importance. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff had clear guidance and knew when it was appropriate to use 'when required' medicines. Controlled drugs were locked away in accordance with the legislation and the stock quality balanced with the controlled drug register. There were no medicines which required refrigeration at the time of our inspection. However there was a monitoring and recording system of the medicines fridge to ensure medicines requiring refrigeration were stored at the recommended temperature. The medication policy was in date and due for review in December 2015.

Good

Is the service safe?

The premises and equipment at the home were well maintained. The registered manager and provider working with the building contractor had taken action to reduce the risk of possible injury caused by the extension work at the home. For example, the access to the extension was locked and not accessible from inside the home and any works within the home was cordoned off, with clear signage to guide people. The construction of the extension had caused some disruptions but this had not impacted on people living at the home. Staff said there had been difficulties in the kitchen and laundry areas due to displacement of equipment and stores and they were looking forward to the works being completed. Support staff said if they had any problems with the equipment they used it was quickly repaired or renewed. Staff using manual handling equipment used correct procedures and therefore kept people safe.

Good

Is the service effective?

Our findings

People were supported by staff that had the skills, knowledge required to meet their needs. Training was provided by a local training provider and by the registered manager who had undertaken train the trainer courses. Training records showed staff had undertaken the provider's mandatory courses which included infection control, safeguarding vulnerable adults and challenging behaviour. Staff had also undertaken other courses including, death and dying and record keeping. Staff said the registered manager was always out working in the home, teaching and guiding them. One staff member commented, "She is an excellent role model, I have learnt such a lot from her". Throughout the inspection we saw the registered manager was very hands on and people and staff approached her regularly and she took the time to speak with each one. A GP said they were "Very pleased with the knowledge and skills of the staff at the home; the dedication of the staff to caring for the residents is obvious when visiting."

Staff were aware of the Mental Capacity Act (MCA) 2005 and the registered manager was implementing training for all staff in MCA. People were encouraged to be involved in day to day decisions about their care and treatment. Staff asked people what they wanted to do and supported them to make a decision. For example, one person requested to stay in bed, another wanted to get up early, staff discussed this with them and then left the first person in bed and supported the second to get up and ensured they were settled and had refreshments.

Mental capacity assessments in three people's care records were very basic and did not clearly identify people's capacity had been assessed in line with the MCA five statutory principles. However the registered manager showed us they had been transferring people's information to a new care record recording system the home was implementing. The new care records, of a person recently admitted to the home were very clear and identified the person's capacity and gave staff clear guidance how to support this person in their best interest. For example, the person was at high risk of falling, a best interest decision was clearly documented and showed the involvement of the person's family and care manager and decided a pressure mat would be used next to the person's bed to alert staff when they were moving.

The registered manager was aware of a recent supreme court judgement and the meaning of Deprivation of Liberty Safeguards. The provider told us in their PIR that applications had been made to the local authority for 21 people where it had been assessed the people needed to be deprived of certain liberties. On the second day of our inspection the registered manager was putting in an emergency application to the local authority to deprive somebody of their liberties. Staff were aware of the application and were very knowledgeable on how to manage this person's needs in the least restrictive manner. Throughout our visit staff were interacting with this person in a respectful way and in a manner which was not restrictive. The person's relative said they had been kept informed and were aware of the application.

Staff received regular supervision from their line managers. The registered manager who had been in position for eight months had a schedule in progress to undertake staff appraisals. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

Staff were very knowledgeable about the people they supported. They were able to tell us about people's needs, their likes, dislikes and preferences. They gave a good account of how they supported them. The information staff told us matched what was documented within people's care folders. People said they were happy with the care and support they received.

People's care folders detailed information about their individual health needs and what staff needed to do to support people to maintain good health. Records confirmed that people had regular checks with their local GP, chiropodist and opticians and that conditions were monitored. This meant people's healthcare needs were met. Health professionals said they were kept informed their comments included, "The staff work extremely well with me and we have good communication. I feel the staff can contact me whenever they need to discuss concerns and I feel the same in return. We have good discussions about residents care needs and medical needs and I believe that they do adhere to my suggestions."

Staff protected people from the risk of poor nutrition, dehydration and swallowing problems. Each person's care folder contained a risk assessment for nutrition which identified the person's need and guided staff. For example,

Good

Is the service effective?

“Requires assistance with using cutlery and with cutting food, she cannot keep herself hydrated and requires prompting to encourage fluids to offer her a different drink that she likes, hot chocolate and coffee.”

People were supported at mealtimes to access food and drink of their choice. We observed a lunchtime meal in the dining room. The majority of people chose to use the main communal dining room with five people choosing to eat in their rooms. People had been offered a choice of menu and the cook served the meal in the dining room so people could change their minds or request additional quantities. The cook knew people’s dietary needs however there was no written guidance about people’s dietary needs should the cook not be working. We discussed this with the registered manager and on the second day of our visit a guidance sheet to minimise the possible risk of error had been put into place. There was a pleasant atmosphere in the dining room although the lighting in one area was poor. The registered manager said they had discussed this with the maintenance person to see how this could be resolved.

Staff offered people a variety of drinks and promoted social engagement by starting conversations and then leaving people to talk. Staff were very discreet while supporting people and did not rush. People appeared to enjoy the dining experience. Comments included, “Food is wonderful, we get a choice, it is pretty good, if I don’t like something I get something else” and “Hadn’t felt hungry but the food was fine” and “I get enough to eat, I don’t eat a vast amount, if I didn’t like something I am happy to say.” When we looked at the kitchen we found there was an adequate fresh and dried food supply with opened food being clearly labelled. The cook said they had a good budget to provide adequate food to meet people’s needs. The home was given the highest rating of five on 29 April 2014 by the foods standards agency. We saw that the fridge and freezer temperatures were recorded daily and a kitchen cleaning schedule was being used. This meant the service maintained a good level of hygiene in the kitchen area.

Good

Is the service caring?

Our findings

People said they were happy with the staff and got on well with them. One person said, “The girls are all lovely” another said “I get on with them (staff) pretty well, they are all very nice, I can’t complain”. A visitor said they were very impressed by the care at the home and especially the registered manager, their comments included, “Nothing has been too much trouble, everyone has been very kind and thoughtful”.

Throughout the inspection the atmosphere in the home was busy but relaxed and welcoming. Staff were happy in their work and people seemed to respond to this and appeared settled and content. Staff treated people with kindness and explained things clearly and gave people the opportunity to respond. For example, one person was very disorientated and distressed about where their family were. The staff member was very attentive and calm and clearly explained the situation to the person and gave them the opportunity to understand and respond and eventually the person became more accepting and less distressed. Staff were seen to be walking arm in arm with people down the corridor, they were chatting happily and showed they genuinely enjoyed the company of the people they were supporting.

Staff were respectful of people’s privacy and maintained their dignity. Staff gave people privacy whilst they supported them. For example a person had spilt a drink down their front; staff supported the person discreetly to their room to change their blouse without any fuss or drama. Staff were always nearby to maintain people’s safety, for example, one person who had recently fallen several times was being monitored from a distance discreetly.

People’s care records included detailed information about each person, about their life history and family circumstances before they came to live at the home and about their interests and preferences. This meant people received care and support from staff who knew and understood their likes, preferences and needs. Staff were able to tell us about people and their likes and dislikes.

One healthcare professional said when they visited the home the “Staff were always kind and friendly to the people who live there” and they had no concerns about the care provided. Another health professional said how impressed they had been with the home recently caring for a person at the end of their life. They said “The care was very good; pressure area care was excellent they did really well”.

People’s bedrooms were personalised, a relative of a new person who had moved to the home said, “They have been so helpful anything I have requested for Dads room has been done, I am so grateful for everything, it is such a relief”

A few people at the home could access the local community independently, others required staff to accompany them for their safety. However within the home people were encouraged to remain as independent as possible they accessed the lift, stayed in their rooms and went to the different communal areas which were clearly signposted as they chose. We saw in one care folder recorded, “Staff to assist (the person) with direction and to support to the place where she is going”.

The home has remote control gates to ensure people are protected from unwanted visitors . However people’s visitors were able to visit at any time by using the keypad and the intercom system.

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. They reflected how each person wished to receive their care and support. Records gave guidance to staff on how best to support people with person centred care and were regularly reviewed to respond to people's change in needs. Staff said; "We are changing the care plans, the new one's have more information. We do the care plan within 24 hours of admission and if there are any changes the care plans are reviewed, this helps because once you get to know people you can look after them better". For example, one care plan recorded, "I am a cheerful and relaxed person in general, however due to my cognition I don't always recognise my ability and refuse assistance or I become reluctant to accept assistance at this time".

People received personalised care that was responsive to their needs. For example one care plan recorded, "I can communicate verbally but I am not able to express my needs. I may be able to explain some of my basic needs with prompts from staff." We observed staff with this person, they were very discreet and respectful they prompted them appropriately and made suggestions regarding a visit to the toilet and about meal choices. In another person's care folder a nutrition care plan recorded "I have a good appetite and I can feed myself, I prefer to have my meals in the dining room. During mealtimes I often leave the table before the meal has started or during it. You need to encourage me to return back to finish my meal, if I don't cooperate with you leave me to wonder around for a while and with your help I will return back to the table."

The home protected people from the risks of social isolation and loneliness and recognised the importance of social contact. There was an activity person who co-ordinated the activities at the home. In the main entrance there was a notice board displaying numerous activities these included a pantomime at the home, the local boy's brigade and church choir visiting, entertainers and a donkey visit from the local donkey's sanctuary. People said they enjoyed the activities and records confirmed everybody at the home had access to these and other activities of their choice. People, staff and visitors were very complimentary about the activities in the home. One visitor commented, "There is so much they can do, I have been very impressed since we came here". The list of activities showed that the home had good links with the local community. A staff member said, "The activities are very good here they (the residents) get to do a lot of things". A manager from the provider's higher management team visited the home each month, showed the provider's emphasis on the need for activities and community links in her October 2014 report. They had recorded, "Outside links maintained to support individual preferences, suggested, continue to organise regular trips out of the home and ensure residents keep contact with other interests where possible".

The provider had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. The procedure was clearly displayed in the main entrance of the home. People knew who to contact if they needed to raise a concern or make a complaint. One person said."(The manager) is very hands on; she deals with things quickly so they don't really become a complaint". The homes complaints log showed complaints had been dealt with in line with the provider's complaints policy.

The registered manager ensured people's health, welfare and safety because they worked in cooperation with other providers when people moved to the home from other services. For example one person had needed to be move to the home within a very short time frame due to their changing needs. The registered manager had been to meet the new person and carried out a comprehensive assessment involving the person, their relative and staff from the discharging home to make the discharge and admission as safe as possible.

Good

Is the service well-led?

Our findings

There was a registered manager in post who ensured they fulfilled the Care Quality Commission's requirements such as submitting statutory notifications when certain events, such as death or injury to a person occurred. People described the registered manager as very approachable and nothing was too much trouble. For example, one person said, "The manager, she is lovely she got me a piano in so I can play it". Staff praised the registered manager, comments included, "She has new ideas which are good for the home" and "We are now working as a good team" and "The manager promotes ideas and inclusion, She is happy to challenge poor practice". "We can ring her at any time and ask her anything, she doesn't mind". Visiting health professionals said they found the registered manager very responsive and helpful and had seen improvement since her appointment.

A visiting GP said "They couldn't praise the home enough, a person from the local community with specific needs had moved into the home and been well cared for, the person always seemed happy when they visited. A visiting district nurse said "No concerns, they contact us regularly and I am impressed''.

Staff said they felt well supported by the registered manager and the provider's senior manager and said issues were dealt with quickly and appropriately. There was a clear vision at the home with the registered manager taking the lead to ensure people are at the heart of the service. Staff demonstrated they were happy with this approach and were also promoting people's voices in the home. One member of staff said "We have quite open conversations; I am treated respectfully so I am happy to ask questions".

The registered manager had a clear understanding of her responsibilities and was supported by the provider's senior manager. The senior manager visited the home monthly and undertook compliance audits and an action plan was generated. The registered manager was able to show us actions they had taken in response to these visits. For example, the October 2014 report highlighted staff to wear red tabards and not carry the homes phone when doing medicines. We saw staff wearing the red tabards and not answering the phone. The senior manager had recorded annual competence checks were needed for staff dispensing medicines; records showed these checks had been scheduled for January 2015.

People, their family and friends were involved with the home in a meaningful way. Records showed residents meetings were held. The minutes of the last meeting held 7 October 2014 was well represented by people at the home and their relatives and friends. This was the first meeting with the new registered manager. People were informed of her background and what her visions were for the future. People were updated about the building works which were nearing completion and the implementation of a new sitting room. Discussion about the garden and how it would be re-established and about activities within the home. The meeting agreed they would meet every three months. The registered manager said a meeting was scheduled for January 2015.

Staff said they regularly met with other staff and the registered manager at the home to discuss concerns and ideas. The last staff meeting record was 30 June 2014. This meeting had a reasonable attendance, the registered manager said staff who had not attended the meeting had been shown the minutes. The meeting had discussed subjects including staffing, the laundry, training and keyworkers duties. The minutes showed staff present were included in the discussions and given the opportunity to give their views and opinions. The registered manager and staff said they were having another staff meeting at the beginning of January 2015.

The provider had undertaken a quality assurance survey in June 2014. The results had been positive. People and their relatives had been thanked and informed of the outcome in a letter from the registered manager. As a result of people's responses the home were looking to make closer connections with the outside community and would invite local schools and charities to the home alongside their links already established with the local church. The registered manager had undertaken an audit of the recruitment folders and had indexed them so information was easily available. This meant as a new registered manager she was reassured all staff had been recruited safely undergone inductions and had all their relevant checks required.