

Azar Younis

# Firs Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Firs Residential Home 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 care home can accommodate up to 33 older people and older people living with dementia in one purpose-built building. Accommodation is provided over one level. At the time of this inspection there were 22 people living at the home.

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

People were protected from harm and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do. People had information on how to raise concerns and were confident any issues would be addressed correctly.

It was clear from the findings at this inspection, the quality of the service people received had improved. Due to the many changes of manager since the last inspection, we were unable to evidence these improvements were truly embedded and standards of care delivery were consistently maintained. Future inspection will seek to evidence a sustained and consistent high level of quality has been achieved and that systems of governance are reflective, transparent and robust.

In the main medicine administration systems were effective. However, we found a gap in the medicine administration record that was not picked up by other staff or the audit process. The manager took immediate action to prevent this happening again. Recruitment processes were of good quality. The manager was in the process of gaining from staff information about any physical or mental health conditions which were relevant to the person's capability to do the job. Enough staff were employed to meet people's individual needs. New staff received an induction. Staff received training and supervision which was up to date. The home was clean and tidy with no unpleasant odours. Further work to improve the decoration of the home was needed.

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 received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender, disability and religion. People were provided with information in a way they could understand.

People's care plans needed further work to ensure they were fully up to date, and person centred. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them. A minimal number of activities were available to people. Further work was required to ensure these were available more often and were person-centred and meaningful to people. We have made a recommendation about the development of activity provision in the home.

People were supported by a team of staff who were happy in their jobs and well-supported by their managers. An experienced manager and senior staff completed a range of regular checks on the quality and safety of the service. The provider, manager and staff all demonstrated a desire to improve the quality of care provided. People, relatives, staff and visiting professionals had regular opportunities to express their views about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was requires improvement (published 25 October 2018) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

NOTE: We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Firs Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Firs Residential Home

## 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 was carried out by an 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

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

The service had a manager in post who was going through the registration process with the CQC to become a registered manager. This means that they will, along with the provider, be 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 on the first day. We told the manager we would be returning on the second day.

#### What we did before the inspection

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 reviewed previous inspection reports and information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their or their family members experience of the care provided. We spoke with 11 members of staff including the provider, the manager, the deputy manager, care workers, the activity coordinator, the cook and ancillary workers. 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 three people's care records and multiple medication records. We looked at three 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 inspection

We spoke with two healthcare professionals involved with service. The manager sent us further information about the actions they had put in place or were implementing.

# 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 requires improvement. At this inspection this key question has remained the same, requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider was unable to demonstrate they consistently followed safe recruitment procedures. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Recruitment procedures were satisfactory. Staff files included a personnel file checklist which showed all necessary pre-employment checks had been completed. For example, application forms, ID checks, right to work and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was no information from staff about any physical or mental health conditions which were relevant to the person's capability to do the job. The manager told us she would organise these to be completed immediately.
- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested. Relatives told us, "There could always be more staff in an ideal world, but I have not seen anyone having to wait," and, "There's enough staff now, in the past there wasn't so many."
- The manager told us they had recently reviewed the staffing levels and shift times to ensure these met people's individual support needs and there was the staff skill mix required to keep people safe.

### Using medicines safely

At our last inspection the provider was unable to demonstrate they consistently followed safe medicine procedures. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were mostly receiving their medicines when they should. However, we found staff had not signed or entered a code on the medication administration record for one person, for two nights, when they had

refused their medicine. The person had capacity and was able to make this decision. The two recording omissions had been when the same agency worker was on duty. Following the inspection, the manager sent us information confirming actions had been taken to ensure further medicines were administered and signed for as required.

- Staff members had received training in the safe administration of medicines and were assessed as competent. However, no one had identified or raised the above error to ensure people were kept safe.
- People had an up to date list of prescribed medicines in place to provide information on the medicines people were prescribed and the reasons why, including possible side effects. Protocols were in place to clearly described when medicines prescribed for use 'as required' should be administered.

#### Assessing risk, safety monitoring and management: Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Appropriate risk assessment tools were completed to identify risk. For example, the Waterlow score to identify the risk of pressure sores and the Malnutrition Universal Screening Tool (MUST) to identify the risk of malnutrition in people and the personal emergency evacuation plans (PEEPS). These were reviewed monthly. One relative told us, "[Name of family member] has had three falls in the last week but they are on top of it. They have contacted the falls team."
- The home was clean and smelt fresh. Staff understood the importance of infection control and we saw good practice within the home.
- Domestic staff had a rota they worked with to ensure each room was thoroughly cleaned regularly. They told us they had the equipment they needed to do their job well.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments included, "Plenty of people here make you feel safe. They always remember my tablets. We don't have to wait there's enough staff," and "I fell at home, I feel safe [here] but I want my own home. I am alright with the staff and the people, there's no one shouting out."
- Staff were familiar with safeguarding procedures and understood what action to take if concerns were raised to keep people safe from harm. One staff member said, "I could go to any of the managers if I had any concerns about a person's safety."

#### Learning lessons when things go wrong

- The manager told us they analysed incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people. This included the analysis of incident, accident and near miss occurrences.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.



# 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 requires improvement. At this inspection this key question has now improved to good. 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 before they moved into the service through pre-admission assessments. The information gathered during the assessment was used to develop care plans and risk assessments.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted. People told us, "I like a shower which I have every few days," and "If you ask for a shower they [staff] get you one, they [staff] are very good."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff support: induction, training, skills and experience

- People and visiting relatives told us staff were confident in their approach and had the knowledge and abilities to meet their needs. One relative said, "Yes, they [staff] know what they are doing."
- New staff members completed a formalised induction to their role. In addition, new staff worked alongside experienced staff members until they felt confident to support people safely and effectively. Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.
- The manager told us very few staff supervisions had been completed when she started in June 2019, therefore since June she had seen staff for formal supervision at least once. The manager had spoken to staff about the supervision policy stating they would be provided with a minimum of three supervisions per year and one appraisal.
- We saw recent supervisions had included a 'themed' conversation about such things as infection control and record keeping, as well as there being an opportunity for staff to discuss such things as training, rotas and employment.

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

- When we asked about the food provided people told us, "The food's not bad, a good menu, I can't complain," "We get good food. We had pancakes they were good," and "I'm happy enough with the food."
- We observed lunch. Tables were nicely laid. The menu was very clearly hand written and in large print. Paper napkins and hand wipes were on each table. People chose in advance, they were not asked again before serving. One person who did not eat their meal was offered an alternative.
- Some people were being monitored to ensure they received an adequate diet. Where needed we saw daily diet and fluid intake charts were in place and up to date. One person was offered fruit with their morning

drink which they declined and requested biscuits. The care worker said, "I will get you some of your special biscuits," and returned with the persons preferred choice of a plain biscuit.

- One to one support was discrete and professional. A person who was reluctant to sit and eat was encouraged to walk a little and then sit with a staff member, who sat and chatted cheerily to encourage the person to eat, which worked well.

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

- People's care plans contained information about their health needs and details of the healthcare professionals involved with people's care. We saw records of visits from dietitians, district nurses, GP's, opticians and chiropodists. Where required people had been supported by the staff or their family to access healthcare professionals in hospitals and surgeries.
- An external healthcare professional told us staff were good at identifying if people required support from them or other healthcare professionals and followed guidance around such things as pressure area care and continence care.

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

- There had been some improvements to the environment such as newly decorated shower rooms and toilets, however the building needed updating. The provider told us there was a plan in place for an upgrade of the home, but this had been left on hold due to the restriction on admissions.
- Recent information from the local authority was that improvements at the home were being made and they were looking to lift the embargo on admissions following their next meeting with the provider in November 2019. If this was the case the provider told us improvements to the home would be made, which included redecoration of the communal areas and corridors.

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.

- We saw appropriate applications in line with the MCA had been made and systems were in place to ensure any renewed applications were made in a timely way to ensure people's rights were maintained.
- Staff were aware of the importance of seeking consent before supporting people. We observed them doing so with meals and medicines, allowing people time to make their decisions.
- Staff were aware of the principle of the MCA and DoLS and had received training in this.

# 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, good. 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 were complimentary about the service they received. Their comments included, "They look after you and what more do you want? They are very kind. There's enough staff. Everything's lovely," and "It's a good place, good food and everything. It's very clean, it didn't use to be. There's been five managers, this one's alright she's made improvements to decoration and carpets," and "They [staff] are alright with me. They let me out for a cigarette."
- Care staff were very kind and caring in their interactions and knew people well. People told us, "I can't say anything against the staff. I have never seen or heard them do anything nasty," and "They [staff] vary, there's some good ones. No bad ones, there's just some that stand out."
- Staff promoted a positive and inclusive culture. Staff had received training in equality and diversity and were committed to ensuring people had equal opportunities. One staff member told us, "We try very hard to make sure everyone is treated equally."

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

- Throughout this inspection we saw people were asked how they wished to be supported and what they wanted to do. People were supported by staff members to be fully involved in decisions about their care and support.
- People's relatives said their family members were able to express their wishes and feelings and staff listened to and acted upon them. One person told us, "You are happy, comfortable and looked after, what more could you want? I wouldn't like to be in an old folks' home, I am happy here where they look after us."
- People and their relatives told us they had been involved in decisions about the care and support provided when the service was first provided but had little input in the development of their care plan thereafter. However, most people told us this was not something they were concerned with.

Respecting and promoting people's privacy, dignity and independence

- We saw people were treated with dignity and respect and their privacy was supported by staff members.
- There were three staff members who were the dignity champions. Information about promoting people's dignity was on display around the home and included pictorial information about the right way to do things. There were also some poignant poems written by people about their experiences of good and bad care.
- We saw information which was confidential was kept securely and only accessed by those with authority to do so.

# 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 requires improvement. At this inspection this key question has remained the same, requires improvement. This meant people's needs were not always met.

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

- Although people told us they were happy with the care they received from staff, some people told us they did not have enough to do to keep them occupied each day. People had access to some activities, but they were not always planned and person-centred. The activity coordinator told us they worked Monday to Friday in the afternoon and organised craft, pamper sessions, bingo, quizzes and ball games.
- Some people told us they would like to do more, and others said they weren't interested in activities. Their comments included, "I went out yesterday to the park with staff, it was lovely. Most people are asleep all the time, I don't want to get like that. I'm bored, I want to do things," "I don't go out much, but that's okay. I am happy enough," and "I don't want to do the activities like playing skittles."

We recommend the provider refers to good practice guidance to support the development of the activity provision in the home.

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

- Each person had a care plan. We noted some minor inconsistencies in people's care records. We discussed this with the registered manager. They told us they were working through an action plan, agreed with the local authority to update and review all care plans within an agreed timescale. The local authority confirmed this action was on target to be completed within the set timescale.
- Care plans were signed to confirm they had been reviewed and updated each month by senior staff. There was no evidence the person themselves or their representative had been involved in the review of care. The manager said she had an open-door policy and people and relatives often went to her to talk through care issues. However, she did plan to send out letters to all relatives inviting them to any future reviews. One relative told us, "We have been promised review meetings, but they are not happening."

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.

- People had information presented in a way that they found accessible and, in a format that they could easily comprehend.
- People's communication needs were assessed and met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with

them. We observed staff communicated effectively with people throughout this inspection.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which showed what people could expect to happen if they raised a concern. Since the manager had started work at the service in June 2019 there had been one complaint which was investigated by the local authority. This was closed and agreements and actions for both parties were suggested and in place.
- People and relatives told us they knew how to raise a complaint if they needed to but were very happy with the service provided and spoke highly of the changes made at the service since the new manager had started. One person told us, "I keep my complaints to myself because they won't do anything. But this manager is good, I perhaps could complain to her."

#### End of life care and support

- There was no person receiving end of life care at the time of our visit. Staff spoke of how they had supported people to have a comfortable and dignified death and worked with external healthcare professionals to ensure they had the right support in place.
- Staff told us they had received recent training from the end of life coordinator about end of life care. They said they had found this very useful.
- The McMillan team were involved and supporting the staff in the care of some people receiving palliative care, but who were not at the end stages of their life.

# 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 remained the same, requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure staff training records and accident and incident records were completed and up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The manager was present throughout this inspection and had been in post since June 2019. They had identified shortfalls within the service which they had shared with the provider and were addressing. For example, a new medicine system was in place, staff training was recorded and up to date and accidents and incidents were being monitored and recorded.
- The required actions from our last inspection had been addressed. While these had been identified as areas for improving, there had not been enough time for these to either come into full effect or be embedded and established.
- The manager was currently going through the registration process with the CQC to become a registered manager.
- The manager had appropriately submitted notifications to the CQC. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Continuous learning and improving care

- The provider had systems in place to monitor the quality of the service, however these were not fully effective. For example, their systems had failed to identify the medicine error we found. However, the newly appointed manager had started to develop and embed these systems so that improvements were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives had confidence in the abilities of the manager and told us the service was improving.
- Staff told us they found the new manager approachable and responsive to any questions they had. Staff understood the manager was introducing changes and giving them more accountability and responsibilities

and were involved with the changes being proposed.

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

- We saw the management team, and provider had systems in place to investigate and feedback on any incidents, accidents or complaints. A relative told us, "Any problems they [managers] are there to sort it out and they phone me straight away and I come up."
- Staff members told us the management team were open and transparent when things needed to be improved or changed because of any specific incident or near miss.
- Throughout the inspection the provider and manager were honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care were safe and protected from harm.

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

- Resident and family meetings were taking place. Minutes from the last meeting showed staff explained to people what the meeting was about and then had discussions about the activities provided, and the meals. Suggestions made by people to improve activities, meals and the environment were all recorded. Specific requests from people, such as going for a walk to the park had been actioned.
- Meetings for staff were also arranged. Separate groups of staff, such as kitchen staff, night staff, maintenance staff, and carers met separately to talk through topics related to their role. Minutes from each meeting were available and showed staff were able to raise and talk through any topics they choose to.
- In August 2019 the manager had sent out surveys to people, their relatives, staff and healthcare professionals asking for their feedback on the quality of the service. Feedback was in the main positive, with people acknowledging recent improvements with staff attitude, more stimulation, and problems being solved promptly.
- People had commented the building was showing signs of improvements but needed further work. Healthcare professionals had commented on "noticing a big improvement" and had not raised any concerns. Staff feedback was positive regarding the recent changes made by the new manager and all said they thought now the home was well-led and the manager communicated information in an honest and clear manner.
- The manager told us she had not yet pulled together the responses from the questionnaires into a report as she was looking into the best way of doing this. When this was completed this would be put up on display in the home for everyone connected with the service to see.

Working in partnership with others

- Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.