South West Care Homes Limited

The Firs

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The Firs is registered to provide accommodation for people who require personal care. The service provides care and support for 27 people; some people are living with dementia. The inspection took place on 2 and 6 September 2016 and was unannounced. There were 21 people living at the home at the time of the inspection; this included one person on a respite stay, one person on a short stay and a person who was in hospital.

We last inspected The Firs on 20 and 24 February 2015; the overall rating for the service was 'requires improvement'. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 relating to medicines administration. In our inspection in September 2016, we judged this breach had been addressed; we found improvements had been made throughout the service.

The manager at the service was new in post. They showed us they were in the process of applying to be registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager, the provider and operations team worked closely together. The manager had begun to make improvements within the home and staff were complimentary about their approach and the changes they were making.

People living at the home told us staff were kind and caring. However, several people mentioned there was not enough to do; there was not an established range of activities to meet the social needs of all the people living at the home. Improvements were being made to the garden and some areas of the home had been refurbished and updated. There was a commitment to making areas of home a more stimulating environment to create topics of conversation between people and staff. There were positive relationships between staff and people living at the home, and their visitors. There were systems in place to protect people from harm and abuse.

Improvements in communication ensured people were kept informed about changes within the home and plans to improve the service. People living at the home knew who the new manager was and spoke positively about his practice. People were confident their concerns or complaints would be listened to and acted upon. Since our inspection, a visitor has made a complaint about some aspects of their relative's care. The provider has investigated and sent their response to the complainant. We have asked the provider to review their response to ensure all the concerns are answered.

Recruitment practices were well managed. There were sufficient numbers of suitable staff available to meet people's individual care needs. However, staff time to support people with individual and group activities to meet their social needs was not routinely available.

The manager was aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They demonstrated through their practice an understanding of how this impacted in the way they worked. People were offered a choice of meals. They were supported with their health and had access to health and social care professionals, when necessary.

The manager provided an approachable style of leadership . There were systems to monitor the quality of the service, including responding to suggestions for improvements. Work took place during our inspection to address areas of potential risk in the home's environment. The manager took these concerns seriously and these were addressed immediately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Action was taken to address two safety issues during the inspection.
Recruitment practices were well managed so the provider could demonstrate that staff were suitable to work with vulnerable people before they started working at the home.
Medicine management had improved and was administered in a safe way.
Staffing levels met people's emotional and physical needs.
Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good

The service was effective.
People were cared for by staff who were supported to develop their skills and understanding to the benefit of people living at the home. Areas had been identified to develop the skills of some staff members' understanding of dementia.
People were provided with a choice of meals.
Staff understood the principles of the Mental Capacity Act (2005) which was shown in their approach and practice.

Is the service caring?

Good

The service was caring.
People were supported by staff who were kind and caring.
People were involved in decisions linked to their care and daily life.
Staff knew people well and there was a friendly atmosphere.

Is the service responsive?

Requires Improvement

One aspect of the service was not responsive.
There was not an established and regular range of activities to meet the social needs of all the people living at the home.
Staff took account of people's wishes when planning and delivering care.
People were confident their complaints would be listened and acted upon.

Is the service well-led?

Good

The service was well-led.

The manager and committed providers worked together to monitor the quality of the service through audits and observation.

There were systems to monitor the quality of the service, including responding to suggestions for improvements.

The Firs

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.

The inspection took place on 2 and 6 September 2016 by one adult social care inspector.

We reviewed all the information on our systems about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We met most of the people living at the home. We spent time in communal areas of the home to see how people interacted with each other and staff and to help us make a judgment about the atmosphere and values of the home. We spoke with eight people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so 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 living with dementia. We also spoke with two relatives to hear their views about the service.

We spoke with four staff who held different roles within the home, and the manager. We also met with the providers and completed a tour to see the changes that had been made since our last inspection.

We reviewed three people's care files, three staff recruitment files, three staff duty rosters, three medicine records, policies and staff training records. We also looked at records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in February 2015, there was a breach of regulation relating to the management of medicines. At this inspection, we saw improvements had been made and the regulation had been met. This reflected the improvement action plan which had been sent to us. There were safe medicine administration systems in place and people received their medicines when required. Staff completed a medicines administration record (MAR) to document all medicines taken so all doses were accounted for. Medicine administration audits were completed to help ensure improvements were maintained and staff were informed when standards needed to be improved. Records were generally well completed, although several entries which had been handwritten were not double signed, which was not best practice.

Medicines were stored safely and securely. Stock levels tallied with written records. When medicines were opened labels were attached to show when this had happened, which
was good practice. A health professional had recently completed an audit of the medication practice in the home and did not have significant concerns; a follow up visit was planned to provide additional support. Staff usually checked medicines together against the records when they administered medicines, which needed a witness and a double signature, which was safe practice.

On the first day of the inspection, the arms of chairs in the lounge, conservatories, hall and some people's rooms were marked and unclean. There was also a wheelchair which had been left in the conservatory which was unclean. Carpets were also marked in some communal areas. Staff told us there had been problems with the quality of cleaning products which was being addressed. By the second day of our inspection, improvements had been made.

Most of the home looked and smelt clean. A staff member said in some rooms the carpets had been changed to a specialist flooring to help manage malodours. People living at the home and visitors said they were satisfied with the cleanliness of the home. A staff member had been given the role of infection control lead and showed us the changes they had made with the support of the new manager. They said infection control improvements were 'work in progress', but they were confident their suggestions would be considered by the manager. For example, changes were planned for the layout of the laundry Training had been booked for staff to update their infection control practice; staff said they felt confident to remind each other to adopt best practice.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff and the manager described how they kept people safe by being aware of where some people were in the building and who they were with. Safety measures included additional staffing and equipment that alerted staff when people needed extra support. Staff also considered where some people sat so they did not come into direct contact with each other, which helped maintain people's safety and well-being. These measures had been put in place after a safeguarding incident. Conversations with staff, the manager and the providers showed they took the concerns seriously and records showed the measures were effective.

During our inspection, two areas were identified in the environment as posing a potential risk to people's safety; these were rectified during the inspection and the manager confirmed how one issue relating to an open second floor window would be addressed with staff.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. For example, people's personal evacuation plans were up to date. These documents are important. They ensure staff and emergency services are aware of the safest way to move people quickly should they need to be evacuated in the event of a fire or other emergency. Records showed staff had received fire training, which staff confirmed.

There were arrangements in place to ensure regular servicing of the home and equipment took place. For example, electrical servicing had been completed and equipment, such as hoists were checked and serviced. Staff practice showed they knew how to move people safely using equipment. Where testing was needed to ensure a safe service, this was undertaken. For example, testing the water against the risk of Legionella infection.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. For example, the manager recognised the importance of having staff with a range of experience on each shift. This included having strong role models. For example, a newer staff member had identified a senior member of staff whose skills they wanted to emulate because they were kind and calm in their approach. The manager was new in post; they had worked some shifts as a team leader when they first started in order to cover another staff member's annual leave. They explained this had helped them to identify areas where some staff members needed further guidance to develop their dementia care practice. Training had been arranged to support staff to increase their understanding.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. For example, one person liked to walk around in the grounds and had left the garden between our two days of inspection. The manager had taken action to address the risk in practical terms, such as increasing the security of one of the gates. They planned to work with staff about their approach to help them understand how the person might perceive their actions. They had also considered the triggers to this person becoming agitated. For example, they told us further dementia awareness training would also help some staff understand how their approach might be misunderstood by a person living with dementia.

There were effective recruitment and selection processes in place. Recruitment practices ensured new staff were suitable to work with vulnerable people. Recruitment files provided an audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People said there was normally enough staff about to make them feel safe and to attend to their care needs, although several people commented staff were busy and could not always stop and chat. People had a call bell in reach and were able to describe when and how they would use it. On both days of the inspection, the atmosphere was calm and friendly. Staff said there were usually four care staff on duty on each morning shift, four staff on an afternoon shift with two waking care staff at night times. Annual leave arrangements, staff leaving and staff sickness had impacted on the availability of activity staff as some staff covered different roles. Staff said it had been a busy period, particularly as two people's care needs had increased. However, they said new staff were being recruited, which the manager confirmed.

An additional staff member also provided care in the mornings and then one to one support in the afternoon, although rotas showed these shift sometimes could not be filled. The manager was in the process of recruiting new staff. A cook and housekeeping staff worked every day. The manager's usual working days were Monday to Friday There was also an on-call arrangement. An incident occurred between our two inspection days. The manager had visited the home at the weekend to provide care staff with additional support and to check on the well-being of a person living at the home.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "They are marvellous", "lovely people" and "they are moving in the right direction, staff are more switched on." Staff said they had the training and skills they needed to meet people's needs, and were supported to refresh their training. Their comments included that the right type of staff were being recruited.

We viewed the training records for staff which confirmed staff received training on a range of subjects. This included safeguarding vulnerable adults, fire safety and medicines administration. The manager confirmed the training they had planned which included dementia awareness. They said they had worked some shifts alongside care staff which had enabled them to identify areas for improvement. The registered manager was qualified to deliver moving and handling training so had begun by observing the practice of staff to assess their capabilities.
New staff were supported to complete an induction programme before working on their own, which was confirmed by records and rotas. We also met with a new member of staff who was shadowing experienced staff members as part of their induction. The manager had identified that some staff would benefit either from completing the Care Certificate retrospectively or refreshing their skills using the Care Certificate as a template. The Care Certificate is a national set of standards which new care workers are expected to meet as part of their induction. The manager had created a plan to meet with each staff individually; records showed supervisions were part of the system to provide support, which staff confirmed.
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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberties Safeguards (DoLS). We found that people were not free to leave The Firs because of the risk this would pose to their safety and most people were under constant supervision.

We discussed DoLS with the manager and looked at records; they were following legal requirements in the DoLS. Applications had been made to the local authority in relation to people living at the service. This meant people's legal rights were protected. Where people had given lasting power of attorney to a representative, the manager knew to ensure a record was kept. This meant that staff and external health care professionals had those details for reference to help ensure the right people were involved in specific decisions around a person's care and welfare or finances.

Since our last inspection, there have been changes to the environment. This included a variety of coloured bedrooms doors to help make them recognisable to people living with dementia and plain carpets to help

prevent visual disturbances for people living with dementia. The provider and operational staff considered current advice and research to promote making environments more accessible. For example, they had invested in a particular design of door handles which were easier to open for people with arthritis. A tour of the home with operations staff and the provider demonstrated their commitment to provide an environment to help enable people to be as independent as possible. They told us resources were made available to managers at each of their care homes and managers chose how they were used.

The provider had invested in making the environment more stimulating, for example decorating the dining room and one of the conservatories as themed areas using the skills of a local artist. Staff told us people living at the home had enjoyed watching the artist work and had interacted with her about the changes. We were told the new manager would have the opportunity to make further improvements to the internal environment. The manager had already instigated work to make the garden a safer and more attractive place for people to spend time, either with support or independently. Staff and people living at the home were positive about this work.

People were positive about the quality and quantity of food; we saw additional portions were served for those that wanted them. One person said "The meals are first class." Staff understood the importance of monitoring people's health and well-being. Records showed people were being supported to drink appropriate levels and people's weights were regularly monitored. The manager planned to review the way staff were reminded to weigh people weekly, if they were a higher risk of malnutrition.

Staff recognised people as individuals and knew their food and drink preferences, which were recorded. We heard staff reassuring people about their meals when they were worried it was a meal they might not like and suggesting an alternative. For example, one person had a meat dish when other people were served two fish options. People were generally given time to eat at their own pace; although on one occasion the approach of one staff member was too quick and directive. Further training was planned to ensure all staff understand best practice in dementia care.

People told us their wishes were respected regarding where they chose to eat their food. The manager monitored the positioning of people to reduce their risk of choking while they ate. A staff member who prepared meals was clear about their role in ensuring that the right meal was served to the correct person. For example, ensuring people with swallowing difficulties received their meals based on health professionals' recommendations.

Records showed that there was regular contact with health and social care professionals and advice was sought and followed. Risks to people's health were monitored. For example, people's food and fluids were reviewed and a sample of records showed people's weight was being monitored and their assessed fluid intake met. Visitors praised the care of their relative who was becoming increasingly frail and required more complex support from staff.

Good

Is the service caring?

Our findings

People told us the staff were "marvellous...really caring", "I can't fault any of them" and they are "very kind to me." Visitors told us staff were welcoming and knew them well, even though they were not able to visit as often as they would have liked. We saw staff greeting the visitors warmly and empathising with their experience and emotions.

Staff were caring in their approach and this was demonstrated in the way they spoke to us about the people looked after. However, there were several times in the dining room when some staff spoke about people in communal areas which did not maintain confidentiality. Several actions by staff or choice of words showed some staff would benefit from the planned dementia awareness training to help them consider further how they could help maintain people's dignity. We shared our observations with the manager, who had already identified additional training would benefit some staff members.

Staff showed good practice by knocking on people's doors before entering and checking with people how they wanted to be supported. Staff gained people's permission before they entered and cleaned their room. Good practice was seen across the staff team regardless of their role. For example, a person was chatting with a staff member about their footwear; the staff member offered help. Their approach showed they recognised it needed to be provided on the person's terms. They stopped the cleaning task they were about to begin and gave the person time, maintaining eye contact and providing physical contact, which reassured the person. The person responded well and became more animated.

Staff recognised the friendships of people and showed through their actions and their responses that they respected people's choices. For example, staff ensured people who enjoyed each other's company were able to sit together. Staff knew people well and knew their preferences. One person was in the process of making a difficult decision about where to live in the future; staff had worked with them to try and offer help that would reduce their anxiety.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example, one person was upset about the health of a friend. Different members of staff acknowledged their anxiety throughout the day and spent time reassuring them, as well as updating them when there was news from the hospital. The person told staff "You are very kind to me."

Staff knew people's individual communication skills, abilities and preferences. For example, staff knew when to change their approach to meet people's individual needs. Some people responded to humour and enjoyed joking with staff. We heard lots of laughter both in communal areas and when staff were chatting to people in their rooms. Staff knew to change the pace of their conversation for people who were frailer and therefore spoke at a slower gentler pace.

Requires Improvement

Is the service responsive?

Our findings

When we last inspected we recommended that the service sought advice and guidance on developing activities for people living with dementia. This is still an area for development based on the feedback from this inspection. There has been a recent change of manager; throughout the inspection, they demonstrated an awareness and commitment to good dementia practice and were keen to develop the service further.

There was not an established and regular range of activities to meet the social needs of all the people living at the home. One person said they had "never read so much" because there was little else to do. Another person said "time just passes" and told us reading the newspaper kept them occupied in the morning. A third person said "I get so bored." During our visit, some people chose to walk around the garden independently and other people were supported to access the pond area and chat about the plans to develop the garden. We checked people's three individual activity records, which showed few entries in a 28 day period.

Some people took a walk with staff around the village; one person said they hoped to go out more now they had a new piece of equipment to aid their mobility. A few people said they preferred to spend time in their room but would like to have more time to chat with staff. We heard staff promising to visit people in their rooms for a chat. They did return but they had to balance this activity with answering other people's call bells or supporting other people with their care needs. The manager said they encouraged people to go out on trips with them to local shops.

Staff described how activities had been reduced recently due to staff temporarily covering different roles. Records for people showed individual or group activities were not happening on a regular basis. External music entertainers were organised; a person spoke favourably about the music and their enjoyment of these visits. Arts and crafts sessions also took place; people's work was displayed in the home and the records of these sessions showed specific people regularly chose to attend. Records also showed exercise sessions took place several times a month.

We recommend that the service seeks advice and guidance on developing activities for people living with dementia.

Care, treatment and support plans were personalised. People's needs were reviewed and as required. The manager had created a system to ensure care plans were reviewed and had begun updating some care plans as people's needs changed. Where necessary health and social care professionals were involved. For example, the manager had consulted health care professionals when a person had become increasingly unsettled and had sought advice appropriately. They were reviewing the person's care plan, which was personalised and recognised the impact of a recent family event on the person. They supported the person to remain in contact with a relative who was not well enough to visit.

When the manager realised a particular approach was not working for an individual they considered what could be changed. For example, the manager said they had changed how a person accessed health care

following a person's response to a car journey. One person's care plan who had recently moved to the home included information about their physical, emotional needs and family background. This was detailed and relevant; helping to ensure staff understood how they might respond to a particular situation.

Handover between staff ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. This meant staff could be responsive to people's changing needs; we heard staff updating each other throughout the day. For example, monitoring how much a person had eaten. Staff told us there was good teamwork.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been ten complaints since our last inspection and these had been investigated. Several complaints related to respite stays, the manager and operational staff had reflected on this theme. They told us they were considering how they ensured people felt reassured about their respite stay. They were also reviewing what information was provided during the pre-admission assessment. We met a person who had chosen to return for a second respite stay; they told us they were "well looked after."

Good

Is the service well-led?

Our findings

Since our inspection in February 2015, two registered managers had resigned. The current manager was in the process of applying to register with the Care Quality Commission (CQC). People living at the service recognised the new manager and spoke positively about his approach and manner. For example, a person told us he is a "smashing bloke." The new manager was introduced to people living at the home in June 2016, as part of a handover period with the previous manager. He told us he planned to meet with people on a monthly basis but we saw he also met with people informally as part of his weekly routine.

Relatives also confirmed they had met with the new manager and been informed of his appointment. The manager had set up a meeting to introduce himself to visitors; few people could attend so he said he had met people on an informal basis as they visited the home, which visitors confirmed. The service worked in partnership with local health professionals. For example, to work on the communication between the services to the benefit of the people living at the home. Staff members were positive about the manager's appointment and the changes they had already made, such as relocating the seniors' office. They described him as supportive and willing to listen to their ideas. For example, one staff described the manager as an "inspiration." Staffing meetings had taken place and a system for regular supervisions had begun.

When the manager came into post, they worked alongside staff which gave them an insight into the strengths of the staff team and the areas for improvement. Their recognition for areas of change, such as how staff breaks were organised, showed they were considering the needs of the people living at the home. During the inspection, their discussion showed they understood how to develop the staff team to consistently display appropriate values and behaviours towards people living with dementia. The manager recognised when to contact health and social care professionals to safeguard a person when their mental health or physical health declined. This was demonstrated during our visit. The manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Effective quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The home's care planning system flagged up changes or overdue support to individuals. This meant seniors and the manager could keep track of how and when care was provided to ensure staff met people's individual needs. Regular audits were completed by the provider and operational staff to check on the quality of the service, such as medicines and the premises. An internal audit for medicines had identified shortfalls and action had been taken. Senior staff also completed audits, which were then reviewed by the manager, who fed back to the provider. The manager said there had been supported in their new role and encouraged to make suggestions to improve the service.

People and staff had confidence the manager would listen to their concerns and respond to them appropriately. For example, one person said they had made suggestions regarding the menus and they were pleased with the outcome. Staff said some rooms needed to be updated and minutes from a staff meeting in August 2016 showed the manager was in the process of completing an action plan to improve the standard of each room. We visited rooms which had recently been updated, including new carpets.