

The Firs Residential Care Home Limited

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected the service on 26 March 2018. The inspection was unannounced.

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 Firs Residential Care Home accommodates up to 12 people over two floors. On the day of our inspection, 11 people were using the service and one person was in hospital.

The Firs Residential Care Home is also a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection, two people were receiving a care package where personal care was provided.

At the last inspection in March 2016, the service was rated 'Good', in the key questions and at this inspection; we found the service remained 'Good' again in all areas.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. People did not have any undue restrictions placed upon them. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely and these were managed in line with best practice guidance. Accidents and incidents were analysed for lessons learnt to reduce further reoccurrence.

People continued to receive an effective service. Staff used nationally recognised assessment tools to effectively support people's needs. Staff received an induction, ongoing training and support. People were supported with their nutritional needs; food and drink choices were offered and provided. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Advocacy information was available should people have required this support.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person and or their relative where required. People received opportunities to pursue their interests and hobbies, and social activities were offered. People were also supported to participate in community activities and interests. The provider had made available the complaint procedure.

The service continued to be well-led. There was an open and transparent culture and good leadership, oversight and accountability. People received opportunities to share their feedback about the service and staff felt valued. The provider had quality assurance checks in place on quality and safety. The registered manager had implemented innovative ways of supporting people with their wishes.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Firs Residential Care 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 comprehensive inspection took place on the 26 March 2018 and was unannounced.

The inspection team consisted of one inspector and one Expert-by-Experiences (EXE). This is a person who has had personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with nine people who used the service for their views about the service they received. We also spoke with four visiting relatives to gain their views.

We spoke with the registered manager, a director for the service, two senior staff members, one care staff member and the cook. We also spoke with a visiting professional from the community falls team.

We looked at the care records of four people who used the service. The management of medicines, staff training records, four staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management fire risks, policies and procedures, complaints and meeting records.

After the inspection, we contacted external healthcare professionals, who worked with the service, for their experience. This included a GP, pharmacist, dementia nurse and speech and language therapist.

Is the service safe?

Our findings

People told us they felt safe, and relatives felt their family members were cared for safely. One person said, "It feels safe to me, everyone seems to be ok, you know when it's not right and safe don't you. I have never had to press my buzzer." This positive comment echoed other comments received. Staff told us about their responsibilities to protect people's safety. A staff member explained what the possible indicators of abuse could be such as unexplained bruising. They told us how they would report this under the provider's safeguarding procedures. The provider ensured staff received ongoing safeguarding training to ensure they were kept up to date with legislative changes and best practice guidance.

Risks associated with people's needs, including the environment, had been assessed, planned for and monitored. This ensured staff had up to date information to manage known risks. People told us they were not restricted in what they could do. One person said, "We can go out if we want to they (staff) take us out in the car or the van. They also take us on trips." The service participated in the 'Herbert Protocol'. This is a national scheme, which encourages care homes and relatives to record vital information on a form, which could be used in the event of a vulnerable person going missing.

People were supported by sufficient staff who had a good mix of experience and skills. One person said, "The staff come when I ring my bell. They don't take long they come quickly." A relative said, "There is a good number of staff here and they stay for a long time and you get to know them." We saw the staff were well organised, communicated effectively with each other, people who used the service, relatives and external professionals. They had a calm approach and responded to people's needs in a timely manner. The provider had safe staff recruitment checks in place, to mitigate against the risk of employing unsuitable staff.

People received their prescribed medicines safely. One person told us, "I have my medicines after breakfast they (staff) are always on time they are pretty good about that." Some people were independent with their medicines, this had been assessed and planned for, showing the person's wishes were respected and acted upon. The external pharmacist for the service spoke highly of how staff managed people's medicines. Comments included, "The staff are extremely professional, competent and communication is good." We checked the management of medicines and found they were stored, documented, administered and disposed of in accordance with current guidance and legislation.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt. The registered manager was proactive in researching and sourcing additional external support and guidance to manage risks. A visiting professional from the community falls team told us they had been requested to provide some additional support. However, they said the registered manager had already implemented best practice guidance for falls management.

There were plans in place for emergency situations. For example, if there was a fire. Staff knew what to do in the event of an emergency, and the provider had a business contingency plan in place. This meant people would be supported safely if there was an emergency, and would continue to receive the care they needed. Good infection control measures were in place and were in accordance to best practice guidance. The

environment was seen to be very clean.

Is the service effective?

Our findings

People's support needs were assessed using nationally recognised assessment tools such as needs associated with nutrition, skin care and falls. This meant people could be assured their needs were effectively managed and monitored.

People spoke positively about the competency of staff who they felt knew and understood their needs. One person said, "The staff are all very good here." Feedback from external professionals included positive comments about the skill of staff. One professional said, "Staff know people they care for so well and always have their best interests at heart."

Staff told us about the induction, ongoing training and opportunities to discuss their work, training and development needs. Staff told us the registered manager was very experienced, skilled and knowledgeable and they constantly supported staff to further develop their skills. A staff member said, "The manager will work alongside us and anything they pick up that could be better, they will explain and talk to us about it." The staff training plan confirmed staff had received appropriate training to meet the needs of people in their care. This meant people could be assured staff were competent in their work to support people effectively.

People received sufficient to eat and drink, nutritional needs were known and understood by staff and choices were offered and acted upon. One person said, "The food is quite good, its ok nice, you cannot complain." A relative said, "My relative has been off food but the staff have tried to help and given them food that they used to like, they have given them lemon sole to try to encourage them to eat. The food is very good here." Where concerns had been identified such as weight loss, action was taken such as additional monitoring of food and fluid intake and discussed with the GP.

We saw people received the support they required from staff during the lunchtime period.

The staff had developed positive relationships with external health care professionals to achieve positive outcomes for people. External professionals told us the staff team engaged well with them. They sought advice and guidance appropriately, implemented any recommendations or strategies and had formed positive links with a variety of health services. The service had also implemented the 'Red bag'. The red bag is an example of one initiative which helps to improve communication between care homes and hospitals at all points of a person's journey. When a person became unwell and was assessed as needing hospital care, important information about their care was transferred with them to support other clinicians in the person's ongoing care. Staff were aware of people's health care needs and the support required to maintain and manage health needs. People were supported to attend health appointments such as hospital outpatient and secondary health services such as the optician.

The internal and external environment was of a high standard, with a choice of seating areas for privacy. Bathing equipment included a Jacuzzi bath. The rear garden was elevated and enabled choice of seating areas on the ground floor level and the elevated area.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked mental capacity to consent to specific decisions MCA an best interest decisions had been made appropriately. Staff were knowledgeable about the principles of MCA and the importance people's human rights were protected. At the time of our inspection no person had an authorisation in place to restrict them. However, the registered manager told us about two people's needs that they had recognised may require an authorisation and said they would apply to the supervisory body for an assessment.

Is the service caring?

Our findings

People spoke highly of the staff who supported them and reported they found all the staff were kind and caring. One person said, "They (staff) are very caring they bring me my tea at 8.30am then I have another one at 9.00am. I don't get up for breakfast. They bring up ice for my drinks in the evening. They really offer personalised care here." Another person said, "The staff are really lovely they never change much at all."

We found staff to be caring and compassionate, they were very knowledgeable about people's needs, routines, preferences and what was important to them. Staff spoke with fondness and respect for the people they cared for. We saw staff interacted with people in a sensitive, polite and respectful manner. For example, one person had a visit from an external health care professional but became anxious when staff asked the person if they would meet with the visitor. A member of staff spoke to the person at eye level, they gave reassurance, used a non patronising and caring approach. The person was seen to respond positively and became calm and relaxed before leaving the room with staff. A person told us and staff confirmed, how a staff member went above and beyond their duties, by supporting them to visit places of their choice each week in their own time.

We saw staff supported people at lunchtime ensuring their needs and choices were respected and acted upon. For example, one person who did not like lunch, requested sandwiches. These were offered and the person chose to eat their meal in the conservatory where they looked relaxed and comfortable.

During the inspection, the atmosphere was calm and relaxed and we saw people spent their time as they chose. This included a person sitting in the conservatory area, staff, including the registered manager were seen to spend time talking with the person. Another person was seen relaxing in the lounge reading a daily newspaper. People were included in discussions and decisions and staff had time to spend with people. From the positive interactions and exchanges, we saw between staff and people who used the service such as laughter, and jovial exchanges, indicated positive relationships had been developed.

People told us and visiting relatives confirmed, opportunities were made available for people to discuss the care and support they received. We saw examples of review meetings that people had participated in. We also saw examples where by people had signed their care plans and other documentation, as a method to show they had been involved in decision making. There were advocacy information leaflets available but these and other useful information such as care funding was not easily accessible for people. The registered manager agreed to move this information to enable people to access it more easily. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection, no person was supported by an advocate. An example was given about a 'listening service' that had been offered to a person to support them with their emotional needs.

People's privacy and dignity was respected and independence promoted. One person said, "They always knock on the door before coming in. They are very careful when they are washing me and always close the door." We saw staff throughout our inspection were sensitive and discreet when supporting people; they

respected people's choices and acted on their requests and decisions.

Is the service responsive?

Our findings

Following an assessment of a person's needs, care plans were developed with the person and or their relative where appropriate. Care plans covered a range of areas showing an holistic approach in meeting people's individual needs. This covered physical and mental health needs and well-being. Additionally, people's pastimes, social history, interest and hobbies were recorded to enable staff to know important information. This supported staff to have a person centred and responsive approach. An example of this was a person who had a sight impairment; they had a particular table lamp to support them at meal times if they chose to use it. The light bulbs in their bedroom also provided enhanced light to support them. People's communication needs had been assessed and planned for. On the day of the inspection, the director supported a person to attend a hearing outpatient appointment to get their hearing aid serviced.

People who lived in the community and received a care package spoke positively about the service they received. This included staff knowing their individual needs. One person said, "The service provided is excellent, they (staff) knock on my door and call in, they make a dark day look wonderful." People also told us staff arrived on time, supported them as agreed and stayed for the duration of the visit. Another person said, "I know who is coming to visit me, they are always on time and if they are going to be late they let me know."

People received opportunities to participate in a range of activities. One person said, "They (staff) are always arranging games and they ask if I want to play scrabble because they know I like it. I don't get bored there is always something to do."

In-house activities included, chair based exercise, flower arranging, hand and foot massages, board games including bowls and skittles. An iPad was available for people to use. The registered manager told us they were developing a choir and hoped in the future when external visitors came such as the local school at Christmas, people who used the service could entertain them with their singing. On the day of our inspection, we saw some people enjoyed a game of dominoes in the morning and scrabble in the afternoon. Both these activities were popular with much laughter and jovial exchanges were seen.

People were also supported with visits into the local community. One person said, "We can go out if we want to, they take us out in the car or the van. They also take us on trips." The service had vehicles to support people with transport needs. The registered manager told us they supported people with any religious or spiritual needs as far as possible and understood the importance of this. They had been trying to arrange for external religious services to visit the service but were experiencing difficulties due to availability of people and or services.

People had access to the provider's complaint policy. A relative said, "There is a complaints procedure and a pack in my relation's drawer in the bedroom. I have never had any reason to complain." The complaints log showed one complaint had been received since our last inspection and this had been dealt with and resolved in a timely manner and in line with the provider's policy. We saw during 2017 the service had received three compliments from visiting healthcare professionals.

People's end of life wishes had been discussed and planned with them and the GP told us end of life care was discussed and planned in conjunction with themselves.

Is the service well-led?

Our findings

The service had an open and transparent culture where people received a high quality service that was inclusive and person centred. One person said, "The manager is very approachable. She works very hard and is very helpful." A relative said, "There is leadership from the top, the staff team communicate well. It looks well led to me."

We received positive feedback from external professionals about how well staff met people's needs and the skill, leadership and commitment of the registered manager. Comments included, "Staff have a very person centred approach, there is flexibility and open culture, it's the best care home I visit."

The service had an experienced registered manager. 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.

Staff were clear about their role and responsibilities and told us they enjoyed their work. Staff were all very complimentary about the registered manager's approach and leadership. One staff member said, "The manager is lovely, very caring towards residents and staff." Another staff member said, "The manager works above and beyond, they're very committed and strive to provide the very best they can for residents." Staff were also positive about the director who was present at the service daily and took an active role in the day to day management.

People were encouraged to participate in the development of the service. The registered manager arranged meetings for people to share their views and wishes. We looked at meetings records that showed discussion topics included, activities and meals. Information was also shared about any new developments. Annual feedback surveys were also completed as an additional method for people and their relatives to share their views.

Staff told us meetings were helpful and supportive and they felt valued and involved in the development of the service. Staff also told us and records confirmed, best practice meetings were arranged. These meetings specifically discussed people's needs and focussed on topics to support staff's development and discuss best practice guidance. For example, in January 2018 a best practice meeting record showed discussions and learning was focussed on the reduction and prevention of falls.

The provider had quality assurance audits and checks in place that monitored quality and safety and were used to continually drive forward improvements. As there was a director on site each day, there was clear oversight of the service and accountability.

The registered manager was innovative in their approach to providing person centred care. For example, people were encouraged to identify three wishes of something they wanted to do that was important to them. This included when they would like to achieve this and how. We saw records that confirmed people

had achieved their goals. For example, one person wanted to attend the flower club in the local village and had been supported to do this. Another person wanted to go with friends into Nottingham for a coffee. Many people felt they were part of the community, which was important to them.