Salix Care Limited

Firgrove House

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 responsive?	Good

Summary of findings

Overall summary

We carried out an unannounced focused inspection of this service because we had received some information of concern and we wanted to check this out. We have only looked at the areas of Safe, Effective and Responsive as the concerns sat within these areas.

This report only covers our findings in relation to these specific areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Firgrove House' on our website at www.cqc.org.uk.

At the time of this inspection the service was looking after 17 people. The service has a registered manager who had worked at the home for many years. 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 and associated Regulations about how the service is run.

At this inspection we have looked at some aspects of the management of medicines, the pre-admission assessment process and compliance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Also we have checked how the service responds to people's care and support needs.

Because we did not look at the procedures in place and working practice for all 17 people in residence, we have not revised our rating of this service.

We did find that improvements were required with the records the staff kept regarding people's medicines. This was to ensure that the potential for errors and mistakes to be made were removed. The provider took immediate action to address the issues identified.

Capacity assessments should be undertaken with every person and regularly reviewed. Staff need to be familiar with and understand capacity and the Mental Capacity Act 2005 in their day to day role.

Where people had specific identified care needs any action the care staff were required to take to meet those needs should be recorded accurately. This would evidence that any identified risks were acted upon and safe person-centred care was delivered. The provider took immediate action to address the issues identified.

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.

We identified where some improvements were required to ensure medicines were managed safely, and the provider took immediate action to address the issues identified.

Is the service effective?

Good

The service was effective.

We identified where some improvements were required to ensure people's mental capacity was assessed, and ensured staff acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The provider took immediate action to address the issues identified.

Is the service responsive?

Good

The service was responsive.

We identified where some improvements were required to ensure people's care and support were appropriately met and clear and accurate records maintained. The provider took immediate action to address the issues identified.

Firgrove House

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 carried out to check on information we had received and to see if the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also checked the overall quality of the service, and reviewed the rating for the service under the Care Act 2014.

We undertook a focused inspection of Firgrove House on 12 September 2016. We inspected the service against three of the five questions we ask about services: is the service safe, effective and responsive. The inspection was undertaken by one inspector.

We did not speak with people who lived in Firgrove House as part of the inspection and we did not speak to any of the care staff. We spoke with the registered manager and looked at specific care records for two people. We spoke with social care professionals at South Gloucestershire Council.

Good

Is the service safe?

Our findings

At our last full inspection of this service in March 2016 the service was rated as good in this area. We had looked at how the service protected people from being harmed or abused, how they managed any risks to people's health and welfare, whether sufficient staff were employed and how medicines were managed.

At this focused inspection on 12 September 2016 we have found that some aspects of the management of medicines raised the risk of avoidable errors being made. Prior to this inspection we had received information of concern regarding two people and we only looked at their records, this included their medicine records. We found where hand written entries had been added to the pre-printed medicine administration records (MAR) these were not being checked and counter-signed by another member of staff. This would have ensured the entry had been transcribed correctly and would eliminate the potential of a medicine error being made.

We also noted amendments had been made to the dose recorded for two medicines on the MAR but had not been signed and counter-signed. Following our inspection the provider notified us the same day their medicines policy had been amended to say any alterations to prescribed medicines had to be clearly detailed, checked and signed and counter- signed by another member of staff. Another medicine had two lines through the section where the staff sign and it was not made clear this medicine had been discontinued and was not to be administered. Whilst we recognised the medicine had not been administered, this was a potential area of risk. We have been informed that this was an error and that no medication had been given or signed for in relation to this deleted entry.

One person had recently returned from hospital and had been prescribed stronger painkillers (analgesia). A member of staff had written the details about a new medicine on the MAR. Staff had followed the guidance in the person's hospital medication discharge sheet. None of the staff had sought medical advice as the new medicine was a third pain killer the person was written up for. One was given just at night time whilst the other two were prescribed four times a day 'as required' – both had been given at the same time four times per day since transfer back to Firgrove House. We recommended that the service contact the person's GP to complete a medicines review. The service advised us on the 13 September that the person's GP had completed a review of the person's medicines and was satisfied with the prescribed medicines.

At the previous inspection the service was rated as good and these shortfalls were in relation to only two people. At this inspection we did not look at the medicines records for the other 15 people residing at Firgrove House with the management of medicines. As a result of our findings it would not be appropriate to revise the rating at this time.

Good

Is the service effective?

Our findings

At our last full inspection of this service in March 2016 the service was rated as good in this area. We had looked at staff training and how staff were supported, how the service complied with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We had also checked that the service met people's food and drink requirements and ensured their healthcare needs were met.

At this focused inspection on 12 September 2016 we looked at the pre-admission assessment process to make sure the service was appropriate to meet one person's needs and check they were compliant with the MCA and DoLS.

The MCA is a law about making decisions and what to do when a person cannot make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for people who lacked the capacity to consent to treatment or care. The legislation sets out an assessment process which must be undertaken before deprivation of liberty may be authorised. These safeguards protect the rights of people who live in a care home to ensure the restrictions placed upon their freedom and liberty, were appropriately authorised and were in their best interests.

The service had looked after a person for a two week emergency stay. Due to circumstances beyond their control the person's care and support needs could not be fully assessed prior to admission. The service had worked in partnership with the local authority and the family and had been told the person was mobile with a walking frame and the support of one carer. The registered manager explained it had been arranged with the family the person would visit the home for an assessment visit but this had not happened. The family were aware the bedroom was on the first floor and would need to be accessed using a chair lift. Once the person had been admitted the staff found the person's mobility to be variable. On occasions they were mobile but at other times they had been unable to stand.

Once the person was staying at Firgrove House a capacity assessment was not carried out. It was normal practice for a mental capacity assessment to be completed on admission however on this occasion that had not happened. This meant the staff did not know whether the person was able to make decisions about their day to day care. A staff member had recorded in the care notes on 17 August 2016 that a relative "gave their permission to over-ride X's choices". This evidences that this staff member had little understanding of capacity and the Mental Capacity Act. The registered manager felt it was the person's choice to make a decision however this opinion could not be supported because a capacity assessment had not been carried out.

Another person who had an authorised DoLS in place had been admitted to hospital. Staff had completed a hospital admission notification form but had not recorded that this person was subject to DoLS restrictions. The service had not notified the authorising local authority the person was 'temporarily' not residing at Firgrove House.

Following the inspection the service advised us the registered manager had completed a Mental Capacity

Act 2005 training programme between April 2015 and January 2016 and 12 care staff had attended a training session with South Gloucestershire Council in April 2015. Following this inspection the service sent a memo to staff reiterating that hospitals needed to be notified when people were subject to DoLS restrictions.

At the previous inspection the service was rated as good and these shortfalls were in relation to two people. At this inspection we did not look at the capacity assessments for the other 15 people residing at Firgrove House. As a result of our findings however it would not be appropriate to revise the rating at this time.

Good

Is the service responsive?

Our findings

At our last full inspection of this service in March 2016 the service was rated as good in this area. We had looked at how people received personalised care that was responsive to their needs and how the service listened to them and took account of their views and experiences.

At this focused inspection on 12 September 2016 we have looked at the care planning processes and other care records in relation to the one person for whom we had received information of concern.

Whilst the person had a detailed care plan in place it was difficult to evidence that specific elements of the person's care needs had been met. The care documents provided by a social worker from South Gloucestershire Council clearly stated the person had a sore area to their sacral area before admission. There was no record on admission of the person's skin condition. Since our visit the service have notified us they will complete a body map form as soon as possible after any admission to identify and plan any actions they need to take. They will also use this form to assess the skin integrity of any person who leaves the service to go home or to another care provider.

The registered manager had recorded in both the personal hygiene and continence plan that the sacral area was to be monitored to prevent skin breakdown. The plan also referred to the use of pressure relieving equipment to be used to reduce the risk of developing pressure sores. During their stay at Firgrove House, this person developed a sore area on their sacrum. We looked at the daily records which had been completed by the care staff. These were completed three times a day by each of the shifts on duty. There was no reference during the first 10 days of the stay that these checks had been carried out. Ten days after admission there was a record regarding a small broken area on the left buttock and this was reviewed by the district nurse. At this point we saw evidence that action was taken when a change to the skin was noted. For this person where risks had been identified, the records kept by the staff team did not reflect their specific care and support needs had been met.

At the previous inspection the service was rated as good and the shortfalls we have found on this occasion were in relation to one person. At this inspection we did not look at the care plans for the other 16 people residing at Firgrove House. As a result of our findings it would not be appropriate to revise the rating at this time.