

Smallwood Homes Limited

Firbank Nursing Home

Inspection report

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Tel: 01614408725

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 18 October 2016 and was unannounced. We carried out inspections in June and August 2014. In June 2014, we found the provider was not meeting all the regulations we inspected. We found a lack of proper information and record keeping in relation to care and treatment. In August 2014, we found the provider was meeting the one regulation we looked at.

At the June 2014 inspection, we told the provider they needed to take action; we received an action plan. At this inspection we found the provider had met their action plan.

At this inspection we found the home had breached four regulations.

Firbank Nursing Home provides nursing care for up to 21 people. Firbank is located close to Bramhall and the local amenities. The accommodation is arranged over two floors accessed via stairs or a passenger lift. The home has a communal lounge that leads into the dining room area with doors that lead onto the enclosed rear garden. There is a large garden at the rear and patio areas.

At the time of the inspection the home did not have a 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.

We found some areas of the premises did not comply with current Health and Safety guidance and some risks to people had not been identified. We saw some quality monitoring systems were working well, but others needed to be improved to ensure people received a consistent quality service. The home lacked adequate leadership.

There were not enough staff on duty to make sure people's care needs were met. It was not evident whether staff had received all training as recorded by the provider and supervisions had not routinely taken place in line with the provider's policy. Recruitment processes and the induction programme were not fully robust. Staff had received an annual appraisal in 2016.

Activities were not provided on a regular basis to ensure people were kept occupied and stimulated.

Staff told us how they supported people to make decisions. We have made a recommendation that the registered provider review the Mental Capacity documentation in people's care plan with a view to including decision specific mental capacity assessments and to ensure staff knowledge is up to date regarding Deprivation of Liberty Safeguards (DoLS).

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely. People received good support which

ensured their health care needs were met.

Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe.

People's care plans mostly contained sufficient and relevant information to provide consistent, care and support. People's mealtime experience was good; however, we have made a recommendation that the registered provider review the involvement of people regarding the development of the food menus and to ensure people were routinely offered choice at all mealtimes. Staff were aware and knew how to respect people's privacy and dignity.

Staff had a good knowledge and understanding of people's needs and worked together as a team. Throughout our inspection, people were treated with patience and kindness. Staff had a good rapport with people.

Complaints were welcomed and people and family members were able to raise their concerns with the registered provider.

We found breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

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.

We found some areas of the premises did not comply with current Health and Safety guidance. However, this was rectified immediately following our inspection. Personal emergency evacuation plans were not available for each person and some gaps in the testing of fire alarms was noted. Individual risks had been assessed and identified as part of the support and care planning process.

There were not enough staff to meet people's needs. The registered provider did not fully have robust recruitment procedures in place.

We found that medicines were not well managed. Staff we spoke with knew what to do if abuse or harm happened or if they witnessed it.

Requires Improvement ●

Is the service effective?

The service was not always effective in meeting people's needs.

There were not enough staff on duty to make sure people's care needs were met. It was not evident whether staff had received all training as recorded by the registered provider and supervisions had not routinely taken place in line with the registered provider's policy. Staff had not received appropriate support through their induction when they started working for the registered provider.

We have made a recommendation that the registered provider review the Mental Capacity Act (2005) documentation in people's care plan with a view to including decision specific mental capacity assessments and to ensure staff knowledge is up to date regarding Deprivation of Liberty Safeguards (DoLS).

We have made a recommendation that the registered provider review the involvement of people regarding the development of the food menus and to ensure people were routinely offered choice at all mealtimes. People attended regular healthcare appointments.

Requires Improvement ●

Is the service caring?

Good 

The service was caring.

People told us staff were kind and caring and we observed this throughout our inspection.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Visitors told us they were made to feel welcome by staff.

Is the service responsive?

Requires Improvement 

The service was not always responsive to people's needs.

There was a lack of opportunity for people to be involved in activities within the home and the local community. Care plans did not reflected activities they liked to take part in.

People's care plans mostly contained sufficient and relevant information to provide consistent, care and support.

A complaints procedure was in place.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

At the time of our inspection there was no registered manager and the home lacked adequate leadership. We found care plans were not stored securely.

The registered provider had systems in place to monitor the quality of the service, however not all systems were effective.

Firbank Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 October 2016 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor in nursing and an expert-by-experience people who had experience of people living in a care home setting. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 21 people living at Firbank Nursing Home. We spoke with nine people who used the service, six relatives, six staff, the owner and the registered provider. We observed how care and support was provided to people throughout the inspection and we observed the lunchtime experience. We looked at documents and records that related to people's care, and the management of the home such as care plans, staff recruitment and training records and quality audits. We looked at four people's care plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. We contacted the local authority and Healthwatch. The local authority had identified some area for improvement. We did not receive any information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We looked at the safety of the premises and found the home was clean, odour free and warm. People's rooms were varied in size and all were personalised. We looked at some of the windows on the upper floor of the home and found the windows did not have restrictors which complied with Health and Safety Executive guidance. We saw a health and safety audit had been completed by the registered provider in October 2016, which asked 'are all windows fitted with restraints (100mm gap)', the answer 'yes' was ticked. We highlighted our concerns to the owner and the registered provider. The registered provider told us they had not fully understood the Health and Safety Executive guidance in relation to the windows. The owner told us they would arrange for new window restrictors to be fitted immediately. Following our inspection we received evidence to show the registered provider had ordered the necessary parts and window restrictors have now been fitted.

We saw the provider's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and in date. Staff told us they had received fire safety training and the records we looked at confirmed this. However, we noted there had been some gaps in the recording of when fire alarms and emergency lighting had been tested. We saw the fire alarm testing and maintenance records stated fire alarms should be tested weekly. We saw this had not been completed between 16 June 2016 and 27 September 2016. The registered provider acknowledged this was the case and stated weekly checks were now carried out. We saw a health and safety check which showed weekly checks of the fire alarm, emergency lighting and water temperatures had started on the 27 September 2016.

We saw some people had a personal emergency evacuation plan (PEEP) in their care plan but not all the care plans we looked at contained a PEEP. Some staff we spoke with were unaware people who lived in the home had a PEEP in place and were unsure of the correct procedure if the fire alarm were to sound. We were provided with a 'resident register and evacuation risk groups' sheet by the owner who stated it showed the support people needed if they needed to be evacuated, however, this was dated November 2015. They also told us all the care plans contained a PEEP. A PEEP provides the level of support people living at the home would require should the building need to be evacuated in an emergency. Following our inspection the registered provider told us 'Work on our new fire risk assessment is progressing well and we are part-way through our new evacuation plan and PEEPs. Our training process for all staff for fire training has also started now'.

We asked staff about the timeliness of repairs and one staff member told us, "They do get done, eventually." The registered provider acknowledged there had been an occasional gap in promptly carrying out routine maintenance. On the day of our inspection we found the washing machine had been faulty and parts were on order. During our inspection the necessary repairs were carried out.

The above evidence demonstrates a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We saw equipment had been regularly tested and all the certificates we saw were in date. For example, the lifting equipment certificate was dated August 2016.

We looked in people's care plans and saw where risks had been identified for the person, there were risk assessments in place to ensure these risks were managed. For example, these covered pressure care and nutrition. They identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

We looked at the staffing levels in the home and found there were insufficient numbers of staff to meet peoples' care needs.

We asked staff whether they felt there was enough staff on each shift. Staff told us they felt more staff were needed to meet people's care needs. Staff comments included; "Sometimes, if the day is running smooth, it's fine. Maybe if we have one more extra", "Maybe on nights it can be difficult", "I think we could do with more staff and activities", "I think we could do with one more", "There is pressure to put people to bed before going home" and "There is enough staff and we get agency cover."

People we spoke with told us, "Not enough staff", "could do with more", "There are not enough staff; need more staff", "Staff are always busy; they don't come and sit and talk. I don't think there are enough staff", "Would think so, always seem to be a few people around" and "I think there are enough staff although they don't always come straight away when I activate the buzzer. I am sometimes kept waiting on the commode in the evenings as they go and do something else; this doesn't happen in the mornings."

Relatives we spoke with told us, "Staff are always busy, but I have never felt that my relative is not getting the care they need; obviously not always immediately but reasonable", "From what I have seen I think there is enough staff", "Sometimes I think the staffing is ok, but sometimes there are not very many. There seems to be enough staff today", "They need extra staff under pressure sometimes; sometimes short staffed and little things get missed", "Seems to be enough staff about" and "There are not enough staff; they don't come immediately when you ring the bell."

The owner told us the staffing levels were one nurse on each shift, three care assistants and one senior care assistant during the day and one care assistant during the night. The registered provider showed us the dependency tool they used to calculate the number of staff needed on each shift. The rotas we looked at showed between 19 September and 16 October 2016 two occasions where staffing levels were not as the owner had described.

At the time of our inspection there were 21 people living in the home and were told by whom 10 or 11 required two members of staff for aspects of their care. We were told by staff members people were still been supported to get up at 11:20am and this was due to the amount of time each person required. We observed the morning drinks and snacks round did not take place until 11:45am once morning personal care duties had finished. Lunch was at 12:30pm.

The registered provider agreed they did not think they had enough staff and were in the process of recruiting another member of staff to work on the day shift. Following our inspection the registered provider told us, 'We are increasing our staffing levels for care staff from next Monday'. In the PIR the registered provider stated 'Staffing levels always sufficient to meet resident's needs and are regularly reviewed against dependency scores to ensure they remain so'.

There were not always enough staff to meet people's needs. We concluded this was a breach of Regulation

18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We looked at the recruitment procedures for five members of staff and found this was well managed in most areas. However, we saw interview notes were very brief and did not focus on assessing the candidate's competency. We discussed this with the registered provider who told us they had introduced role based questions in the last six months which were designed to understand more about the knowledge and understanding of candidates.

We saw staff files where DBS checks had been undertaken. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We saw references had been taken as well as checks to confirm the candidate's identity. We also saw regular checks with the nursing Midwifery council to ensure there were no restrictions on nursing staff practice.

We looked at the storage, administration and recording of people's medication in line with the provider's medication policy and procedures dated 2014.

We saw people's medication administration records (MAR's) included the name of the person, their photograph, GP details, and any allergies. We saw the MAR's were accurate and we did not see any gaps in the signing for medication.

We saw medication was stored and dispensed from a single room within the home. The door was locked and we were told only qualified members of staff accessed the room, although we noted within the medication room there were dietary supplements stored. When we asked the nurse on duty whether unqualified staff would be able to access this they told us they would. Which meant unqualified staff may have had access to the medication room, the medicine trolley and controlled drugs (CD). The provider's medication policy stated 'Storage of medication - The keys to the medication storage area will be controlled by the designated person on each shift. The keys will be kept on the person at all times and handed over to the next person in a formal handover procedure'.

We found the fridge was located in the medication room; however, the fridge was not locked. We saw temperatures were recorded regularly although we did observe the fridge and room temperature had on occasion exceeded maximum temperatures in July and August 2016. We did not see how this had been reported or if affected medication had been destroyed.

Where topical creams and ointments were used we found daily records on how to apply the creams and body maps, which indicated to staff the areas to apply the cream. A relative told us they had noticed a tub of cream on their family member's bedside cabinet had another person's name on it and was out of date. They spoke with staff who said it must have been left there by mistake and removed it.

Some people were prescribed medicines to be taken only 'when required', (PRN) for example, painkillers. We noted there was provision for recording on the MAR when PRN had been given; however, we did not see this had happened. We noted the providers policy stated 'Staff administering PRN medication must ensure the medication is given as intended by recording a specific care plan in the resident's care plan which should be kept with the MAR chart' We did not see people had a specific care plan for the administration of PRN.

The provider's policy stated 'If a PRN medication is administered on a regular basis, a referral to the prescriber should be considered for a review. This action must be clearly indicated in resident's care plan'. We found no evidence to support this was happening.

NICE guidelines for managing medicines in care homes gives clear guidelines on administering PRN medication. We found not all of these guidelines were being adhered to.

We noted undisposed medication from three weeks after one person had passed away was stored in the CD cupboard. The provider's policy stated 'Medication kept locked and withdrawn for seven days and then disposed of using appropriate method'. We also noted jewellery was stored in the CD cupboard. The Misuse of Drug Act Safe Custody Regulations (1973) as a minimal standard states 'items of value such as money and jewellery should not be stored in CD cupboard'.

We found one person's medication was still in use although the medication had exceeded the opening date of 28 days.

We looked at records for three members of staff which showed they had completed medication competency checks. Although staff members had filled out this record, we saw this was not dated and the management team had not assessed their competency. This meant it was not clear whether staff had been assessed as safe to manage and administer medicines.

We found that care and treatment was not provided in a safe way for people who used the service because there was no safe management of medicines. This was a breach of Regulation 12; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

In the PIR the registered provider stated 'Medication is safely administered by a qualified nurse who undertakes medication administration training, there is a nurse on duty 24/7'. 'Medication administration is effective at Firbank and the robust medication policy is followed'. Following our inspection the registered provider told us they were waiting on a report from an external pharmacy medication review, which would give them an action plan to work to. The registered provider stated they had sought input from the pharmacy, the CCG medication officer and the GP surgery on some of the prescribing issues.

Staff we spoke with were able to describe different types of abuse and how people might present if they were being harmed. They told us they would report any concerns regarding people's safety to the registered provider. Staff were also familiar with how they could report abuse to external organisations, such as the Care Quality Commission. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training. We saw a copy of the whistleblowing policy which was not on display at the beginning of our inspection had been pinned to the staff notice board later in the day. Staff were familiar with the whistleblowing policy and how to report their concerns. 'Whistleblowing' is when a staff member reports suspected wrongdoing at work.

In the PIR the registered provider stated 'All staff are trained in safeguarding policy and practice and understand their individual responsibilities in relation to keeping people safe, their understanding is discussed and confirmed during regular supervision sessions. Detailed records of all safeguard incidents are kept and shared with the local authority in accordance with their policy'.

The registered provider had sent us appropriate notifications about safeguarding incidents which had occurred in the home.

Is the service effective?

Our findings

Staff confirmed they received an introduction to the home and were required to complete one week of shadowing other staff before they were allowed to begin lone working. However, induction records we looked at did not identify any training staff had completed to ensure they were sufficiently skilled to carry out their role. Staff we spoke with confirmed they had not received training as part of their induction. This meant staff did not receive appropriate support when they started working for the registered provider.

One staff member told us during their induction they had not been made aware they were able to find information about people in their care plans. Several months after joining, this had been explained to them. Another member of staff told us they did not receive training regarding care plans. A third staff member said, "I don't remember anyone saying we should look at them. It's probably a time issue."

We looked at training records for five members of staff and found the way this was managed was unclear. Training certificates we looked at showed staff had completed up to 20 training courses in one day in March and April 2016. One staff member told us not all of this training was provided. Another staff member said they had not received any training in these areas and instead had been asked to only complete competency tests which they had received certificates for. Within an 11 day period in March 2016, it was recorded one staff member had completed moving and handling training three times.

Staff told us they had received some training in moving and handling, medication management, safeguarding and health and safety. However, it was not clear how training in other areas was provided. Staff told us they were not aware how they would find out future training had been arranged by the registered provider. One staff member told us, "We need more training." Another staff member told us, "I am happy with the level of training, it helps you do your job." The registered provider told us they had contacted a training provider in order to set up a programme of refresher training for staff following our inspection.

Following our inspection the registered provider told us they were 'Planning a combination of face-to-face mandatory refresh, supplemented by modular training. This will formalise and refresh our training provision and bring a consistency of approach'.

The registered provider's supervision policy dated November 2015 stated; 'The home aims to achieve in the region of six supervisions per year and more often if there is a particular employment related need'. We saw minimal evidence of one to one supervisions taking place, although the supervision policy described different ways in which supervision could be held. A number of supervision records we looked at related to group discussions which had taken place in response to specific events. We also saw staff had completed self-assessment reviews, although it was not evident these had been reviewed by the management team. The registered provider's supervision matrix showed staff had received, on average, three supervisions using a variety of methods since the beginning of the year. We asked one staff member about supervision who told us, "It doesn't happen now. We don't have a manager."

The registered provider did not ensure staff received appropriate induction, training and supervision to

enable them to carry out their role. We concluded this was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We saw staff appraisals had been completed in January 2016. We saw information on the staff noticeboard which stated, 'I am arranging 1:1 staff appraisals with everyone for before the middle of October'. The registered provider told us all staff would have an appraisal before the end of October 2016.

In the PIR the registered provider stated, 'Thorough and comprehensive recruitment, selection and induction training is in place for new staff. Robust programme of mandatory training, supervisions and appraisals completed for all staff on annual basis, any training or learning needs identified from these are completed. Additional training and support is available for all staff to access'.

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 Liberty Safeguards (DoLS).

Staff we spoke with had a good knowledge of the MCA and were able to describe how they supported people to make decisions. One staff member said, "I always give them options of when to get up and what they want to wear." We found staff were not familiar with DoLS and who these applied to in the home. One staff member told us they thought this related to someone sustaining a burn. One member of staff told us they did not think people had mental capacity assessments and they had not received any training on DoLS.

In the PIR the registered provider stated 'The registered manager has an excellent working knowledge of the Mental Capacity Act and the homes responsibilities within it as well as a good understanding of local procedures, DoLS forms are completed and sent to the Stockport Councils DoLS team and followed up in a timely manner'.

We saw DoLS applications had been completed in the care plans we looked at, however, there was no decision specific mental capacity assessment except for the use of bedrails and the need for continued residence at the home.

The registered provider told us they had submitted a DoLS application to the local authority for everyone in the home and four had been granted by the local authority. They said they had contacted the local authority about one person as their mental capacity had improved and a DoLS was no longer required. The registered provider agreed the document in people's care plans called 'DoLS checklist' was not a decision specific mental capacity assessment. We saw the registered provider was in communication with the local authority regarding ongoing DoLS applications.

We recommend the registered provider review the MCA documentation in people's care plan with a view to including decision specific mental capacity assessments and to ensure staff knowledge is up to date regarding DoLS.

We observed three members of staff supporting three people with their lunch time meal. We saw staff took their time whilst assisting people and gave them their full attention. Other people were supported in their rooms with meals.

People we spoke with told us there was no choice at lunchtime or at teatime. The lunch time meal on the day we visited was corned beef hash and Jaffa Cake sponge and ice cream. The corned beef hash was served in dessert bowls with red pickled cabbage on top. One person told us they had a choice at breakfast, but there was no choice for other meals and they did not know what was on the menu until the meal was presented to them. They said, "It is normally sandwiches for tea and a piece of cake. The food is nicely cooked and presented but it could be better, more variety." Other comments included, "We very rarely get a choice at lunch time", "Have a choice at breakfast but no other meals; food very good; get enough to eat" and "Not too keen on the food, no choice, the person today knew that I don't like red cabbage so they took it off, sometimes though, they don't."

We spoke with a member of staff who was able to fully explain people likes, dislikes and were aware of people's dietary needs, for example, people that required a diabetic or pureed diet. They told us there was a four weekly menu with two choices of main course at lunchtime. However, they said they did not stick to the menu as some options were not available. They also said people were not really offered choice at lunchtime and were not involved in the development of the menus. Another staff member told us, "Food is fine, but I never go round and ask people what they want." We spoke with the registered provider who told us a menu survey had started two weeks before our inspection, with the intention of reviewing people's meal time experience. We did not see any returned surveys on the day of our inspection.

In the PIR the registered provider stated 'Promoting and offering choice to each resident is high priority at Firbank'. We did not see this happen on the day of our inspection. The registered provider also stated in the PIR, 'The cook's discuss with individuals or their families their preferences and designs her menu's around resident's favourite meals and nutritional needs. Hot and cold alternative's meal options are available to main menu'.

We recommend the registered provider review the involvement of people regarding the development of the food menus and to ensure people were routinely offered choice at all mealtimes.

We observed the lunchtime meal and saw the food was freshly cooked and looked hot and appetising and people seemed to enjoy it. We saw staff sat alongside people and offered assistance in a patient, respectful and encouraging manner when needed. We saw snacks and drinks were available throughout the day with staff having access to the kitchen when the cook had finished work for the day.

Staff we spoke with were confident people received good access to healthcare. One staff member said, "I always speak with the GP." Another staff member told us, "People have access to healthcare; [name of person] went to the dentist." A third staff member gave us a very recent example concerning a person who staff were concerned about due to their behaviour. They arranged for a test which showed the person had a urinary tract infection. This was then treated appropriately. We saw evidence which showed the registered provider had contacted GP's and dieticians where people had been identified as experiencing weight loss. This helped ensure people's health care needs were being met. One person we spoke with told us the GP was called when necessary. One relative told us they had not been informed of any changes and the GP had not seen their family member until they visited, although they had been informed when an ambulance had been called out on two occasions in the past. They said, "Pleased with the care and feel nothing more can be done."

In the PIR the registered provider stated 'The surgery provide a nurse case manager who visits the home weekly and undertakes all routine and non-urgent health checks and referrals for residents. Health Passports are being introduced to support residents when they are attend or are admitted to hospital to ensure that when hospital staff have written confirmation of their personal needs such as means and style of

communication and cultural considerations'. On the day of our inspection we did not see these had been completed.

Is the service caring?

Our findings

People told us staff were lovely. One person said, "The staff are very nice, lovely, and very helpful. I prefer going to bed early; it is nice and quiet and I watch TV in my room and usually fall asleep. Generally quite pleased but would like more variety in the food, some activities and more staff." Other comments included, "The staff are very nice", "I have no complaints", "I like living at Firbank and staff are great, very good. It is very nice", "Very good, good place this", "Very nice" and "It's alright but staff very mixed, some are marvellous, some are less aware of disabilities."

One relative we spoke with told us, "I am happy she is settled and well looked after, I have no complaints." Other comments included, "The staff have been nice with her, sometimes her finger nails need cutting which they do and her glasses are not always clean but other than that I am very happy with her, she is always clean and they look after her alright", "The staff are always very friendly and there are no members of staff who I feel are not caring. Always polite and helpful", "I am very happy with the care, she is looked after well and senior staff are very good and set a good example. They are attentive, all very caring and helpful particularly to me. The staff let me know straight away if anything is wrong; I have a good relationship with the nurses. Good feel and friendly place" and "The staff are absolutely brilliant, wonderful really good, keep me updated and are keen to let me know how my relative is, all are approachable."

Staff we spoke with were confident people received good quality care. One staff member commented, "When it comes to the staff, we always try to ensure residents go through the day with a smile on their face." Another staff member said, "I think we are always doing our best for residents" and "The staff here, hand on heart, are really good." A third staff member said, "I give the best I can. I give the service users the care I would expect if it was me." A fourth staff member said, "Care is good. Staff are very dedicated and it is a good team."

A number of relatives called into the service during our inspection and they were welcomed warmly by staff, who clearly knew them well. The premises were fairly spacious, with a large lounge area. We saw people were comfortable in their home and people could decide where they wanted to spend their time. We saw some people sitting in the lounge watching television and saw some people were spending time in their bedroom. We saw staff were helping one person to celebrate their birthday.

We saw people looked well dressed and well cared for. People were tidy and clean in their appearance which was achieved through good standards of care and indicated staff had taken the time to support people with their personal care.

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. We witnessed good practice from staff members who we saw knew people well and were aware of individual's likes and dislikes. Staff knew people by name, and some of the conversations indicated they had also looked into what their life history had been. There was a relaxed atmosphere in the home.

People's care was tailored to meet their individual preferences and needs.

In the PIR the registered provider stated, 'All staff are respectful in their approach and ask all questions in a polite manner, knock on doors before entering bedrooms, always seeking consent prior to starting a task'. We saw staff knocked on people's bedrooms doors before entering and they said their name so the person knew who it was.

One person we spoke with said, "The staff are very nice and they draw the curtains between the beds when administering personal care."

Staff were able to describe how they ensured peoples' privacy and dignity was respected. One staff member told us about the process they followed when providing personal care to people. They told us, "The curtains are drawn and the doors are shut." Another staff member told us, "We have the dividing curtain for privacy and a curtain in the bathroom." A third staff member commented, "You always knock on the door before you go in." Staff also explained they would cover people as much as possible whilst providing personal care. This meant staff knew how to ensure peoples' privacy and dignity was respected.

Is the service responsive?

Our findings

In the PIR the registered provider stated, 'Activities within the home are planned around the wishes, preferences and abilities of the people living here. Planned activities are advertised on the public notice board and staff advise residents on a day to day basis if activities are taking place and if so, support them to join in if they choose too. Regular activities include; Monthly visits from a Priest who holds communion and a service, weekly hairdresser's visits and six weekly chiropodist. Weekly group activity session, chosen by those wishing to participate on the day, usually playing cards or board games. Regular celebration events taken place on an ad-hoc basis throughout the year chosen depending on the interests of the people living here. Families and the community are actively encouraged to participate; so far in 2016 there has been an Easter party which involved a local choir performing, an Easter bonnet parade and a raffle which raised money for the resident's fund'.

On the day of our inspection we did not see any activities taking place. We did not see a planned list of activities or any activity that had been organised. Staff we spoke with told us there were not enough activities to provide stimulation for people living in the home. We were told there was an activities coordinator who worked between Firbank Nursing Home and another home operated by the registered provider, although staff told us the activities coordinator had not visited Firbank Nursing Home for a number of weeks. Staff told us there was very little provision of activities as they struggled to find time to support this. One staff member told us, "We need activities." Another staff member said they had discussed a lack of activities with people. They told us, "They do mention they are bored." Another staff member told us, "The staff member from [name of sister home] sometimes comes and talks with people, we play cards and talk with people, and they like to watch telly."

We noted whilst walking round the home from about 10am onwards the televisions were switched on as were the central lights in the majority of people's bedrooms. The majority of people who were in their rooms were not able to access the light switches or the television remote controls so once they had been switched on they remained on.

People we spoke told us there were no activities. One person told us, "It would be nice to have games and things like that and it would be nice to go out." Although one person whose relative had been at the home for some time said there had been occasional entertainers in the past. Another relative we spoke with said, "There are no activities or entertainments."

People's care plans did not reflected activities they liked to take part in. We saw in the care plans we looked at there was a sheet of paper which addressed peoples interests and previous activities, but no further action or plan had been developed.

We saw training and activities meeting minutes, which was undated, stated '[name of activity coordinator] to join team. Staff to put forward ideas, entertainer booked for Firbank on 25/08'. The registered provider told us the new activity coordinator never started and they were still in the process of recruiting another activity coordinator. The registered provider acknowledged the lack of activities in the home.

We concluded this was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person their families and friends could provide and any health and social care professionals involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home.

People's care plans reflected the needs and support people required. They included information about their personal preferences and were focused on how staff should support individual people to meet their needs. We found the care and treatment of people who used the service was appropriate.

We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people. However, we did not see evidence to suggest people had agreed with aspects of their care planning and had by signing their care plans. Although, we did see there was evidence others had been consulted in regards to their care planning, in particular ongoing medical support and families.

We noted some people who used the service shared a bedroom. Their care plans did not show they or their family member had been consulted or had agreed to share a room.

In the PIR the provider stated 'Prior to admission the manager undertakes an in depth pre-admission assessment to ensure placement would be safe and appropriate. Full in depth, holistic care plans are completed in collaboration with the individual, families and other relevant stakeholders usually immediately but definitely within 48 hours of admission with a short temporary care plan used when appropriate. Each individual's care plan is comprehensively reviewed and updated on a monthly basis.

The registered provider told us new care plans were going to be created and completed by December 2016 and these would be more person-centred and risk based. These would also include more involvement for people who used the service and/or family members.

We looked at records of complaints and concerns received. There had been no written complaints received recently. We saw policies and procedures were in place for staff to follow and information regarding the complaints procedure was on display in the home.

People and relatives we spoke with told us, "I have no reason to complain and if I had any concerns I would always act on them", "I have never needed to make a complaint; if necessary I would complain to the lady in charge but I don't need as I couldn't have come to a better place" and "I have never complained and I have no complaints about her care, information is passed on, as content as I can be." One person said they knew who the owners were and if they had any complaints they would tell the owners and they would look into the matter.

We saw compliments had been received from family members and healthcare professionals. One comment included 'pleased with the improvements'. In the PIR the registered provider stated, 'This is a small sample of comments made in of some of the cards and letters received in the last year which demonstrates our caring approach; Thank you for all you kindness and warmth in caring for. The family and I are most impressed and grateful for the care received since she moved to Firbank. We were particularly thrilled by her appearance, it was very pleasing to receive comments from our friends saying how well looked for all your care, concern and kindness you showed at her stay at Firbank, Thank you all. We regularly seek feedback

from residents and their families to ensure they are happy with the care provided and use their feedback to develop future plans'.

Is the service well-led?

Our findings

At the time of our inspection the home did not have a registered manager. The registered provider worked alongside staff overseeing the care given and providing support and guidance where needed. However, they did not attend the home on a daily basis. The registered provider told us they were actively recruiting for a new manager.

Staff told us they did not feel there was adequate leadership in the home. We were told by staff members the registered provider had a regular presence in the home, although they were not present day-to-day. We were also made aware of a number of managerial changes in the home since the beginning of the year. Staff comments included; "I don't know if I can say I'm satisfied, because I'm not. I think they could do better", "Sometimes you've felt you don't know who you're answerable to" and "We definitely need a manager here."

We asked staff about team meetings and one staff member told us, "To be honest, we don't have team meetings." We were told the most recent discussions were brief catch-ups to discuss the ownership of the home, although these meetings did not cover other key operational updates. The registered provider told us they had scheduled a residents' meeting for the week following our inspection. They had planned to hold a staff meeting the week after this. In the PIR the registered provider stated 'A comprehensive 'handover' is undertaken at the start of every shift, all nursing and care staff attend this meeting and each individual resident is discussed'. Staff told us the handovers happened.

Not all staff felt they were valued by the registered provider. One staff member told us they felt supported, but added, "I would say most staff don't feel that way." Staff told us they worked well as a team and felt there was a positive culture amongst the staff. One staff member said, "I would say we've got a good working relationship." Another staff member told us, "I enjoy working here."

The owner showed us a range of documents, which supported the registered provider to monitor the quality of the service provided. We saw there were a number of audits, which included infection control, kitchen and a staff file audit that had been carried out in October 2016 which had identified information missing from these records. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. However, we also saw some audits had not been carried out for some time. For example, the pressure cushion audit and mattress audit were last completed in June 2016. One the day of our inspection, we saw one person's mattress protector had failed. We brought this to the attention of the owner and following our inspection the registered provider stated a replacement mattress had been delivered and they had ordered a further two. They also advised us they now have regular checks back in the diary. We also saw the monthly fire safety audit had been completed in October 2016, although prior to this the audit was last completed in July 2016.

We saw a monthly review of 'completeness of checks of key home equipment' had not been fully completed. For example, wheelchairs, specialist chairs, hoists and slings had not been completed in 2016. We found care plans were held in the office next to the entrance and the office was not always locked. We saw the service continuity plan dated May 2014 was displayed on the office wall; however, this was due for review in

May 2015. The registered provider said there was a 2016 version that needed to be displayed.

In the PIR the registered provider stated 'Smallwood Homes has recently introduced new robust quality assurance system across the group to ensure standards in all areas remain compliant, as part of this new QA system family satisfaction surveys are sent out every three months and a summary and action plan of its findings are shared with everyone'. We saw the last family survey was dated April 2016 and the majority of comments were positive.

We concluded there was a lack of adequate leadership and some quality monitoring was not robust. This was a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

We saw the registered provider had a 2016/2017 improvement plan for the home, which included new bathrooms, interior design and new laundry facilities.

Records showed the registered provider had completed a review of the accidents and incidents so far in 2016. In the PIR the registered provider stated 'Any complaint, accident or incident is investigated and reviewed with a view to improving service user experience and/or reducing or removing further risk'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People care plans did not reflect their preference in relation to activities and person-centred care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not ensure risks were assessed for people to receive care in a safe way. The provider did not ensure the safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a lack of adequate leadership and some quality monitoring systems were not effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered provider did not have a robust system in place to ensure staffing levels were sufficient to meet people needs and did not ensure staff received appropriate induction, training and supervision to enable them to carry out their role.

