

Eldahurst Limited

# The Firs Rest Home

## Inspection report

141 Malvern Road  
St Johns  
Worcester  
Worcestershire  
WR2 4LN  
Tel: 01905 426194

Date of inspection visit: 14 April 2015  
Date of publication: 03/07/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected the Firs Rest Home on 14 April 2015. The home provides accommodation and personal care to a maximum of 15 people; there were 14 people who lived there when we visited. At the time of our inspection there was a registered manager in post. The registered manager is also the provider of the service. 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 that people were not always kept safe by staff who knew how to protect them. Staff and the registered manager did not recognise different types of abuse and so did not report incidents appropriately for investigation.

# Summary of findings

People's homely remedies medication was not always stored in a way that kept people safe. The registered manager told us they would rectify this. People received their medication at the correct times by staff who were trained to do so.

People were cared for by staff who had the knowledge and skills to meet people's care needs. People had access to healthcare professionals and were supported to appointments, such as the doctors and dentist.

We found that the provider had sufficient staff on duty to meet people's needs and keep them safe.

People had access to healthcare professionals and were supported to appointments, such as the doctors and the dentist.

People we spoke with were complimentary about the food and their dining experience. Staff knew people's likes and dislikes and respected their wishes. We observed people received regular drinks and staff supported those who needed assistance.

People told us that all the staff were caring, respectful and talked to them kindly. Some people who lived at the home were unable to tell us verbally if the staff were kind and caring however we saw that people were relaxed and calm in the home. People and relatives told us they were listened to and an active part in the planning and treatment of their care. We saw staff spoke kindly to

people and maintained their dignity when providing assistance. People were supported to remain independent and received assistance when they needed it.

We found that the provider was responsive towards people's individual care needs. People told us they took part in activities that they enjoyed and that they were adapted to their choice. Relatives spoke about the good support people were offered.

People and relatives told us they found staff and the registered manager approachable and that they could raise any complaints or concerns should they need to. The provider had not received any complaints since our last inspection.

The registered manager was supported by a manager. People's views were listened to and acted on. People and their relatives were encouraged to express their views about the service provided through meetings and surveys.

The registered manager made regular checks to ensure people received good quality care and made improvements where necessary. These checks did not include some environment checks, such as ensuring cleaning chemicals were safely stored.

We found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

People were not always kept safe as staff and the registered manager did not recognise different signs of abuse and how to respond to concerns correctly.

We found that some medication was not stored in a safe way.

We found that there was enough staff on duty at busy periods to meet people's needs and keep them safe.

Requires improvement



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to meet people's care needs. They had access to health professionals and were supported to attend hospital and doctor appointments. We found that people were supported with enough food and drink to keep them healthy.

Good



### Is the service caring?

The service was caring.

Staff spent time with people in order to get to know them and their likes and dislikes. People's independence was supported and staff encouraged people to make their own decisions about their care. We found that people's privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their individual needs. People felt confident to raise a complaint should they need to.

Good



### Is the service well-led?

The service was well-led.

The provider promoted a positive culture which encouraged and gave people and their relative's opportunities to develop the service.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Good



# The Firs Rest 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.

The inspection took place on 14 April 2015 by two inspectors. The inspection was unannounced.

Before our inspection we looked at the notifications that the provider had sent us. Notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

On the day of our inspection we spoke with two people who lived at the home and three relatives. We also spoke with three care staff, a visiting social worker, the manager and the registered manager. Not everyone who lived at the home was able to communicate verbally with us. 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 who could not talk with us. We reviewed the care records of three people who lived at the home. We also looked at the records around medication, infection control, incidents and accidents, environment and staff training.

# Is the service safe?

## Our findings

People were not protected from abuse because staff did not have full understanding about the different types of abuse. For example, staff did not recognise that people who were verbally abusive to another person was a form of abuse. We also found that unexplained bruising was not identified as a potential safeguarding. For example, a relative told us that the person had a bruise and was unsure how they had this. We found in two people's care files records of unexplained bruising. Staff on duty told us they would record it in the person's care files and no further action taken. A staff member went on to say, "It happens quite a lot". We spoke with the registered manager about our concerns regarding staff understanding of how to safeguard people. They were aware of the incidents that happened in the home but did not recognise this as a potential safeguarding matter. We found that the registered manager had not documented and investigated safeguarding incidents appropriately and had not reported them to the local authority and the Care Quality Commission (CQC) where necessary.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We spoke with people and relatives who used the service and they told us there were no concerns with their medicines and they received them at the correct time. Staff told us that they had received training in safe handling of medicines before they were able to give people medicine. An audit of medicines found that medicine administration charts (MAR's) were used to record what medicines were given and when. However, we found that safe storage of homely remedies was not stored in a safe way. The registered manager told us they would look at other ways to ensure the homely remedies were safely stored.

Relatives told us the home was well looked after and that any maintenance problems were dealt with promptly. We saw monthly checks took place to identify any area in the

home that may need attention, for example, trip hazards from carpets. However we found some areas to ensure people were safe had not been identified. For example, we found that cleaning chemicals were not stored safely and securely. The registered manager told us that a new cupboard had been built, "a few months ago"; however no lock had been put on and had not been identified as a potential risk. This had been rectified upon leaving the home at the end of the inspection.

The provider had managed risks of injury to people by risk assessing people individually. Staff we spoke with knew about the risk assessments that were in place for people and how to report new risks to the management team. For example, a relative told us that their family member had fallen while walking up the stairs to their bedroom. Following this incident, staff discussed with the person and their family about moving to a more appropriate bedroom on the ground floor. This was mutually agreed and the person moved them to a ground floor bedroom, allowing them to safely access their bedroom independently.

We spoke with people, relatives and staff and about staffing levels in the home. People told us there were enough staff on duty to keep them safe and meet their needs. One person told us, "There is always someone checking on me at night". Relatives who we spoke with told us there was always enough staff and they had no concerns about staffing levels. All staff we spoke with said there were enough staff on duty and that if they needed extra support the registered manager would arrive to the home at any time of the day or night. A staff member told us, "I think there is enough staff". We observed staff readily responded to people in a timely way and people did not have to wait for assistance. We also saw staff spent time talking with people on a one to one basis or in groups. Staff were not rushed and spent as much time as people needed with any assistance they provided. We saw that people's dependency needs were reviewed on a regular basis. The information was used to make decisions about staffing in a way that reflected people's changing needs.

# Is the service effective?

## Our findings

People who lived at the home told us they thought the staff knew them well and were confident when they supported them. One person said, “They look after me”. A visiting social worker told us that staff were good and that people’s care was well co-ordinated, as staff were knowledgeable about people’s care needs.

Staff told us they had received some updated training, such as infection control and fire safety. Some staff told us they required updated training in areas such as manual handling. We spoke with the registered manager and the manager who explained that practical training, such as safe moving and handling had been more difficult to arrange.

Staff told us they did not receive a formal supervision however did receive regular support from the deputy manager and registered manager. They told us that meetings were ad-hoc but everyone had the opportunity to be involved. One staff member told us, “We don’t have supervisions. I used to have them in my last workplace and found them useful. I would like them here”. They went on to say that if they had any concerns between meetings they would speak to management and not wait until the next meeting. Staff told us these meetings were mainly held to discuss changes at the service, if people’s care needs had changed and best practice to follow.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. We spoke to staff about their roles and responsibilities and they understood what this meant or how it affected the way the person was to be cared for. We saw that people’s capacity was considered when consent was needed or when risk assessments were carried out. We saw that where decisions were made on people’s behalf, meetings had been held with family members in line with the requirements of the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards. At the time of our inspection six applications had been submitted. We spoke with staff about their understanding of DoLS and whether any person had one in place. Some staff who we spoke with knew who had a DoLS in place and what this meant for the person and the care they provided. However two staff who we spoke with did not have this understanding. We spoke with the registered manager about staff understanding around DoLS. They told us that DoLS training was in place and plans were in place to ensure all care staff had completed this.

People told us they enjoyed the food at the home. One person told us, “I always enjoy the food”. One relative told us, “The food always looks presentable and nice”. Lunch time at the home was a positive experience for people, the table was laid and people chose where they wanted to sit. We saw people chatting with each other and staff. People were offered a choice of food and were given time to enjoy this. Staff ensured people were happy with their meals and offered more when they had finished. Staff knew who required assistance with their food and provided this at a pace which suited the person.

People were offered hot and cold drinks throughout the day. We observed staff support and encourage people to drink. Staff did not rush people and took their time to assist people to enjoy their drink. Staff we spoke with knew who required support to maintain a healthy fluid intake.

People and relatives we spoke with told us they had access to health care professionals when they needed to and that visits were arranged in a timely manner. One person we spoke with said, “I’ve seen the doctor if I have needed to”. A relative told us, “When they need to see a doctor they have called them out, I have no concerns that they don’t”. We saw in care records that people were visited by GP, social workers, district nurses and attended routine appointments such as the dentist and opticians.

# Is the service caring?

## Our findings

People we spoke with told us they felt cared for by the staff. One person told us, “They are very kind to me”. Another person said, “They look after me, they always check to make sure I’m okay”. A relative told us, “Staff are really personable, they make us feel welcome, we can visit anytime”, and “[the person] has settled in very quickly”. We spoke with staff about people they cared for. We found that they knew people well, their likes and dislikes, such as what music they liked to listen to or what people’s daily routine was. We observed that staff were caring towards people who lived there and provided support and encouragement. We found that the staff provided a homely atmosphere; people and relatives knew the staff well. We saw that people were relaxed around staff had were seen chatting, laughing and joking with the staff. We saw a person responded well when staff spoke to them kindly and provided them with reassurance and gentle touch when they were upset.

Relatives talked about events that the provider held. For example, the bonfire night barbeque. They told us this gave them the opportunity to meet people who lived with their family member, their families and staff for a relaxed, social occasion. Another relative told us that they had visited their family member on Christmas day and had lunch there.

People told us that they were able to make day to day decisions about their care, for example, what they would like for lunch or what activity they would like to do that day. Relatives told us they were updated regularly and were involved where they were able to. One relative told us that they were involved from the start and the staff listened to them, they said, “They have involved us from the start, we haven’t had any teething problems”. People and relatives told us that they were able to approach the manager and registered manager at any time and that their views were considered and acted upon.

People told us that staff spoke kindly to them and in a respectful way. People we spoke with said that staff listened to what they had to say and spent time to respond to any questions. We observed people were assisted in a discreet way and care staff were professional at all times when assisting people. Conversations with staff demonstrated that they were aware of how to maintain people’s privacy. We saw how staff treated people with respect and addressed people in a courteous way. Visitors told us they were able to see their relative in private and that there were no restrictions on visiting times.

# Is the service responsive?

## Our findings

People and relatives told us that staff knew people well, which meant that when a person became unwell they recognised this quickly. One staff member explained to us how they had noticed a person appeared unwell one afternoon and had contacted the person's doctor to arrange an appointment. They had carried out some health checks prior to the doctor's arrival to ensure the doctor had timely information on their arrival about the person's health condition.

People and their relatives told us that their preferences and choices for social activities were discussed. People spoke about the activities co-ordinators who involved and encouraged them to explore their interests and hobbies. One relative we spoke with told us, "Whenever we visit there is always something going on, they play games and sing songs and [the person] really enjoys it". A person who lived at the home told us that activities happened in the home; however they preferred to spend time on their own. People told us that their bedrooms were decorated and furnished with items that they liked and was personal to them. We observed that staff actively encouraged people to go out with family and friends. On the day of our inspection we found that a family member had taken the person out for a drive for the morning.

People felt they had maintained relationships with their families. Relatives were free to visit at any time and told us staff were friendly, inclusive and made them feel welcomed. People and relatives told us about what staff did when it was a person's birthday. One person told us that they had their favourite cake made and, "They bought me beautiful fresh flowers, it was lovely". A relative told us that when it was the person's birthday, they were able to invite the person's friends and family along for the party.

Every person we spoke with said that they felt confident enough to speak with staff or people in management if they had any concerns or complaints. People said that staff listened to them when needed. Throughout our visit relatives approached staff and the registered manager to talk about the care and treatment of their relative. People therefore had the opportunity to raise concerns and issues and had confidence they would be addressed. A relative told us, "I have no reason to make a complaint". All of the staff we spoke with explained what they would do if someone made a complaint to them. One staff member told us, "I would try to sort it out, and then ring the manager". The provider had a complaints procedure in place, relatives told us this information was clear and easy to understand. The provider had not received any complaints since our last inspection.



# Is the service well-led?

## Our findings

People made positive comments about the way the home was run. One person said, “[the registered manager] looks after me, makes sure I’m okay.” People told us they felt happy to approach the registered manager. We saw people were comfortable approaching them during our visit. The registered manager knew people well and throughout our inspection we saw they took the time to listen to people and provide reassurance. We found and people told us that the registered manager was visible in the home and actively took part in people’s care. Staff told us that the registered manager visited at night and on the weekends to “check everything was okay”. One staff member told us, “[The registered manager] will come straight away if we ring them”. People told us that seeing the registered manager regularly meant they were able to voice their thoughts and opinions and they were listened too and they felt involved. People’s relatives were also complimentary about the way the home was managed. One relative said, “[The registered manager] is great, very welcoming to us”.

Staff told us they liked working at the service as it had a welcoming family atmosphere. Staff told us they had opportunities to contribute to the running of the service. They said that while they did not have formal staff meetings, discussions were held and staff were able to highlight areas that they wanted to. For example, staff had raised concerns over the way in which some training had been delivered and felt this did not benefit their way of learning. Staff told us and the registered manager was aware of this so alternative methods of training was being sourced. Staff told us that while they felt supported they felt that one to one conversations would be useful to them to help then on an individual level.

A registered manager was in post, the registered manager was also the provider of the home. They were supported by a manager. We found that the registered manager and staff

had a good understanding of people’s care needs. Staff were clear about their roles and the lines of accountability within the home. All staff we spoke with were familiar with whistle blowing procedures. They told us they felt confident about reporting any concerns or poor practice to their manager. Staff described an open culture where they told us they could “say what we think”.

People told us they knew what was happening for themselves as individuals and what plans were in place for the overall service. The provider provided people with a homely experience and an individual approach was taken in regards to people having their say about the way the service was run. The registered manager told us a survey had been sent to relatives in 2014. We saw that two responses were received and these were both positive. The manager explained that there were no actions following this survey and were happy with the positive comments received. We were told that new satisfaction surveys would be sent out again in 2015 as new people were living at the home.

People we spoke with told us they had not had any accidents or incidents while they were at the home. We looked at how incidents and accidents were monitored that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Accident forms had been reviewed so that emerging risks were anticipated identified and managed correctly.

Monthly checks of the home had been completed and recorded. These checks looked at areas such as environment, medication and training. For example, we could see that a full review of medication had been undertaken. This review meant that checks were in place that provided assurances that people received the right medicine at the right time and that sufficient stock was in place.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
--------------------	------------

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People who used the services were not protected from abuse because staff did not recognise what constituted abuse and did not take appropriate action. Regulation 13 (1) (2) (3)