

# Abbeyfield Society (The) The Firs Nursing Home

## Inspection report

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

The Firs Nursing Home can accommodate 31 older people and people living with dementia and nursing needs in one adapted building. Accommodation is provided on three floors; a passenger lift is available. At the time of our inspection 26 people were living at the service.

### People's experience of using this service and what we found

People did not receive consistent safe care. People's dependency needs had not been consistently reviewed, to ensure staffing levels were sufficient in meeting people's individual care needs and safety. Risks associated with people's care needs and health conditions had been assessed. However, documentation to confirm care needs had been provided at the frequency required showed gaps. Pressure relieving mattresses to assist in the prevention of pressure ulcers developing, were not set correctly. Best practice guidance in the administration and management of medicines were not followed. Equipment was not consistently clean.

Staff were aware of their responsibilities to protect people from abuse and avoidable harm. Safe staff recruitment checks were completed before staff commenced. Health and safety checks were completed on the environment. The provider had a process that analysed accidents and incidents, but this information was not available during the inspection.

People did not receive consistent effective care. Where people had been identified at risk of malnutrition and required additional snacks, this was not seen to be provided. People's pre-admission assessment showed gaps in important information such as a person's religion, social history, interests and hobbies. The environment required some refurbishment work, it was not clear of the plans in place to complete this. Best interest decisions completed for people who lacked mental capacity to consent to their care, did not consistently show who had been involved in the decision-making process.

Staff received an induction, ongoing training and opportunities to discuss their work. Staff worked with external health care professionals in supporting people's health care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People did not receive care that consistently respected their dignity. Staff used good communication skills and understood people's needs and involved them as fully as possible in their care. Advocacy information was available for people should they have required this support.

People did not receive care that was consistently responsive to their individual care needs. Staff were not always responsive to requests for assistance, resulting in a delay of care and support. Social activities and opportunities for people to pursue interests and hobbies were very limited. Complaints had not always been responded to in a timely manner.

People received good end of life care.

The leadership of the service had been poor, and this had resulted in staff not being sufficiently supported and guided. Staff were task focused and there was a lack of direction. Whilst audits and checks monitored quality and safety these had not been fully effective in driving forward improvements.

People received opportunities to feedback their experience of the service. The provider had met their registration regulatory requirements.

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 4 December 2018). The service remains rated Requires Improvement. This is the provider's third consecutive rating of Requires Improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

During this inspection, we identified three breaches of the Health and Social Care (Regulated Activities) 2014. This was in relation to people's nutrition and hydration needs being met, care not being consistently respectful or dignified, and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least Good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Safe findings below.

**Inadequate** ●

# The Firs Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, a specialist advisor who was a registered nurse and an Expert-by-Experience. An Expert-by-Experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

The Firs Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection, the registered manager of the service had recently left. There was therefore not a registered manager registered with the Care Quality Commission. A registered manager and the provider mean they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked Healthwatch Nottingham for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also asked commissioners for their feedback about the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with eight people who used the service and two visiting relatives about their experience of the care provided. We spoke with the deputy manager, nurse, agency nurse, two team leaders, two care staff, the cook and activity coordinator and after the inspection with the regional manager. We reviewed a range of records. This included six people's care records. We looked at four staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including staff training, audits, checks, complaints and numerous medicine records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the deputy manager and regional manager to provide us with further details of quality assurance information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- At the last inspection, concerns were identified with staffing levels. At this inspection, staffing levels continued to be a concern. Several people and staff raised concerns how staff were rushed, and this impacted on people's needs being met in a timely manner. A person said, "The staff are very nice, but there's just not enough of them. I'm always having to wait when I've requested assistance." A staff member said, "There isn't enough of us and the paperwork suffers. We do turn people (for pressure reliving care) but rush from one to the other to get the job done."
- Whilst the provider told us they had a dependency tool to determine staffing levels, this was not available during the inspection. From our observations, speaking with people, relatives, staff and from reviewing people's care needs, we determined staffing levels were not sufficient.
- The management team told us it had been identified a second nurse was required to work an early shift and plans were in place for this to be provided the week after our inspection. In response to our concerns, the regional manager confirmed staffing levels would also increase in the afternoon by one care staff. We received information that confirmed this action had been implemented.
- We also identified staff deployment needed reviewing. On the first day of our inspection, organisation and leadership by the nurse and team leader was poor. On the second day, under the leadership of the permanent nurse and a different team leader, we found staff were better organised and responsive to people's needs.
- The deputy manager told us they were aware there were inconsistencies with leadership and they told us of the plans to make improvements. This included providing additional staff training, support and increased communication with the development of more staff meetings to focus on different aspects of care.
- The provider had safe staff recruitment checks in place, to mitigate against the risk of employing unsuitable staff. This included checks with the Nursing and Midwifery Council to ensure nursing staff were registered and fit to practice. Staff received training in health and safety, including first aid.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and reviewed monthly. This included risks associated with nutrition, falls and pressure care. Actions to reduce known risks were identified in people's care plans and risk assessments. Documents to confirm care had been provided showed some gaps and inconsistencies in the frequency care was given. However, at the time of our inspection, no person had a pressure ulcer indicating this was a recording issue.
- Staff confirmed they repositioned people regularly but sometimes found it a struggle to keep documentation up to date. Both nurses told us they were confident care staff provided a good level of care and followed care plans and risk assessment guidance.

- Some people living with dementia experienced periods of heightened anxiety that affected their mood and behaviour. Whilst care plans provided staff with guidance, this was limited in places. However, staff were seen to use good diversional strategies that had a calming effect.
- The deputy manager told us that in an effort to improve monitoring of care needs and sharing information, new handover documents and daily 'flash' meetings with heads of departments had been recently introduced. Whilst they told us these were still being embedded, they were on the whole working well and staff confirmed this.
- Checks were completed on health and safety of the environment and equipment, including fire and legionella risks. Personal emergency evacuation plans were in place to support staff of people's support needs in an event people needed to leave the building.

#### Using Medicines safely

- At the last inspection, best practice guidance was not consistently followed. At this inspection, improvements had been made. However, there continued to be some shortfalls but the impact to people's safety was low.
- Liquid medicines were not always labelled with the date of opening. It is important to monitor expiry dates to ensure medicines are safe and effective to use. Records of the application of topical creams were not completed consistently. We noted a person was not observed to take their medicines, but it was left with the them. This is not best or safe practice.
- The nurse advised, the shortfalls were due to agency nurses not following best practice guidance. These shortfalls had been identified by the provider's internal audits and raised with nursing staff.
- Information, such as people's preferences of how they liked to take their medicines and the administration of medicines prescribed to be taken as required was detailed. The ordering and storage of medicines were found to follow best practice guidance.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe with the staff that supported them and had no concerns about the staff's approach.
- Staff received safeguarding training and had a safeguarding policy and procedure to support their practice. Staff were aware of their responsibilities to protect people from avoidable harm and abuse and how to report any safeguarding concerns. A staff member said, "The deputy is quick at attending to things."
- The provider also had a whistle blowing procedure that staff were aware of and told us they would not hesitate to use. A 'whistle-blower' is a staff member who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

#### Preventing and controlling infection

- Improvements were required with the cleaning of equipment, to ensure people were not at risk of acquiring an infection by cross contamination. Some equipment but not all, such as wheelchairs and other moving and handling equipment were found to be dirty.
- The deputy manager told us disinfectant wipes were expected to be used to wipe equipment after use. We did not see wipes were available or being used. Changes had recently been made to the delegation of cleaning equipment to improve cleaning standards. During the inspection we saw the maintenance person servicing and cleaning some wheelchairs.
- Staff had completed infection control and food safety training. Staff were seen to wear disposable gloves and aprons when required. People and visiting relatives told us they considered the service to be clean.

#### Learning lessons when things go wrong

- Incidents were recorded, monitored and action was taken to reduce further risks. This included, referrals



to external health care professionals for further assessment and guidance. Care plans and risk assessments were updated when changes in care were required to protect people's safety.

- The regional manager told us the provider had recently implemented a process whereby incidents were analysed for themes and patterns. However, the deputy manager was not aware of this and information was not available during the inspection.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Assessments of people's nutritional needs had been completed. To support people identified being at risk of malnutrition, care plans advised staff to provide snacks during the day. However, people did not receive support in line with their care plan and recommendations made by health care professionals. This had a negative impact on people's health.
- One person's care plan stated they liked to snack during the day, this person was significantly underweight. The deputy manager told us the person had mental capacity to direct their own care and they had refused to have their food and fluid intake monitored. Whilst this person's daily care records showed drinks were being offered, there was no confirmation snacks were. This showed this person's care plan was not being followed.
- Another person was of very low weight. Their care plans stated they should be offered snacks at least three times a day and they liked chocolate biscuits to dip into hot drinks. They should also be given soft snacks throughout the day and they were to be given a fortified smoothie twice a day. During the inspection, whilst we saw they frequently had drinks, they did not have biscuits with their hot drinks and we did not see them with smoothies or other snacks. They were weighed weekly during October 2019 but there was only one record of their weight in November 2019 that showed their weight loss had continued.
- People did not consistently receive the support they required with eating. For example, a person at lunchtime was seen to struggle to eat their food. There was no plate guard or adapted cutlery provided and the food had not been cut up. A lot of food had spilt onto the table. We also note the person used their fingers to eat which were dirty. This was not dignified and impacted on the intake the person consumed.
- Another person was provided with a meal and assistance to eat at 1.45pm. The serving of meals started at 1.10pm. During this assistance the staff member was called away. A second staff member assisted 10 minutes later. This delay impacted on the person receiving their meal hot and was not a positive mealtime experience.

This is a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- The storage of equipment in communal lounges detracted from the environment and presented a hazard. For example, wheelchair scales, wheelchairs, a hoist and stand aid were stored in lounges and this impacted on the space available. We also saw wooden bedsides were propped up in the corner of a lounge that people were using. We saw a person become agitated and wanted to explore cupboards, but due to

equipment being in the way this caused a trip hazard.

- The service was in need of redecoration. We noted several walls in people's bedrooms had small patches of plaster off the walls. The regional manager told us there was a refurbishment plan. However, when we asked to see this, it was a quote for the works required and gave no details of when the work was expected to commence.
- There was a lack of dementia friendly signage. For example, outside people's rooms there was no information to help people to identify their room and to orientate themselves.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs had been assessed and were not always sufficiently monitored. People were supported to attend health appointments. People were positive about the care they received with their health needs. A person told us how they visited the GP and had been to the opticians.
- Care records contained evidence of liaison with other professionals such as the GP, palliative care nurse, dietitian and dementia outreach team. Staff were knowledgeable about people's health care needs.
- People had received an oral health care assessment which had resulted in some people being referred to a dentist. We noted oral health care plans had not been developed to provide staff with guidance of the care required. However, the deputy manager was aware this was required and assured us it would be completed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A pre-admission assessment was completed before people transferred to the service and contained brief details of the person's care needs. Staff had access to best practice guidance information to support their practice. We saw how wound care and the management of pressure ulcers was in line with best practice guidance.
- Assessment documentation was not fully completed in areas such as religion, spiritual, social history and background. We discussed this with the deputy manager who told us this information could be difficult to obtain, depending on how unwell the person was and if they had family or friends. They understood the importance of this information to support person centred care and avoid discrimination.

- Staff received an induction, ongoing training and opportunities to discuss their work and development needs. The training plan confirmed staff had completed training the provider had identified as required. Plans were in place for any gaps in training to be completed in January 2020. The deputy manager utilised any training provided by external health care professionals to support staff in their knowledge, skills and awareness.
- Staff were positive about the support they received. A staff member told us they could ask for any additional training they felt they needed. Staff also confirmed they received a yearly appraisal of their work. They told us supervision meetings were completed to discuss areas of improvement as well as receiving positive feedback.

Staff working with other agencies to provide consistent, effective, timely care

- The service participated in the 'red bag scheme.' This is an NHS innovative approach to ensure important information is shared for people between care homes, ambulance staff and hospitals. The red bag contains key information about a person's ongoing care needs.
- Referrals to external health care professionals for assessment or guidance were made in a timely manner. The deputy manager was proactive as well as reactive to changes in people's needs.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, one person had a DoLS authorisation that restricted them of their freedom and liberty. The conditions imposed as part of this authorisation was being met.
- MCA assessments and best interest decisions had been completed when people lacked mental capacity to consent to a specific decision about their care. We noted where people had relatives involved in their care, best interest decisions did not always record they had been involved or had been consulted.
- Staff understood the principles of MCA and ensuring people were supported as far as possible, to be involved in their care.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection, people did not receive care that was consistently respectful and dignified. At this inspection, we saw some positive staff interactions, but care continued not to be consistently respectful or dignified.
- We observed the nurse administer a person's injection into their stomach whilst sitting at the dining table, in full view of three other people. As soon as the nurse approached, the person lifted their clothes, indicating this was a regular occurrence. In addition to this, the person was also asked to check their blood sugar levels by pricking their finger and checking their blood. Again this was completed in full view of others. This practice did not respect the person's privacy or dignity.
- We heard a person's call bell sound, staff were seen to walk past the person's open bedroom door waving as they went by. However, they did not stop to provide assistance and the call bell continued to sound for several minutes. This person earlier had told us how they had to wait for staff assistance.
- We also noted this person had a bin next to them overflowing with used tissue. Their table was stained with food spillages and congealed breakfast. They also had a commode next to them that had been used. Whilst we understood the person had requested the commode to be by their side with no lid for ease of use, we were concerned staff had entered the bedroom and had not emptied it. We also saw how staff removed the breakfast dishes but did not wipe the table clean or empty the bin. This showed a lack of care and consideration.
- Staff were task focused and did not always show consideration in how they provided care. For example, people who used wheelchairs were taken from the dining room to the lounge after lunch. Instead of transferring people from their wheelchair to seats as they entered the room, they were left until every person had moved into the lounge and people were transferred one after the other.

This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities).

- We also saw positive staff interactions, where staff were kind, caring and patient. For example, a person was supported with a therapy doll that gave them great comfort. Staff used distraction techniques to support people during periods of high anxiety. This included providing reassurance and comfort and good communication and listening skills. When people were assisted to move using a hoist or stand aid, staff explained what they were planning to do and provided reassurance and support during the transfer.
- Feedback from people and relatives was positive about the approach of staff. A person said, "They are

marvellous, lovely girls. I think of them as my friends. It is good to have a conversation with them, but they don't get much time." A relative said, "The staff know [relation] well, I know because of the conversations I have with staff."

- People were supported to practice their chosen faith and received visits from local religious groups. A person told us how their faith and having contact with the church was important to them.
- Staff gave examples of how they supported people to maintain their independence as far as possible and advised how they respected people's privacy. A staff member said, "We support people to make calls to their relatives. We respect people who prefer to stay in their rooms but we make sure they don't become isolated. We ask how they want to receive their care and offer choices all the time."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.
- There were no restrictions on when people received visitors.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and treatment. People and relatives confirmed they had been involved in both formal and informal meetings to discuss the care provided.
- The deputy manager told us they involved people in the development and review of their care plans wherever possible. This included formal and informal meetings to review the care and treatment provided. The deputy manager had an open-door policy and was available to people and relatives to discuss any issues or concerns as they arose.
- Staff encouraged people to make day to day choices in the way they received their care and people's choices were respected. We saw how staff supported people with choices such as their meals and drinks.
- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information about people's life history, interest, hobbies and what was important to them was limited. The deputy manager told us it was often difficult to get this information from the person due to illness and relied on information shared by others such as relatives. This lack of information put people at risk of staff not fully understanding important information about people. This is particularly important in the care of people living with dementia who could experience difficulties expressing themselves.
- We noted from reviewing a persons' care records, English was not their first language. Guidance for staff included how the person sometimes spoke in their first language and liked to speak about their earlier life and listen to music that represented their place of birth. However, there was no translation guidance for staff to engage with the person during times when they were reminiscing about their earlier life.
- Health and wellbeing care plans generally gave a good level of detail about people's long term conditions and past medical history, and how these were being managed or affected them. A person with diabetes had a comprehensive diabetes care plan that gave signs of hypoglycaemia and hyperglycaemia and instructions for staff on action to take if they became unwell.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received limited social activities and opportunities to pursue interests and hobbies. A reoccurring concern was raised by people about a lack of meaningful activities. A person said, "I get bored because there is nothing to do."
- There was an activity coordinator who was responsible for providing activities, but they told us they were used to provide care a lot of the time. During the inspection, they were seen to provide care and the only activity was to dress a Christmas tree. Whilst Christmas music played in the background, people were not seen to be encouraged to participate in the activity.
- The deputy manager told us they were aware activities needed to be improved upon and told us how they were working with the activity coordinator to make improvements. This included additional training and working with people to develop a meaningful activity plan.
- External entertainers to the service included, pet therapy with a visiting Pat Dog and an exercise session. Christmas activities were being organised. The service had a large activity room that the provider had plans to make into a bar and shop. Volunteers also visited the people at the service. On the first day of the inspection a hairdresser visited, and people were supported to have their hair done.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were assessed and planned for. Where people required hearing aids and glasses they were seen to be wearing them.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaint procedure. Where people and relatives told us they had raised concerns or complaints, they told us they were satisfied in how these had been responded to.
- The complaints log showed complaints processed by the deputy manager had been responded to promptly. This included a detailed investigation, recorded actions to make improvements and communication with the complainant.
- Complaints responded to in the earlier part of 2019, showed these were not always acted upon in a timely manner. For example, a complaint was received in March 2019 but was not responded to. After further concerns raised by the complainant a response was provided in May 2019.

End of life care and support

- The deputy manager told us they believed staff provided good end of life care. This was despite staff not receiving end of life training. At the time of our inspection some people were receiving end of life care. A staff member told us how a person's death was imminent and due to them not having any relatives a staff member was sitting with them to provide care and comfort.
- End of life care plans confirmed palliative care nurses had been involved and different methods of pain relief were tried, to find the most acceptable and effective option for the person.
- We reviewed two people's ReSPECT forms that gave instructions for staff about end of life care. This included when a deterioration in their condition should be escalated for a possible hospital admission and when they should be treated within the service. We also saw examples of completed advanced decisions to refuse treatment in certain circumstances. The ReSPECT form reflected people's advanced directive. This is important information to ensure people's wishes are known and understood.



## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- During our two previous inspections of The Firs Nursing Home we found that overall governance systems in place were not always effective in ensuring that the service met the fundamental care standards. During this inspection, we had not seen sufficient improvement to warrant a rating of 'Good', which is the minimum standard care homes should be aiming to achieve for people who use their service. When the quality of service drops below the level of 'Good' this means that some people have not received care and support that met their needs. This could cause harm to their health and safety. Due to the continued failure to improve, we have rated the key question 'Is the service Well-led?' as 'Inadequate'.
- The service had worked with the local authority during 2019, to raise standards and had been successful in achieving the standard of care the local authority expected. However, these improvements had not been sustained.
- The last three inspections identified a number of consistent themes. People did not always receive the appropriate care to meet their needs, staffing levels were not always sufficient to meet people's dependency needs and safety, care was not consistently respectful, but task focussed, national best practice guidance in the management of medicines were not consistently followed, the overall governance of the service failed to effectively sustain and drive improvements forward. This has led to people experiencing levels of care and support that fall below the required minimum standards for a period of over two years.
- Repeated concerns were raised during the inspection from all staff about the approach and availability of the previous manager responsible for the service. Concerns were equally expressed by relatives. One relative said, "The manager (named) has now left. They started off with great plans like resident and family meetings, we had one. Other things never materialised."
- During this inspection, additional concerns were identified about the activities available for people. The lack of stimulating and meaningful activities and opportunities, resulted in people feeling bored. For people cared for in bed, there was a risk of isolation.
- It is clear that work was still needed to bring the quality of the service all people received to the minimum standard of 'Good' and to be able to sustain that level.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received opportunities to share their experience about the service. A You Said, We Did board displayed the action taken in response to information received. A suggestion box was available, and people were invited to attend resident and relative meetings.
- Improvements had been made to staff handover meetings and an additional 'flash meeting' with all heads of departments had recently been introduced to further support the exchange of information. The deputy manager told us of additional meetings they were introducing in January 2020 and was positive this would further support staff and raise standards in care and develop staff's awareness of roles and responsibilities.
- The provider had met their registration regulatory requirements of notifying CQC of certain events that happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

#### Working in partnership with others

- The service had developed links with external health care professionals and worked together in meeting people's continued care needs.
- The management team told us of their plans to develop the service, with the aim to develop social inclusion by the service being more available and open to the local community.

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 10 HSCA RA Regulations 2014 Dignity and respect  Dignity and respect was not consistently provided.  Regulation 10 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  The nutritional and hydration needs of people were not consistently met.  Regulation 14 (1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not effective to ensure compliance. The assessment and monitoring to improve the quality and safety was insufficient.</p> <p>People's care records were not consistently maintained to record the care and treatment provided.</p> <p>Regulation 17 (1)</p>

### **The enforcement action we took:**

Warning Notice for Regulation 17 Good Governance