Care Quality Commission

Firgrove Care Home Limited

Firgrove Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 24 and 26 March 2015 and was unannounced.

Firgrove Nursing Home is a privately owned care home that provides nursing care for up to 35 people. At the time of our inspection, there were 26 people living at the home. Firgrove Nursing Home caters for people with a range of needs such as physical frailty, Parkinson's disease, stroke and people living with dementia. The home is situated in a residential area of Burgess Hill and is a large two storey building, with accessible gardens to the rear of the premises. The main communal area is large and bright and some bedrooms have views that overlook this area, so that people can see what is going on. There is a large garden room and a smaller library area with a range of books that people can borrow. A co-ordinator arranges activities and events for people and a hairdresser visits weekly.

The home has 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.

People felt safe living at the home and staff members had been trained in safeguarding adults at risk. They knew

Summary of findings

what action to take if they suspected abuse was happening and who to contact. Risks to people were managed safely and care plans showed that risks had been assessed appropriately. Premises and equipment were managed safely. Staffing levels were sufficient to meet people's needs safely and effectively and staff felt they had enough time to talk with people too. Safe recruitment practices were in place and necessary checks undertaken when new staff were employed. Medicines were managed safely and registered nurses were trained in the administration of medicines. Medicines were ordered, stored and disposed of in line with legal requirements.

Food was freshly cooked each day and people were supported to maintain a balanced diet. Special diets were catered for and people had a choice of food available to them. Where needed, specialist advice was sought from a dietician. People had access to a range of healthcare professionals and received care from staff who were trained to carry out their roles and responsibilities. Training was organised for staff in a range of areas and they received regular supervision from their line managers. Team meetings were held monthly for staff. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and associated legislation and put this into practice.

The home had a warm, friendly atmosphere and positive caring relationships had been developed between people and staff. People's choices and preferences were respected and staff knew people well. People were actively involved in all aspects of their care and they were treated with dignity and respect. Relatives and friends could visit without undue restriction. Ministers visited from two local churches and people could participate in hymn singing or receive Holy Communion.

Social activities were organised by an activities co-ordinator and people could choose whether they wanted to be involved. Some people went out into the community with support from relatives or friends. Care was personalised to meet people's needs and care plans provided information about people's personal preferences and choices. The provider was in the process of transferring care records onto a computerised system. Concerns and complaints were investigated and acted upon, although no complaints had been received recently. The provider had a complaints procedure policy in place.

The home was well led and residents' meetings were held regularly. People and their relatives were asked for their views about the care provided and these were acted on. There were robust quality assurance systems in place and the registered manager audited various aspects of the service, measuring these against health and social care regulations. Staff were asked for their feedback about the service and understood what was expected of them.

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 safe.

People were safe and staff knew what action to take if they suspected abuse was taking place. Staffing levels were sufficient to meet people's needs. Safe recruitment practices were employed.

Risks to people had been appropriately assessed and care plans were reviewed monthly.

Medicines were managed safely and registered nurses were trained in the administration of medicines.

Good

Is the service effective?
The service was effective.

People's nutritional needs were met and they were supported to maintain a healthy, balanced diet. Special diets were catered for and there was a range of choices available.

People had access to healthcare services and were able to see a GP if needed.

Staff were trained and had the skills and knowledge to undertake their responsibilities. They received regular supervisions and attended team meetings.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

Good

Is the service caring?
The service was caring.

People were looked after by kind, caring staff who knew them well. They were supported to express their views and to be involved in decisions about their care.

Relatives and friends could visit without undue restriction. People's spiritual needs were catered for and ministers from local churches would visit the home.

Good

Is the service responsive?
The service was responsive.

Care was person-centred and care plans provided comprehensive information to staff about people's care needs.

There was a range of social activities organised on a daily basis and people could be involved with these if they chose. Some people liked outings to the local community with their families or friends.

Complaints were acted upon and the provider had a complaints procedure policy in place.

Good

Is the service well-led?
The service was well led.

There was an 'open door' policy at the home and people felt they could make suggestions or raise concerns and that these would be addressed.

Good

Summary of findings

Staff understood what was expected of them and were asked for their views.

Quality assurance systems were in place to measure and audit the care provided and action to be taken.

Firgrove 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.

The inspection took place on 24 and 26 March 2015 and was unannounced.

Two inspectors undertook this inspection.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, relatives and staff. We spent time looking at records including six care records, five staff records, medication administration record (MAR) sheets, staff rotas, complaints and other records relating to the management of the service.

On the day of our inspection, we spoke with four people using the service and two relatives. We spoke with the registered manager, the assistant manager, two registered nurses, two care assistants and the chef. We sat in on a staff handover meeting between staff on early and late shifts.

The service was last inspected in October 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "Oh yes, I don't even think about it really. You hear about all kinds of horror stories concerning abuse, but I'm sure it would never happen here". Staff also felt that people were safe. One staff member told us, "Some people here are quite vulnerable, so we need to make sure they are properly looked after. We do training on safeguarding, so we know what to look for". Another staff member said, "I would always let my manager know if I suspected something was going on".

Staff members confirmed they had undertaken adults at risk safeguarding training, conducted by the provider, within the last year. Staff were able to identify the correct safeguarding procedures they would follow if they suspected abuse was taking place. They were aware that a referral to the local authority's Adult Services Safeguarding Team should be made, anonymously if necessary. One staff member told us, "I don't think anything like that would go on here, but I know what to do if it did. I know who to contact".

Risks to people and the service were managed so that people were protected and their freedom was supported and respected. Care plans showed that people's risks had been assessed and were reviewed monthly. There were comprehensive risk assessments in place in areas such as in relation to skin integrity, falls and use of bedrails. Waterlow assessments had been completed which measured and evaluated the risk of people developing pressure ulcers. When an accident or incident occurred, this was recorded and people's risk assessments were reviewed and updated to ensure their most up-to-date care needs were met safely.

Premises and equipment were managed to keep people safe. Equipment, such as hoists and wheelchairs, were managed safely. One person told us, "The carers are excellent when I use my wheelchair". People were moved safely and brakes on wheelchairs were applied when people were stationary. Two members of staff transferred people safely when using hoisting equipment. There were arrangements in place to deal with foreseeable emergencies. The home had clear protocols to follow in case of emergencies, such as an outbreak of fire or contact with hazardous substances. Staff had been given training in relation to these situations and were clear about their responsibilities in this area.

There were sufficient numbers of suitable staff at the home to keep people safe and meet their needs. Staffing levels were assessed, monitored and sufficient to meet people's needs at all times. The registered manager used a dependency assessment tool which evaluated people's needs and calculated the level of support they required. Staff felt they had enough time to talk with people and there were enough staff to meet their needs. One staff member told us, "There are usually enough staff and someone comes in if we're unexpectedly short". Another staff member said, "I wouldn't stay if I couldn't spend time with the residents. Of course, some days are busier than others, but there are enough staff". People felt there were enough suitably qualified staff to provide safe care. One person told us, "Well, I'm well looked after. There doesn't seem to be a problem in that regard". Another person said, "I feel very secure here at night" and confirmed that there were two care assistants and one registered nurse on duty at night.

Safe recruitment practices were in place and statutory checks were undertaken for new staff, to ensure they were safe to work with people at risk. References were obtained and identity checks were carried out.

People's medicines were managed so that they received them safely. One person said, "Staff come in and they know [which medicines are needed]". She said staff always asked her if she wanted some pain relief. We observed medicines being administered by the registered nurse to people at lunchtime. The registered nurse checked the medicines that needed to be administered and recorded when each person had taken them on the Medication Administration Record (MAR). Entries were completed accurately. For example, one person did not need any medicines that day as they had been admitted to hospital and the registered nurse recorded this on their MAR. A national pharmaceutical company undertook annual audits on the home's management of medicines and also trained the registered nurses on the administration of medicines. No-one at the home received their medicines covertly. Medicines were ordered, stored and disposed of safely. Controlled drugs were securely stored in a metal cupboard within the clinical room in line with legal requirements.

Good

Is the service safe?

Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations. Medicines that were required to be refrigerated were stored in a fridge at the correct temperature.

Good

Is the service effective?

Our findings

People were supported to have sufficient to eat, drink and maintain a balanced diet. One person told us, "They [staff] know what I like and don't like. If I want something a bit different, they will make it for me, within reason". Another person said that the chef knew everyone's food preferences, for example, that she did not like gravy. She said that the chef, "Makes lovely cakes at teatime" and added, "Food is pretty good. No-one has to have anything they don't like". On the day of our inspection, the lunch menu was posted up on the wall in the dining area. People could choose braised lamb's liver and bacon, with a selection of fresh vegetables; there was also a vegetarian option on offer. The main meal was served at lunchtime, with a supper menu comprising a choice of sandwiches and/or home-made soup. There was a choice of drinks available and one gentleman chose to have a glass of red wine with his lunch.

Special diets were catered for, such as food for people with diabetes or who were at risk of choking and so needed their food pureed. The chef told us that, "Sometimes slow cooking can soften food enough". High calorie foods were incorporated into people's diets where they were identified as being underweight. The chef said that he would use butter, cream and cheese and people also enjoyed milk shakes, yogurt and ice-cream. He told us, "I try to give them a varied diet". Menus were planned on a five weekly basis, with fresh meat of fish on offer to people every day. A cheese and wine evening had been organised recently and the chef had put together a buffet comprising soup, sausage rolls, quiche, dessert and cheese. People discussed menus and food choices at residents' meetings. The chef told us, "If people aren't happy, they will tell me".

The lunchtime meal was a sociable occasion. Food was brought to people on trays and was covered over to ensure it was still warm from the kitchen. Plate guards were used where needed to aid people to eat independently. There were enough staff to ensure people were assisted with eating where necessary. A relative said that their mother was very pleased with the food at the home and said, "[Named chef] cooks lovely soups" and that a lamb and Guinness soup, "Smelt lovely".

People's nutritional needs were identified, monitored and managed effectively. People had been assessed against the risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). This included guidelines which were used to develop people's care plans and ensure their nutritional needs were met. The chef confirmed that people had access to a dietician who provided advice on how people's assessed needs should be met..

People were supported to maintain good health and had access to healthcare services and support. Care records documented when people had received a visit from their GP and other healthcare professionals such as an optician, podiatrist or wheelchair services. One person told us, "If they [staff] think I need a doctor, then they have one in; they prescribe my medication".

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People thought that staff were well trained. One person told us, "On a Saturday afternoon they have staff training. Sometimes how to lift somebody and all that sort of thing". Staff confirmed that they participated in regular training sessions and these included essential training in safeguarding adults at risk, moving and handling, equality and diversity and first aid. Staff told us that training was offered to them that was relevant to the care needs of people they were looking after. One staff member said, "There's quite a lot of training coming up, like in dementia and looking after people with a stroke". Staff completed a Level 2 qualification in health and social care and were encouraged to progress to Level 3.

Staff told us they undertook regular formal supervision with their line manager and were able to discuss matters of concern or interest to them on these occasions. Examination of staff records confirmed this. One staff member said, "Yes, I do get supervision, but I can also talk to a senior staff member whenever I want". Another staff member told us, "I do feel well supported here. I feel that I can say what's on my mind".

Staff team meetings were held every month; records confirmed this and included topics to be followed up. For example, items for discussion incorporated action points raised at residents' meetings, nutrition, staffing issues, residents' laundry and activities.

Staff understood the relevant requirements of the Mental Capacity Act (MCA) 2005 and associated legislation under the Deprivation of Liberty Safeguards (DoLS), although not all staff had undertaken this training. DoLS protect the rights of people by ensuring if there are any restrictions to

Good

Is the service effective?

their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager was in the process of completing DoLS applications for some residents and received regular updates, support and advice from the DoLS advisor at the local authority. People's care records included capacity assessments and risks had been calculated in relation to their ability to make decisions.

Capacity assessments were reviewed monthly. Staff were able to demonstrate their knowledge of the principles of consent and of people's rights to take risks. Behaviour that challenged was managed effectively and one staff member described de-escalation techniques they would use to defuse difficult situations, such as listening and distraction strategies.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. One person told us, “We get to know them [staff] well” and that, “We can have a really good laugh”. She said that staff recognised when she felt a little miserable adding, “But I don’t get down too often. It’s like a family living here”. Another person thought that, “Staff are very nice and kind to me”. A relative told us, “All staff are very kind. They always keep him [family member] nice”. A member of staff described how he knew everyone very well and had chats with people, saying, “I have a good rapport with them all”. People’s choices and preferences were documented in their care records. One person told us that she could choose what time she went to bed and what time she wanted to get up in the morning. She said, “I usually go [to bed] about 10 pm. Lots of things on television finish at 10 pm. Staff are very flexible”. Daily records showed that people’s preferences were taken into account when people received care. One staff member told us, “We look at the care plans and they guide us. We’ll speak to relatives too; they can help us a lot”. Staff were knowledgeable about the care needs of people they were looking after.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support. One person told us, “Yes, the staff here do listen. They know if I don’t want to do something, that’s it. They don’t push me”. There was a variety of completed consent forms within people’s care plans, including consent for photographs to be taken and the right to refuse treatment. We observed the interaction between people and staff at lunchtime to understand the experiences of those who could not talk with us. Excellent interaction took place between people and staff who consistently took care to ask permission before intervening or assisting people. The atmosphere in the dining area was warm, homely and caring. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and receive appropriate care. People who could not express their needs received the right level of support, for example, in managing their food and drink. Staff had the skills and experience needed to achieve this and care given was of a consistently high standard.

People were treated with dignity and respect. One person said that if staff were undertaking her personal care, “This door would be shut” and that staff would cover her up as they helped her with a body wash. Another person was assisted from the dining area, to the privacy of her room, when the registered nurse undertook her blood sugar checks.

Relatives and friends could visit without undue restriction, but tended to avoid visiting during the lunchtime period. They were encouraged to join in with the social activities organised in the communal area.

People’s spiritual needs were recognised and catered for. Ministers visited from a couple of local churches and arrangements could be made for people of faiths other than Christian, if needed. If they wished, people could participate in hymn singing or receive Holy Communion.

Good

Is the service responsive?

Our findings

There were arrangements in place to meet people's emotional and social needs. People were encouraged to participate in social activities that were organised at the home. One person said, "Well, I don't join in much, but other people have told me they enjoy what goes on". A member of staff said, "We have an activities co-ordinator and there are things for people to do". During our inspection, some people were engaged in practising rhythm, using percussion instruments such as tambourines and maracas. One person said, "Activities tend to be organised, although she [activities co-ordinator] does ask for any ideas". They added, "She does all sorts of things. Things that tackle your brain a bit, like pick the odd word out". A cheese and wine party had taken place recently and, "We have BBQs in the summer". Outings into the community were not organised, but people were able to go out. One person told us, "When I want to go out, I use the wheelchair taxi" and that she liked to visit the pub and a local garden centre. Accessible gardens were situated at the rear of the home. One person said she loved going out and using the garden, "It's beautiful out there".

People received personalised care that was responsive to their needs and, where they were able, people confirmed that they were involved in all aspects of their care. Care plans and daily records were legible, up-to-date and person-centred. They contained information about people's care needs, for example, in the management of risks associated with the use of bed rails and risks associated with people falling, as well as assessments in areas such as washing and dressing, eating and drinking, communication, sight and hearing. Each element of care had been addressed and provided advice and information to staff on how best to meet the person's individual needs. The assistant manager was in the process of transferring care records on to an electronic system, which would keep people's personal information safely. Records were password protected and only available to staff who needed to have access to this information. This new system would flag up reminders to care staff when care plans or risks needed to be reviewed, enabling continual monitoring and updates to people's care.

People's experiences, concerns and complaints were listened to and learned from. The home took account of complaints and comments to improve the service and the registered manager explained how complaints were dealt with. People felt they could make a complaint if they needed and would be listened to. The complaints procedure, on display in the hallway, included clear guidelines on how, and by when, issues would be resolved. One person said that the management had told her, "You know where we are, just come and see us" if they had any concerns. No recent complaints had been made about the home. Our conversations with people and staff indicated a culture of openness in which people could raise issues of importance to them.

Good

Is the service well-led?

Our findings

The home promoted a positive culture that was person-centred, open, inclusive and empowering.

The provider organised regular residents' meetings. The minutes of these meetings documented people's views and opinions although they did not contain action plans detailing proposed outcomes following the meetings. However, people told us that any suggestions or concerns they raised had been acted upon. People told us they could discuss anything at residents' meetings and that these were organised every three months. One person told us that she was not involved with the management of the home, but that she would meet new staff when they started work.

People living at the home, and their relatives, had been asked for their views about the quality of care. One person told us that they had visited several homes before choosing to move to Firgrove Nursing Home and that this home, "Came top of my shortlist". Overall people were very satisfied. One relative wrote, 'I have been very impressed with the great kindness shown by staff towards my wife' and another relative, 'We are thoroughly satisfied with every aspect of her care, thank you'. The management had also sought the views of a GP and from other healthcare professionals, who were all positive about the home. The registered manager told us, "Every individual is different, including residents and staff. All have individual needs and we try and meet those needs".

The home had a whistleblowing policy in place. Staff confirmed to us that the registered manager operated an 'open door' policy and that they felt able to share any concerns they might have in confidence. The management encouraged people, their relatives and staff to air their views and discuss any concerns they might have.

Staff told us about the culture and values of the home. One staff member said, "We always try to remember that this is people's home". Another staff member told us, "It's a family atmosphere really". The home's Statement of Purpose affirms, 'Residents who live at the home should do so with dignity, have the respect of those who support them and be entitled to live a full and active life, given the fundamental right to self-determination and individuality and to achieve their full potential'. The registered manager said she was, "Proud of doing our best to give them the best care. This is their home, to make sure they have a happy life … we are here".

The home demonstrated good management and leadership. The management and staff had a shared understanding of the key challenges, achievements, concerns and risks. The registered manager felt that a challenge was, "Changes and paperwork. Sometimes I feel there is too much and that possibly takes you away from other things". Staff were asked for their views about their working environment and conditions, relationships and communication, staff training and management. Completed staff questionnaires were received between December 2014 and March 2015. Overall staff were 'satisfied' to 'very satisfied'.

Staff knew and understood what was expected of them. We observed a staff handover meeting, held as new staff came on duty. There was good communication between staff in the management of people's care and the allocation of staff to care for people. Staff contributed to the staff handover and discussions concerning people's care were focused on their safety and welfare.

There were robust quality assurance and governance systems in place to drive continuous improvement. Audits were undertaken in infection control, care plans, health and safety, nutrition and management of medicines. Audits were undertaken monthly for care plans and a sample of ten people was appraised. Internal audits checked the home's compliance with health and social care standards and regulations. Where actions needed to be taken, then these were recorded and acted upon.