Sohal Healthcare Limited

Firstlings

Inspection report

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Date of inspection visit:
11 October 2016

Date of publication:
28 December 2016

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

Summary of findings

Overall summary

This inspection took place on 11 October 2016. Firstlings is a residential care home that provides accommodation and personal care for up 32 people, some of whom may have needs associated with dementia.

A registered manager was in post at the service but unavailable on the day of the inspection. We were accommodated by the deputy 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.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

Staff had received training in keeping people safe and they knew how to raise any concerns if they suspected someone was at risk of abuse or harm. Staff understood the risks people could face day to day and how to to ensure their safety.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider had followed the MCA code of practice in relation to DoLS.

People knew how to complain and felt confident their concerns would be listened to and people's complaints were valued and used to improve the service.

People's medicines were managed safely and staff received training and support in order to maintain their knowledge and skills in delivering quality care.

People had a nutritious and balanced diet and enjoyed the meal time experience.

There were systems to monitor and improve the quality of the service. Checks were carried out to ensure care was delivered safely and effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to protect people from harm. Risks associated with people's care were managed to help ensure their freedom was supported and respected.

There were enough staff to meet people's individual needs and they had been recruited within the legal requirements. People's medicines were managed and administered in a safe way.

Is the service effective?

Good

The service was effective.

Staff were trained, supervised, checked and appraised so that they were able to provide quality care. They worked within the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to make sure people were not having their freedom restricted in an unlawful manner.

People received a good mealtime experience and their nutritional and hydration needs were met. They had access to appropriate health care support and medical intervention when they needed it.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in the way that they supported and engaged with people. They respected people's privacy and maintained their dignity in their every day life.

People were listened to and spoken to in a nice way. Staff encouraged people to make their own choices about things that were important to them.

Is the service responsive?

Good

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support. There were activities on offer within the service which people liked.

People received a personalised and individual service which met their needs. They and their families knew how to complain about the service and their views were used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture at the service with a committed and strong staff and management team.

People and their families were involved in improving the service. There were systems to monitor and improve the quality of the service and checks were carried out to ensure care was delivered safely and effectively.

Firstlings

Detailed findings

Background to this inspection

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

This inspection took place on 11 October 2016 and was unannounced. The inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using a similar service or caring for someone who used care services.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all of the key information we held about the service. This included information from the public or professionals and notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During the visit we spoke to ten people who used the service, four relatives, and six staff members including the deputy manager, the administrator and the cook and had feedback from one health care professional. There were 32 people using the service.

Some people could not tell us about what they thought about the service as they were unable to communicate with us verbally therefore we spent time observing interactions between people and the staff who were supporting them. We wanted to see that the way staff spoke and interacted with people had a positive effect on their well-being.

We looked at the care records of seven people who used the services and checked files and records of five staff members. We also looked at risk assessments, medicine records and quality assurance audits.

Good

Is the service safe?

Our findings

People told us they felt safe and well looked after at Firstlings. One person said, "They are lovely here, I am nice and warm too." Another person said, "I have got a lovely big room, they keep it clean, and I have got no fault with the place or the staff." A relative told us, "They check [name of person] at night and keep the place nice and clean."

The staff had a good understanding about what to do should they suspect someone was being harmed, mistreated or neglected. Policies and procedures gave staff the necessary guidance to follow and training and supervision helped to underpin their knowledge. The deputy manager knew how to raise safeguarding alerts and to work with the local authority and other agencies to ensure people were kept safe. Statutory notifications to the Commission had also been made in a timely way.

Risks associated with people's care were effectively managed to help ensure they were protected and their freedom supported. People had risk assessments in place to provide guidance and direction for staff about how to support people correctly. For example, the causes and prevention of falls, people's mobility, skin care and nutrition.

The premises and equipment were maintained to ensure people were kept safe. For example, checks had been carried out in relation to fire safety, electrical installation, lifts and hoists. The service had been given a five star rating for food hygiene in January 2016. There was a plan in place for the evacuation of people from the building to help ensure staff and emergency services knew how to correctly support them.

An improvement plan was in place which included work to be done on the conservatory to install radiators so that it could be used more effectively in the winter months and improvements to the front entrance interior to make it more accessible. The step from the foyer to the hallway made it difficult for wheelchair users and their relatives to access the building. One relative said, "When I take my [relative] out in a wheelchair I have to bump them down the step out to the front door – this is difficult." We asked the service to provide details of the action taken and they confirmed that a portable lightweight ramp has been ordered which would be in place by December 2016 and could be used by relatives and visitors.

People's level of need was assessed and reviewed to determine appropriate numbers of staff to meet those needs. We saw from rotas that a system of providing sufficient staff was in place. However, on the day of our inspection, they were one member of staff short due to sickness at the beginning of the shift. The service had a contingency plan in place for these types of events and this was remedied by utilising existing staff to work an additional shift as they did not use agency staff. The registered manager provided information from the staff contracts as requested, after the inspection, that showed there was an expectation that they could call on staff from the providers other services to provide cover as and when necessary.

Call bells were answered within a reasonable time. One person told us, "I don't have to rush, they come when I do my bell. They help me to wash and dress at 7.30 – that is fine." Another person said, "If I press the buzzer – sometimes they are very quick and sometimes I have to wait – it is ok – I am not the only one here"

We saw that some people had call bells stretched across the bedroom from the wall and attached to their walking frames where they were sitting. We did not think this was very safe. In discussion with the deputy manager, they told us they would change this practice as soon as they could by obtaining wireless pendants for people to wear. We were informed that within two days of the inspection six pendants had been purchased and were now in place for people who needed them.

Safe recruitment processes were in place for the employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining a full employment history and checking with the Disclosure and Barring Service (DBS) that the member of staff was not prohibited from working with people who required care and support.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People's medicines were stored safely and securely and given to people in a safe and appropriate way.

We observed the deputy manager completing the medicines round at lunchtime. They were competent in administering people's medicines. We saw that they enabled people to take their medicine in their own time, without being hurried. They spoke to people in a quiet way ensuring their dignity was respected.

When people had medicines prescribed on an 'as required' basis, for example for pain relief, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine. People were routinely asked if they required pain relief .

The records of medicines administered confirmed that people had received them as they had been prescribed by their doctor to promote good health. Particular medicines such as Warfarin were counter-signed by another member of staff to ensure correct procedures had been followed. Regular medicine audits were carried out. Temperatures of the storage areas were monitored and in the recommended range.

Good

Is the service effective?

Our findings

People said that Firstlings was a nice place to live. One relative said, "It is good here, they look after [name of person] well and you cannot fault it." Another relative said, "My [relative] says that they are happy here, you can see that by the way they are treated."

There was a calm atmosphere on all floors during the day. We saw that staff communicated very well and used appropriate terms of endearment as well as strong positive comments such as, "You are doing so well." "You are amazing." "The way they spoke about and to people who used the service and to each other about everyday information was very clear and respectful. For example, one staff member said in passing to another (outside of the usual mealtime), "[Person] has eaten well today and ate it all, that's good isn't it." Another staff member said to a person as they walked past their door "You are lovely do you know that?"

We found that all staff had a good awareness of people's needs. They were able to answer specific questions about the care of people when we asked them without having to refer to another member of staff or person's care plan. They demonstrated that they understood how to provide appropriate care and support to meet those needs effectively.

Staff told us they had received information, training and the opportunity to shadow other staff members as part of their induction. The provider used an established programme of learning as part of new staff members' induction such as the Care Certificate (which replaced the 12 week Common Induction Standards). New staff and some existing staff (those who had not completed any vocational training) were in the process of completing this to increase their knowledge and skills. Staff worked with more experienced staff until they had been assessed as competent to work on their own.

The staff told us that good training and support was available and arranged for them. We saw that a comprehensive training programme was in place for all staff to complete which included courses in health and safety, food and fire safety and safeguarding adults from abuse. In addition, other core subjects were provided including infection control and prevention, moving and positioning people, (theory and practice), and diet and nutrition. Specialist training was also provided, i.e advanced nutrition for kitchen and housekeeping staff.

The registered manager and deputy manager were up to date with their training which showed they led by example and had the skills and knowledge to support their staff. The staff told us that the service encouraged them to undertake additional training and qualifications and supported them with this. Eight staff had completed their vocational training in health and social care at level two and three and six staff had enrolled to start the course in the New Year.

The staff were positive about the training they had received. One staff member said the training had, "Equipped them for the job." Whilst another said, "I didn't think I would know all what I know with it."

There was a supervision and appraisal process in place. Staff told us they felt supported in their roles and

received regular one to one time and guidance. They described both the managers as supportive, approachable and knowledgeable. The staff files we looked at confirmed that induction, training, supervision and support was in place to ensure staff had the necessary knowledge and skills to care for people effectively.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met.

Mental capacity assessments had been completed to assess a person's capacity to make day to day or significant decisions and this information had been recorded in their care plans. This enabled staff to know about people's level of ability to make decisions about things which were important to them. Applications had been made to the supervisory body (the local authority) for consideration of legally depriving people of their liberty where they were assessed as not having capacity. These were in relation to restricting people from leaving the service, the use of bed rails and administering medicine. We saw that where people had a Lasting Power of Attorney (LPA) who was authorised to act in their best interests, they had been involved in this decision making.

Staff, with the exception of a new staff member, told us that they had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The deputy manager confirmed that refresher training was planned for the following week and the registered manager informed us that this has since been completed.

Staff were able to tell us about people who could not make decisions for themselves and how they obtained their consent. We also observed this in practice with numerous examples. One such example was the use of the lift, where assistance offered was declined by the person who said they were OK to do it themselves. This was respected and the person was observed by the staff member for a little while to ensure they were fine doing this themselves. One staff member told us how important it was, for example to, "Ask people what they wanted to wear each day even if they were in bed."

The dining room had a real restaurant feel to it. There was a chalk board on each table showing the menu options in large clear writing. Fabric napkins were available to everyone to use, flowers were on each table and goblets with the choice of water, blackcurrant or orange looked nice. Music was on very low enabling people to chat amongst themselves and for staff to chat with them. Nibbles, such as onion rings, were put on the tables every day for people to snack on whilst waiting for their main meal.

The meal experience was a calm and enjoyable one with the majority of people choosing to eat in the dining room. We saw very good social interaction between everyone. People were not rushed at the meal time and patience was shown by staff allowing people to eat at their preferred pace.

People's comments were very positive about the quality and choice of the food. One person said, "If my

plate is cold I say something to them and they take it away and heat it up for me – you get a nice meal." Another person said, "The food is really good." A relative said, "The food is lovely and [person's name] is very pleased with it.

People were given plenty of choice and staff knew people's likes and dislikes and preferred portion size. We heard staff saying, "Do you want to sit here?, Would you like water, blackcurrant or orange?, would you like some gravy? – where would you like it, all over? Do you want me to help you with that or are you OK? One staff member told us that, "[person] liked bread and butter, that they only eat a few chips and only eat runner beans or peas."

Staff who assisted people to eat were attentive, offered encouragement and assisted people at an appropriate pace. The staff members we observed assisting people on a one to one basis made sure the person received a positive experience.

We spoke with one of the cooks who told us the menus were on a monthly rota and involved people in planning the menu choices. The cook had a good knowledge of specialist diets and action to take if people were identified as being at risk of malnutrition. They told us, "In my smoothies, I use double cream and ice-cream, bananas or soft fruit and full fat milk but for people who are diabetic I reduce fats and sugars and use semi skimmed milk. I also tempt people to increase their fluid intake by offering ice lollies, ice-cream and lemonade floats."

Information was clearly recorded about people's likes and dislikes, such as, "No white bread, no gravy, no melted cheese, no peas, no beans." The cook kept abreast of the choices people had made and changed the menu accordingly. The kitchen communication diary showed the details of any new people, who was out to lunch that day, people's birthdays and who was at hospital. People's fluid intake and the amount they had eaten was recorded so that staff could monitor their health and wellbeing and that they were receiving a balanced and nutritional diet.

Staff knew when and where to refer people to should they need access to primary healthcare support. We saw that referrals made to health and social care professionals were responded to so that people were treated quickly and appropriately. The deputy manager told us that the on-going assessment and involvement of clinical and community professionals such as the dietician, general practitioner, mental health services and district nurses meant that people kept well. Also, people receiving palliative care had timely access to healthcare professionals who supported them and the staff when they most needed it.

Information about people's health care needs, any risks associated with them, any medicines and treatment they were receiving was clearly recorded in their care plans. They and/or their representatives had been involved in the discussions about their care. The people we spoke with talked positively of the staff that assisted them and had their day to day health needs met. One person said, "Since I have been here, I have seen a chiropodist, the doctor comes, seen the hairdresser, I go to the hospital for my appointments to see the [specialist] doctor."

Good

Is the service caring?

Our findings

People and their relatives described the staff as caring, kind and gentle. People we spoke with said that the staff took time to talk with them and were always friendly and polite. One person said, "The staff are very sweet and I have got no complaints at all." A relative told us, "I cannot praise them enough – I am welcomed here like a resident." One health care professional told us, "The staff at Firstlings have been very kind and helpful over the last year."

Staff treated people with respect and kindness. For example, staff addressed people with their preferred name and spoke clearly to them and with respect. People who could not respond verbally, smiled and used other facial expressions to let the staff know how they felt or put their hand out to be held. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories in order to engage with them about important things in their life. One person said, "I think she [staff member] knows me better than I do." A relative told us, "The girls look after [relative's name] well and are always kind and pleasant."

Interactions showed staff were patient and did not rush when meeting people's needs. When one person started to cough, a staff member said, "Slow down you do not have to rush, have a drink." They then rubbed the person's back to calm them down and stayed with them until they felt better. Another example was the laughter and interaction between a staff member and a person who loved their milky drink at night "as hot as it can be." Another person said, "I am very well looked after and when the staff go by they wave to me." These small examples recognised the respect shown for people's individuality and how little acts of kindness made a difference to people's daily lives.

Throughout the day of our inspection, we had observed people's involvement in making choices and having their independence promoted. One person said, "They get me on the seat and I wash myself, they do the bottom half, and then get me dressed, I like to do a bit myself."

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values such as knocking on doors before entering, ensuring curtains were drawn, covering people to protect their modesty when providing personal care and providing any personal support in private. One person said, "The girls are very careful of my privacy, they don't intrude, when I have a bath they keep their eyes averted and hand me the cloth so that I can wash myself and when I am done, they help me dress." Another said, "Every time they come to me, they knock at the door." Staff had a good understanding of confidentiality and when discussing people's care, did not do this in front of others.

People and their families had made decisions about being resuscitated should they need it. We saw that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were completed appropriately so that people's wishes could be carried out in this event. People had also made decisions with their families about where they wanted to be at the end of their life. This was documented in their care plans along with the details of their choice of funeral and the arrangements they wanted.

Good

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. People and their relatives told us that care was planned and delivered in the way they wanted it and were very satisfied with the service being provided. One person said "I get the care that I need." Another person told us, "When I have a bath they shut the door and put a towel over me – I can't find no fault at all with that personal touch."

Assessment procedures were in place to make sure that the service could meet people's needs. Meetings were held with the person and or their family and the registered manager to make sure the service was suitable and could respond appropriately to them on an individual basis.

When people moved to the service, an assessment of their needs and risk assessments were completed and used to develop an individual care plan for each person. We saw that people had been involved and contributed to their plan of care and they had signed their consent to the information in it being shared appropriately with others who might need to know their needs.

The care and attention which staff gave to people was very responsive. People were well dressed and in clean appropriate clothing for the weather. Where staff had helped people to dress, they had coordinated clothing to match giving people a pride in their appearance. People's nails were trimmed and hair was combed. People's sensory needs were taken into account and hearing aids were worn and in working order and glasses were worn and clean. People were well cared for and they were shown respect and courtesy.

Care plans we looked at were up to date and reflected people's individual needs. They contained information about people's cultural needs including their religion, culture and sexual orientation. People's physical health, emotional and mental health, social care needs and associated risks to their health and well-being were also documented so that staff understood their requirements. The 'Me at a glance" support plan section contained information about the person and their life history. It was written very clearly and gave an insight into the person and their life. We spoke to the deputy manager about how useful this information was especially for new staff. They agreed to place this information first in the file so it reminded all staff about the person first and not their medical conditions.

Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people's current needs and how these could be met. We saw that there was a different photograph of the person in each section of their care plan and this showed how the service valued people as individuals with their own unique personalities.

The daily notes were written in a respectful way. These records told staff a brief synopsis of the day's events and how people had been feeling, what they had participated in and if they had had any appointments. Staff could then respond appropriately to people's needs.

People were supported to maintain relationships that were important to them. They told us that when they had visitors the service always made them feel very welcome. A relative said, "The staff welcome me in a

lovely way." A person told us, "My [relative] is invited and comes to lunch once a week." Another said, "My [relative] brings their dog in when they come to visit, another visitor brings in their two little dogs too and that is nice for everyone."

People were supported to follow their own interests as well as participate if they wished to in activities at the service. During our inspection, we saw that there were different opportunities on offer as the activities coordinator had devised a programme of activities for individual one to one time as well as for people to particulate in small groups. In the front lounge, it was quiet with no music but in the back lounge, a quiz was underway for part of the morning and then we saw nine people participating in a hoopla game. One relative said, "It is [person's name] choice not to take part in activities if they don't want to. We go out for coffee and cake when I visit"

The activities coordinator was briefed every day about how people were feeling so that they were aware of anyone's failing or ill health or appointments or visits due. They told us, "I focus first on spending time with people who are in bed, we chat; I read the headlines from the daily newspapers and talk about things that might be of interest to them. Some of the men like the Board games so I get them started and then I start some of the ladies on their card games they like. People can choose to join in or not." One person said, "I like joining in, it breaks the day up." Another person said, "I am not a games person, I prefer my own company." And another said, "When the weather was good we would sit in the middle garden for coffee, where the guinea pig and rabbits are."

The service had made a small area into a cinema which had posters on the walls and chairs in rows. We saw that people were watching a black and white film and you could hear lots of laughter coming from the room.

People told us that they knew how and who to complain to if they needed to. The service had a complaints and compliments procedure in place which gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw that complaints had been dealt with satisfactorily.

People and their families were encouraged to give feedback about the service. We saw that meetings were held to gather their views and experiences. Comments from the last meeting in March 2016 said, "The nearest thing to a home from home we could wish for." And, "As soon as you walk into the home, there is a happy friendly feel to the place." The deputy manager told us that they had an open door policy which meant that herself and the registered manager were available to people and their relatives and the staff at any time.

Good

Is the service well-led?

Our findings

The service was run by a registered manager who was supported by a deputy manager, an administrator and the provider visited regularly. On the day of our inspection the deputy manager stood in for the registered manager as they were unavailable.

People, their families and the staff were aware of the management team and spoke highly of them. One person said, "They [staff] do seem happy working together." A relative said, "The managers and admin lady are excellent." Another relative said, "People feel able to wander into the manager's office as she has an open door policy.

There was a positive culture at the service that was open and inclusive. They had a clear statement of purpose and they followed their vision and values. Staff told us that the registered manager and deputy manager were hands on, encouraged participation and communicated with them well.

The staff showed respect for each other and the management team, were motivated and supported and worked together well to ensure people received good care. One staff member said, "I really enjoy my work and definitely feel supported by the manager and the administrator." Another said, "I have a very good relationship with the manager – she has an open door." A relative told us, "I phone every day to see how [name of person] is and very often when I come I find a person in the office – they are part of the family – I cannot praise them enough."

People, their relatives and staff were involved in the running of the service and meetings and surveys were carried out giving everyone the opportunity to share their views and ideas. One relative told us that, "The home is excellent and I have written an article about this place and it is going to be in their brochure."

Some developments which staff and people who used the service were proud of included each person's walking frame or stick being decorated in brightly coloured tape of their choice which made it individual to them. One person told us, "They were too boring before." Another idea, which had come from the staff and was proving very popular, was the introduction of snacks on the tables for people to have whilst waiting for their meal. The service was also able to share their developments by having input into the provider's company Newsletter.

Quality monitoring systems were in place to monitor the quality of the service. Records were managed responsibly and all confidential information was kept securely. Quality audits and checks included, but were not limited to; domestic and maintenance; health and safety, the management of people's prescribed medicines and observation of care and catering practices.

Resources were available to drive improvement and the deputy manager told us that whatever was needed, the registered manager would do their best to get it. One staff member said, "I told the manager that I needed new bins, the aprons needed changing, I got new jugs, new tea pots, and a new toaster as well – it is never a problem."