South West Care Homes Limited

The Firs

Inspection report

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Date of inspection visit: 20 and 24 February 2015
Date of publication: 03/06/2015

Ratings

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

Overall summary

This inspection was undertaken on 20 and 24 February 2015 and was unannounced.

At the last inspection on 17 and 24 September 2014 we found that the service was not meeting all the legal requirements and regulations associated with the Health and Social Care Act 2008. This was in relation to the care and welfare of people who use services and assessing and monitoring the quality of service provision.

Following the inspection the provider sent us an action plan telling us about the improvements they were going to make, including the timescales for being compliant with the regulations. During this inspection we found improvements had been made and were on-going in relation to care planning, the provision of social stimulation and activity and the monitoring of the quality of the service.

The Firs can accommodate up to 27 people. The home provides accommodation and personal care for older people, who may have a diagnosis of, or conditions relating to, dementia. The home does not provide nursing care. This is provided by the local community nurse team. This service offers short term respite care for people. At the time of our inspection there were 23 people living at The Firs.

The service has not had a registered manager since April 2014. A new manager had been appointed in December

Summary of findings

2014. An application to register with the Care Quality Commission (CQC) had been submitted by them in February 2015 but was rejected due to incorrect information. A subsequent application had been submitted in March 2015 but had also been rejected. A valid application had been accepted in April 2015 and was pending an assessment by CQC. 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.

Prior to the inspection, we were aware of a safeguarding concern raised with Devon County Council safeguarding team about the care of one person. This was investigated under the safeguarding process by a Community Nurse, who found the care and support delivered at the service to be safe and appropriate. We followed up some of the issues raised during this inspection, for example the standards of personal care delivered, monitoring of diet and fluids and the management of catheter care.

Medicines were not always safely managed. The support and supervision some people required with their medicines was not recorded within care records or the medicine records to ensure safe practices were maintained. The administration of some topical medicines was not always accurately documented. The system for 'checking medicines' into the service was not robust. Systems were in place to ensure medicines, including controlled drugs, were stored safely and appropriately and staff responsible for the management of medicines had received training.

There were limited bathing and showering facilities available for people to use at the service. These improvements had been identified by the provider and plans were in place to address the shortfalls.

Staffing levels were generally maintained at the level the provider had assessed to meet peoples' needs. However due to staff sickness on the second day of the inspection, communal areas were not always adequately supervised and people experienced delays in getting up.

The social activities offered at the service had improved since the last inspection, however, people with a diagnosis of dementia would benefit from activities based on current good practice guidance for dementia care.

A formal system to report on the views of people using the service and their relatives had been implemented since the last inspection. Further work was needed to ensure staff and external professionals were given opportunities to provide feedback about the quality of the service.

People said they felt safe at The Firs. Staff had a good understanding of how to identify and report risks to people's safety. Risk assessments were in place for each person which detailed how to protect people from harm.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns.

People and their relatives told us staff were kind and caring and treated them well. We observed care and support and saw staff knew people well, spoke politely to them and showed a high level of respect. When we observed people becoming agitated or and distressed, staff were able to reassure them. People were supported to maintain their health and wellbeing. Nutritious meals and snacks were provided and people had access to a variety of health and social care professionals to address their health care needs.

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?

Requires Improvement

Some aspects of the service were not safe.

Appropriate arrangements were not in place for the safe management of all medicines. The system for 'checking medicines' into the service was not robust.

Short notice sickness meant on occasion people may not receive adequate supervision for their safety and may experience delays in receiving care. There were usually sufficient staff on duty to meet people's needs.

Recruitment and selection procedures were in place to protect people from unsuitable staff.

Staff were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Risks associated with people's health and wellbeing were identified and managed to reduce harm.

Is the service effective?

Good

The service was effective.

There were limited bathing and showering facilities available for people to use at the service and the décor put people with dementia at a disadvantage. However, the provider had a refurbishment plan for the premises. A number of improvements had been made since the last inspection, and further redecoration and refurbishment was planned for 2015.

Where people did not have the capacity to make decisions, their family members and relevant professionals were involved to ensure decisions made were in people's best interest.

The training staff received enabled them meet people's needs. Supervision supported them in their role.

People had access to health professionals to ensure health needs were addressed. People were supported to eat and drink to make sure their nutritional health was maintained. Where people required specialised diets these were provided.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

Summary of findings

Staff were caring in their approach and interactions with people. They assisted people with patience and offered prompting and encouragement where required.

Relatives and friends were encouraged to visit and they said they were made to feel welcome during their visits.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People with a dementia type illness did not benefit from activities based on current good practice guidance for dementia care. However a number of regular activities had been introduced.

The manager intended to establish regular monthly meeting to give people an opportunity to contribute to the way the service was run. There had been one 'resident's' meetings since our last inspection.

The service had a complaints procedure in place and people were aware of how to raise concerns and were confident their concerns would be acted on.

People's care records contained information about their individual needs and preferences and the how these were to be met. Staff demonstrated knowledge of people's care requirements.

Is the service well-led?

Good

The service was well led.

The service had been without a registered manager since April 2014. However a CQC were in the process of assessing a valid application.

There were systems in place to assess the quality of the service provided.

A system was in place to enable people using the service and their relatives to share their views of how the service was ran. As a result of a recent survey a number of improvements had been made and suggestions acted upon. Additional work was needed to enable staff, external professionals and other stakeholders to contribute their views about the service.

The new manager had a visible presence and comments from people, relatives, staff and healthcare professionals were positive about their approach.

The Firs

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.

Before the inspection we reviewed the information we held about the service, including notifications. Providers are required to submit notifications to the Care Quality Commission about events and incidents that occur including unexpected deaths, any injuries to people receiving care, and any safeguarding matters. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

A Provider Information Return (PIR) had not been requested prior to the inspection. 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. Following the inspection the registered manager completed and submitted the form.

The inspection took place on 20 and 24 February 2015 and was unannounced. The inspection was undertaken by two inspectors.

We spoke with five people who lived at The Firs and four relatives to get feedback. We spoke with seven staff, including care staff, ancillary staff, the operations manager and the manager. We also spoke with five health and social care professionals, including a GP; pharmacist; community nurse; mental health nurse and a social worker.

We looked at the care records for five people, medicine records, three staff recruitment records, staff training records and a range of other quality monitoring information.

Some people at the service were living with dementia and were unable to communicate their experience of living at the home in detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Some areas of medicine management were unsafe. For example, four Medicines Administration Records (MAR) had been handwritten by staff but these had not been signed by the member of staff nor countersigned by a second member of staff. This meant there was the potential for information on the MAR to be inaccurate as it was not checked by two staff. The quantities of medicines received into the home were not always recorded, meaning there was no accurate information or audit about the amount of medicines within the home.

Several people required the use of daily creams and emollients. However there were gaps on the topical medicines application records for two people making it difficult confirm whether creams had been applied as prescribed.

The supplying pharmacist completed a six monthly advice visit to the service in January 2015. They had identified similar shortfalls to the ones found during this inspection. The medicines record audit completed by the operations manager in February 2015 had also identified these issues as an area for staff attention and improvement. A staff meeting had been arranged with senior staff responsible for managing medicines. The manager said staff would be reminded again of the importance of signing the MAR to ensure accuracy and reduce the risk of errors or omissions.

One person received support from staff to draw up insulin and monitor their blood glucose levels. However the level of support and supervision required was not recorded within the person's care plan to ensure consistent and safe practice was maintained. The MAR and care records for another person showed they were managing their own medicines, but staff said the person was no longer able to safely manage their medicines. The records, including the risk assessment had not been up-dated to reflect this.

These findings evidence a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 - which corresponds to **Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

People we spoke with said they received their medicine on time. One person said, "It is reassuring to know they (staff) help me." The person also confirmed they were offered regular pain relief as prescribed. They added, "Staff are very attentive to my needs."

Staff responsible for administering medicines had received training to do so. MAR charts showed people were recorded as having received their medicines at the doses and intervals prescribed for them. Medicines were stored safely and securely, and at appropriate temperatures, recommended by the manufacturers, to ensure they were safe and effective. There were suitable arrangements for controlled drugs, and for the ordering and disposal of medicines. The supplying pharmacist said "The new management team are keen to develop high standards at the home." They will continue to offer guidance and advice.

The manager and operations manager said they discussed staffing levels regularly with the provider to ensure suitable staffing levels were maintained. The provider used a staff calculation tool, which considered what assistance people required from staff. Five people when asked said staff were available to them when needed. One person said, "The staff are always checking I am alright, even in the middle of the night". Another person said, "I just use the bell if I need the staff. They come quickly." One visiting professional said they 'got the impression there were enough staff' as staff were always available to accompany them when visiting people. A relative said, "I have no concerns. There are enough staff to see to Mum regularly."

Staffing levels had been reviewed. As a result of discussion between the management team, and taking into account people's changing needs, 'care top up' hours had been established recently between 7.30am and 10.30am seven days a week. These were care hours allocated to assist during the busy morning period. However these hours were not consistently covered. The staff rota showed from 26 January 2015 until 23 February 2015 'care top-up' hours had not been provided on seven days. Also, on the second day of the inspection staff sickness meant the 'care top up' hours were not filled. On that day staff were busy. They did not complete delivering personal care to people until 12.30pm. During the morning period people in communal areas were left unsupervised for 20 or 30 minutes. Staff did

Requires Improvement

Is the service safe?

'pop' in to the lounge to check if people wanted a drink but they had little time to spend with people. One member of staff said, "It has been a struggle today, it is without the 'top up' hours."

Staff said three people needed assistance from two members of staff for safe moving and handling and personal care needs. This meant without the 'care top-up' there was one member of care staff on the floor at busy times to respond to people's requests or deliver care. The manager was available at times to assist as she 'worked on the floor' for at least an hour during the mornings. Staff also said the teatime period between 3.30pm and 6pm was busy, as the cook finished at 2pm and care staff were then responsible for preparing afternoon tea and supper. This meant there were two staff 'on the floor' to care for 23 people. Staff said that additional help in the kitchen at this time would enable them to spend more time with people, attending to their emotional and social needs, chatting or taking people out to the village or doing other activities.

The manager was in the process of recruiting new staff. One new experienced member of staff had been appointed and was completing their induction; interviews had taken place for a new team leader and adverts were placed to recruit one full time member of care staff. The manager was confident that the 'care top up' hours would be consistently covered once new staff had been recruited. An on call system was in place in case of emergencies.

Not all pre-employment checks were completed. Two staff files contained all the required information and checks. A third did not contain a reference with satisfactory evidence of conduct in their previous care employment. This person was completing induction training and was not working unsupervised during the inspection. On the second day of the inspection the manager confirmed this outstanding reference had been requested. Satisfactory Disclosure and Barring Service (DBS) checks had been obtained for new staff. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

People said they felt safe living at The Firs. Comments included, "Everyone here is just lovely to me. I feel perfectly safe"; "I feel safe and well here, truthfully I do" and "The staff are wonderful and make sure we are safe." Relatives also felt their family member was safe, one said, "I have no concerns about Mum's safety. She has her call bell; staff are attentive and staff care about her." Visiting professionals said they felt the service was safe. A GP said the manager and staff had a 'good understanding of people's needs and level of function', which helped to keep them safe. Another professional said the manager was able to recognise when the service was no longer able to meet individual's needs and requested reassessments appropriately. This helped to protect people from potentially inappropriate and unsafe care.

The provider had systems in place to make sure people were protected from abuse and avoidable harm. There was a safeguarding policy in place which staff were aware of. Staff told us and records confirmed staff had received safeguarding vulnerable adults training. Staff had a good understanding of safeguarding issues including issues relating to poor practice. All staff were aware of procedures to follow to report any suspicions or incidents, including external agencies they could approach if necessary. The manager had a good understanding of her role and had made an appropriate alert to the Devon County Council safeguarding team.

People were protected from unnecessary risk because risks had been identified and measures put in place to reduce risks. For example, one person was at risk of developing pressure damage. The necessary pressure relieving equipment, a special mattress and chair cushion, had been provided to reduce the risk. Records showed the person's skin was intact. Another person's behaviour posed a risk to staff and others at times. The manager had worked with the commissioners of the service to ensure additional support and supervision was provided to keep the person and others safe. Where one person's mobility had changed and they were at risk of falling, an action plan had been completed with clear instructions for staff about the additional support the person needed to keep them safe. Staff provided this support.

One person was identified as having difficulty with swallowing and at risk of choking. The person had been assessed by a speech and language therapist (SALT) and their recommendations had been incorporated into the person's care records. Recommendations were carried out by staff to minimise the risk.

Requires Improvement

Is the service effective?

Our findings

Some people were disadvantaged by the environment at the home. There was one shower room in use for the 23 people living at The Firs. Two baths at the service were not accessible as they did not have the necessary adaptations. The provider's refurbishment plan included a new shower 'wet room'. The manager said they hoped this would be installed in April/May 2015. The carpet in the main ground floor area was patterned. People with dementia often mistake this for dirt and other objects and will pick at the carpet. We saw one person repeatedly bend down to try to remove the pattern and rub at the carpet. The manager and provider explained redecoration and refurbishment was planned for 2015, including improvements to bedrooms and communal areas and new carpets in the communal hallway. Following the inspection the manager said work had begun to refurbish one of the first floor bathrooms to make an assisted bath suitable to meet people's needs. This work was expected to be finished by early June 2015. She also confirmed that work to redecorate the reception and hallway, including fitting new carpets would be completed by the end July 2015. **We recommend that the service seek advice and guidance on environmental adaptations for people living with dementia.**

Work had begun to decorate each person's bedroom door in a bright colour with input from the person; six had been completed at the time of the inspection. Other personalised memory prompts were being used on the doors including a flag; others were planned. Such prompts help people to recognise and familiarise themselves with their room. When one person was trying to find their bedroom, staff gently reminded them of the colour of their door and they recognised it. Another person said how much they liked the brightly coloured doors, adding "Cheers the place up!" Following the inspection the manager said all bedroom doors had been personalised to assist people to identify their bedrooms.

The provider had a refurbishment plan for the premises. A number of improvements had been made since the last inspection, including major repairs to the roof, the fitting of some new windows, and new floor covering in nine bedrooms. New curtains had been hung in the main lounge area. A number of bedrooms had been refurbished with new furniture. A new call bell system had been installed and a new central heating boiler had been fitted.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions were made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

As a result of recent changes to legislation, the operations manager had submitted a number DoLS applications for people where they considered people may lack capacity and be deprived of their liberty. Records showed there were arrangements in place for assessing people's capacity and decision making ability. 'Best interest meetings' had taken place with appropriate healthcare and social care professionals to ensure significant decisions were in the person's best interest. For example, whether The Firs was the right place for one person. On the second day of the inspection, a best interest meeting was held. An independent mental capacity advocate had been appointed on behalf of the person to represent their interests.

Staff had received MCA and DoLS training and more was planned. One member of staff was unsure of their role in respect of the MCA and couldn't recall information from their training. However, other staff, including the manager and the operations manager, were aware of their role. People said staff always explained any interventions and staff said they ensured people had opportunities to consent to care and support. For example, the manager involved one person in the decision to call their GP; staff asked people if they wanted to get up, where they wanted to sit and what they wanted to eat.

Staff received an induction to their role at The Firs. The manager explained induction training was tailored to individual staff's needs. For example, a new member of staff completing induction was experienced and held a recognised care qualification. This member of staff spent time shadowing other experienced staff to get know people and their routines; they also spent time reading care plans and completing an 'induction checklist'. This showed the manager they were aware of people's care needs; policies and procedures and basic safety principles. If a new

Is the service effective?

member of staff was appointed without previous care experience, the manager said the nationally recognised 'Skills for Care' common induction standards were followed.

Staff received on-going training. Staff training consisted of a combination of electronic learning using computer programmes, and face to face sessions held externally and at the service. Training completed by staff within the last 12 months included, safeguarding adults; first aid; food hygiene; moving and handling; fire safety and pressure area care. Some staff had completed dementia care training to help them understand and meet the needs of people living with dementia. The manager said eight staff members had been booked to complete a 'principles of dementia care' course on 24 February, shortly after the inspection. This was provided by an external trainer and was due to last for two hours and was considered to be an introduction to dementia care.

Staff confirmed and records showed they received one to one supervision with a manager. Supervision provides an opportunity for staff to discuss work and training issues with their manager. It also provides the manager with an opportunity to feedback to staff issues around their performance. The manager said she was beginning to understand the staff's strengths and weaknesses and supervision sessions were helping to identify staff training needs. The manager aimed to develop a staff training matrix and training programme as a result. One staff member said, "I am happy with the level of support and training we get."

People told us they enjoyed the food served at the service. Comments included, "The food is perfect. Home cooked and tasty"; "The food is good. I have plenty to eat" and "The food has been very good." People told us they could have a choice of main meal and a variety of dishes were served for breakfast and supper. One person enjoyed a cooked breakfast, saying "Nothing better!" The menu was displayed in 1950's picture form in the dining room to help people understand the choice of the day.

The cook had a good understanding of people's nutritional needs and preferences. She was able to tell us about the different meals she prepared. For example some people required a soft or pureed diet; some a vegetarian diet, while others required a diet suitable for diabetics. The meals served were attractive and appetising. People were offered hot and cold drinks and snacks and fresh fruit throughout the day. Menus showed varied and healthy balanced diet was being offered. Fresh produce and meat from a local butcher were used to ensure the quality. The cook said the budget for food was adequate and it was "never an issue" if the agreed budget was exceeded.

Lunchtime was relaxed and sociable. People's comments included, "The fish pie was delicious" and "This is lovely." Where people required assistance, supervision or encouragement with meals this was recorded in care records and staff were available to assist and encourage people with meals.

People's dietary needs and preferences were included in their care records. Nutritional assessments had been completed and where appropriate monthly weights were recorded. These showed people considered to be at risk were stable; one person assessed as being a high risk nutritionally had gained weight. Two people had 'nutritional charts' in place to monitor their dietary intake, these showed people were offered a variety of meals and snacks throughout the day. The records also showed when people declined food. This enabled staff to monitor people's intake. A GP said staff were quick to alert them should there be concerns about weight loss.

People had access to a variety of health professionals to help monitor and maintain their health. For example, the GP, community nurse, mental health professionals, dentist and chiropodist. Health professionals said the service communicated well with them; referrals were appropriate and the manager and staff acted on their advice or recommendations. The manager and operations manager had met recently with the local GP surgery to improve communication. A GP said, "Things have improved, the new manager is very good. Instructions from us are being followed…skin care is good, staff are proactive so avoid possible damage." A mental health professional said, "The home manages a certain level of dementia well and the manager recognises when the service may no longer be suitable." A community nurse said, "Staff are good at picking up on health problems early. Today they recognised one person had the beginnings of cellulitis (an infection of the skin). They are very observant." The nurse said skin care and catheter care was good and none of the professionals had any current concerns about people's health care.

Good

Is the service caring?

Our findings

People spoke positively about staff. They told us staff were kind, friendly and helpful. Comments included, "They (staff) are wonderful. I really look forward to seeing them"; "It is lovely here. We all get on well. The staff are polite and so friendly" and "Everyone has been so kind to me here."

Relatives and professionals also provided positive feedback about staff's approach. One relative said, "I have nothing but praise for the staff. They do their up-most for people. I can't speak highly enough of them." Another relative said, "Staff are very kind here. I have never seen anything to concern me." A GP said, "Staff are very caring and the new manager is very good." A mental health professional said they "couldn't fault staff" in relation to their caring attitude. Another professional said, "I have never seen a cross word, never witnessed negative behaviour from staff…they really try to accommodate people's needs."

Some people who lived at the service could not tell us verbally about their experience because of their level of dementia. However, we observed staff displayed a warm and caring attitude when providing care. Staff were patient when responding to people who repeatedly asked them the same question in a short space of time. They gave reassurance and used successful distraction techniques to engage with people and reduce their anxiety.

One person needed one to one care and support and at times they became agitated. Staff demonstrated patience and understanding of the person's condition. Staff had a calm approach, and managed to diffuse situations safely in a caring and compassionate way. They acknowledged the person's concerns, engaged the person with activities, and supported them to eat and drink regularly. At one point the person looked at the staff member and said, "You are lovely. I love you", and then gave the staff member a cuddle.

Conversations between people and staff demonstrated familiarity and knowledge of people's preferences and interests. For example, we heard conversations between staff and a person about life in the village. Staff explained they knew some of the people living at The Firs when they lived in the village so they had relevant and stimulating conversation topics, which people obviously enjoyed.

One person explained how important it was to them to maintain contact with their friends. They said friends visited them regularly; they always received a warm welcome from staff and the offer of a cup of tea. They added, "Just as I would have done at home." This showed staff recognised the significance of people's relationships.

Staff gave examples of how they maintained people's privacy and dignity and this was reflected in their interactions with people. Personal care was provided discreetly and people were addressed in appropriately respectful terms. Staff were aware of the non-verbal communication of one person and were able to assist the person with personal care in a timely way.

People received end of life care at The Firs. Information in care records showed people and/or their relatives and appropriate professionals had been involved in discussions about treatment at the end of life. One person was receiving end of life care at the time of this inspection. This person looked comfortable and their personal care was well attended to. The manager had implemented 'intentional rounding' for this person, which was a structured approach whereby staff conducted two hourly checks to assess and manage the person's fundamental care needs. Records showed the person received regular checks to ensure their pain was controlled; that they were repositioned and their skin was intact and whether they needed food or drinks. Their relative said they were very happy with the standard of care provided by staff. They added, "It is reassuring to know Mum is well cared for towards the end of her life. It has been first class care here."

People said daily routines were flexible; they were involved in choices about aspects of their care and about where they spent their time. For example they were able to make choices about what time they got up, and when they went to bed. One person said, "I can suit myself. They (staff) don't mind what I do." Another said, "I can do what I want." Staff described the ways they involved people in daily choices. For example, people were encouraged and supported to choose their clothes.

Although people could not remember seeing their care plan, they told us staff knew them well and always asked if they were happy with their care and if they needed anything else. One person said, "They (staff) know exactly what I need and how I like things done. That's what's important to me."

Good

Is the service caring?

People were supported to express their views. There had been one 'resident's' meetings since our last inspection. This was held in January 2015 to introduce the new manager. No minutes were available to share with people who did not attend the meeting or for relatives. The manager said it was her intention to make minutes available and to hold regular monthly meetings, which would provide opportunities for people to share ideas and suggestions and to contribute to the way the service was run. People living at The Firs and their relatives said they could speak with the manager or staff at any time should they have any requests or suggestions.

Requires Improvement

Is the service responsive?

Our findings

People's social needs were not always met. Improvements had been made to provide more regular social stimulation and activity. However, people with a diagnosis of dementia would benefit from activities based on current good practice guidance for dementia care. For example, the use of sensory items, rummage boxes and comfort items, which help to prompt meaningful conversations, social interactions and recollections for people. During the inspection one person spent time cleaning surfaces with their hand. They were very precise and obviously gained comfort and pleasure from the activity. Staff said this reflected aspects of the person's past life as they had been a cleaner and school dinner lady. However staff did not offer a duster or cloth to the person to make the activity more realistic and meaningful. **We recommend that the service seek advice and guidance on developing activities for people living with dementia.**

Records showed those people who did not want to participate with or who were unable to take part in group activities had one to one time with staff for a 'chat'. However these sessions were brief, lasting for up to 30 minutes and infrequent. For example, records showed three people had a one session of one to one with staff over a period of six weeks.

Since the last inspection a number of regular activities had been introduced and were advertised on a notice board in the main hallway. For example, several people attended regular gentle exercise sessions. One person said how much they enjoyed these. Arts and crafts sessions and flower arranging had also been organised and attended by several people. One person tapped to the music and another person sang along at times. Regular external music entertainers visited and during the inspection four people enjoyed a musical session. Several people enjoyed the weekly cinema afternoon during the inspection. Staff consulted with people about what would be shown. The consensus was the Sound of Music, which people were familiar with and enjoyed. Some people sang along with the film. A number of people had been out for a walk in the village with staff and visited the local shop. One person said how much they enjoyed visiting the village and local shop. One person benefitted from 'doll therapy' as it gave them a purposeful and rewarding activity.

A hairdresser visited weekly and an aromatherapist provided regular massage sessions. Six people received a massage during the inspection. One person who had been agitated and distressed at times during the day was relaxed and calm throughout their massage. A relative said, "This is a lovely service. Mum really enjoyed it."

The manager and staff were keen to continue develop new and stimulating activities. The operations manager said the provider was organising for the manager to attend a training course provided by a recognised dementia specialist to improve the overall service delivered to people with a dementia type illness.

The afternoons were lively and busy with several family members and friends visiting people. However, the lounge was crowded with little space to sit or move. One relative said they would like a more private space when visiting their family member other than the bedroom. They were unaware of the other communal areas within the home which could be used to enjoy quieter and more private time. We discussed this with the manager and the family were invited to use other areas of the home when visiting in future.

People were supported to maintain their spiritual beliefs. A regular service was held at the home. One relative told us how important this had been to their family member.

The service had a complaints policy in place and the procedure for making complaints was displayed in the reception area of the home.

A record of complaints could not be found on the first day of the inspection. However by the second day a complaints register had been found. This showed the date the complaint had been received, from whom, and the date resolved. The complaints register did not detail the nature of the complaint, how it was investigated or whether the complainant was satisfied with the response from the service. This meant the manager and provider were unable to analyse and use information from complaints to identify any themes or common areas for improvements. The operations manager showed us some complaints were logged electronically on the computer. Two complaints had been logged electronically. The detail of the concerns had been recorded and information showed both had been resolved satisfactorily.

People and relatives said they would not hesitate to speak with the manager or staff if they had any concerns or

Requires Improvement

Is the service responsive?

complaints. One person said, "I couldn't complain about anything, but if I had a worry or concern I would speak with the staff". Another person said, "If I had any concerns I would speak with the staff. They would take it forward." A relative said, "The manager is approachable, all the staff are. They are all equally good and I can talk to any of them."

People's care plans had improved since the last inspection and included information about how to support each person. Sections of each care plan included information about the person's needs in relation to personal care, communication, mobility, nutrition, safety, and health issues. One person's care plan explored triggers for their anxiety to find ways to support them. Staff were aware of difficult past experiences which distressed the person at times and were able to provide reassurance to alleviate the person's distress.

Care plans also contained information about people's past life, hobbies and interests. Staff had a good knowledge of people and spoke about people in a compassionate, caring way. Staff were able to tell us detailed information about how people liked to be supported and what and who was important to them.

People's care and support needs were assessed by the manager prior to them moving to the service. This was to ensure the service was able to meet people's needs and expectations. One person told us the manager had met with them to discuss their care needs and daily routines before they moved in. Relatives confirmed they were kept informed about, and had opportunities to be involved in, their family member's care.

Staff were receptive to people's requests and needs. We observed staff responding to people's requests and they were able to provide reassurance and comfort to people if they became distressed or anxious. Health and social care professionals said staff were responsive to people's needs. One professional said it was "a credit to staff" that they were meeting the needs and requests of one person with complex needs and behaviours.

Requires Improvement

Is the service well-led?

Our findings

It is a requirement of the service's condition of registration that a registered manager is in post. The service has been without a registered manager since April 2014. A new manager was appointed in December 2014. Two applications to register with CQC had been submitted by the manager but were rejected due to incorrect information. Following the inspection a valid application was received and CQC were in the process of assessing this.

At the last inspection the provider was developing and embedding a formal system to report on the views of people using the service, their relatives, staff and visiting professionals. Staff and professional visitor's surveys had not been used to gather their feedback about the safety and quality of the service. The manager and operations manager recognised this and the value of the additional feedback.

A comprehensive satisfaction survey of people using the service and their relatives had been completed in November 2014. Responses had been collated and an action plan had been developed. Overall satisfaction levels were good. As a result of the survey a number of improvements had been made and suggestions acted upon. For example, information about complaints was re-distributed to people as some people were unsure who to raise complaints with. The relative's satisfaction survey had identified activities as an area for improvement. A suggestion from one relative that a regular exercise session be offered had been implemented.

We saw evidence of regular audits completed by the provider and operations manager within the service to check the quality of service. These included health and safety checks, premises audits, medication audit, and care plan reviews. Actions resulting from these audits were recorded and checked by the provider or operations manager to show they had been completed, or if other action was required.

Accidents and incidents were reported and the manager reviewed each accident/incident to assess any themes or trends or whether any further actions could be taken to reduce the risk of recurrence.

The provider had introduced a 'quality management system checklist' which aimed to look at all aspects of the service and provide a comprehensive overview of the service. The operations manager said they had completed half of the initial checklist. Once fully completed the outcome would be shared with the provider and the manager to ensure shortfalls or areas for improvements could be addressed.

People living at The Firs, relatives, visiting professionals and staff said the manager was open and approachable. The manager had an 'open door' approach and during the inspection they dealt with people, their relatives, professionals and staff in a friendly and professional way. The manager 'worked on the floor' for a period of time each day which they said enabled them to see each person daily and work with and monitor the practice of staff.

One visiting professional said they thought the management of the service had improved with the appointment of the new manager. They said, "There is now a good level of communication between us and things have improved." A relative also recognised improvements within the management team, saying, "Things have improved over the past few months with the new manager and the operations manager. Communication is better and things seem to be better organised."

Staff said there had been 'lots of changes of manager' over the past few months, which had led to an unsettled period for them. However all staff said they enjoyed working at the home and they felt supported by the new manager. One member of staff said, "I love my job." Another said, "The manager is approachable and happy. She listens to us and chats to all of us. I feel she is the right one." This statement was echoed by other staff. There had been one staff meeting since the last inspection held in January 2015 with the new manager. However, the manager had plans to establish regular staff meetings. Staff said in the meantime, they were able to raise any issues with the manager on a daily basis.

The service worked in partnership with other professionals to ensure people received appropriate support to meet their health needs. Care records showed evidence of professional involvement, for example GPs and specialist nurses. Professionals contacted as part of the inspection said the service made appropriate referrals and acted on their advice or recommendations.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Appropriate recording arrangements were not in place to ensure people were protected from the risks associated with the unsafe use and management of medicines.