

Caring Homes Healthcare Group Limited

Firtree House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Firtree House Nursing Home is a nursing home providing nursing and personal care to up to 50 people aged 65 and over. People had varying care needs, including, living with dementia and diabetes. At the time of our inspection, there were 31 people receiving a regulated activity.

For more details, see the full report which is on the CQC website at www.cqc.org.uk

Although the service met the characteristics of Good in Effective and Caring, there were three areas, Safe, Responsive and Well Led that Required Improvement.

People's experience of using this service:

The medicines people were prescribed to take were not always recorded and managed in a safe way.

Risks within the premises and environment had not always been identified to make sure management plans were in place to reduce the risks to people.

People's best interests were not always documented properly. We made a recommendation about this.

People were not always provided with activities to meet their interests and avoid social isolation. We made a recommendation about this.

Opportunities were missed through the provider's monitoring and auditing systems to identify the areas of quality and safety that needed improvement, so that action could be taken in a timely manner.

Complaints were not always recorded with outcomes reached. We spoke to the registered manager about this.

Care plans had improved and provided individual guidance and a person-centred approach to people's care.

People were supported to make their own decisions on a day to day basis.

Staff knew people well and many staff had worked at the service for a number of years.

Staff told us they were happy in their work and felt well supported.

People were supported to maintain their independence and staff were careful to respect people's privacy.

People were encouraged and supported to express their views.

The provider had enough staff to make sure people received the care and support they needed.

People were happy with their meals and were able to eat in a large comfortable dining room.

Rating at last inspection:

Requires Improvement (Report published 5 June 2018). This service has been rated Requires Improvement at the last two inspections but had previously rated as Good.

Why we inspected:

This was a responsive inspection based on information received by CQC.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of this report.

Follow up:

We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led.

Details can be found in our Well-Led findings below.

Requires Improvement ●

Firtree House Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by two inspectors, an assistant inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, older people and residential care.

Service and service type:

Firtree House Nursing Home is a nursing home. People in nursing homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in March 2018. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. Providers are required to send us information to give some key information about the service,

what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we looked at the following:

- The environment, including the communal areas, bathrooms and people's bedrooms
- We spoke with 12 people living at the service and four relatives who were visiting
- We spoke with the registered manager and five staff, including care staff, activities staff and domestic staff.
- Six people's care files
- Medicines records
- Records of accidents, incidents and complaints
- Monitoring and audit records
- Three staff recruitment files
- Staff supervision records
- Staff training records
- Rotas
- Records of meetings with relatives and staff
- Fire, health and safety and maintenance records

After the inspection the registered manager sent us additional information we requested in a timely manner.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection, in March 2018, we rated the service as requires improvement in safe. At this inspection, we found improvements had been made to individual risk assessments however, further improvements were still required in relation to managing risk of harm. We still had concerns with the management of people's medicines.

Using medicines safely. Assessing risk, safety monitoring and management.

- Prescribed medicines were not always managed in a safe way. People were at risk of not receiving their pain relief medication when needed and in the correct manner. People had transdermal patches prescribed. (An adhesive patch which is applied to skin to deliver a specific dose of medication). It was not clear when the next one was due as this was not clearly documented on the medicine administration record (MAR) chart when the previous one had been applied. This meant there was a likelihood of people missing their weekly pain relief medicine. Although there was a list of people on pain relief transdermal patches and the days they were supposed to be applied, this was not sufficient unless also shown on the MAR chart. This was corrected on the day of the inspection.
- We looked at the management of thickened fluids, required for people who have difficulty swallowing. While staff and the manager informed us thickening powders had been given as prescribed, we found medicine administration records had not been completed to show whether people's drinks had been thickened properly or not. Nor were these prescribed thickeners stored safely. Although the people whom these thickeners were prescribed for were bed bound, best practice in medicine storage was not followed. This was rectified straight away during the inspection and these were removed for safe storage in the kitchen.
- Body maps were not always completed for insulin sites for example. Nurses told us that they had specific training to support people with their diabetes. However, injection sites were not being recorded which meant that people could experience an adverse reaction, for example extreme skin irritation, if injected in the same area. This was rectified during the inspection.

The failure to take appropriate actions to mitigate risks to people's health and welfare is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This is a breach of legal requirements in relation to Regulation 12.

- Other risks such as skin breakdown had been identified and plans to guide staff in managing the risks were recorded. Risk assessments had been developed according to people's needs as identified in their care plans. This meant that people were protected from harm.

Staffing and recruitment

- A dependency tool was used to determine the number of staff required in the service. Our observations showed there were adequate numbers of staff to support people safely. People we spoke with felt that there were adequate numbers of staff and they were confident their needs were met.

- Records showed staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with people who use care services. The relevant pre-recruitment checks, such as disclosure and barring service (DBS) checks had been undertaken. References were sought before to check potential staff's suitability.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. The staff we spoke with could describe what abuse meant and how they would respond and report if they witnessed anything untoward.

- Staff told us the provider and registered manager were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise their concerns if necessary.

- Environmental risks were being managed effectively and carried out by the the registered provider. There were up to date certificates of safety for gas appliances, electrical installations and portable appliances, for example.

Fire safety equipment was regularly checked and serviced by an external company. The service held an emergency contingency plan that was comprehensive, regularly reviewed and updated.

Learning lessons when things go wrong

- The provider and registered manager had worked with the local authority when safeguarding concerns had been raised. Accidents and incidents had been recorded by staff and monitored by the registered manager to try to prevent similar incidents being repeated. The service also held morning meetings at 10am to discuss people's care and treatment during the night before. This gave staff an opportunity to learn from incidents. One person was anxious during hoisting the evening before the inspection and a nurse asked if staff can be aware of this going forward until anxiety subsided.

Preventing and controlling infection

- Staff had access to personal protective equipment to help prevent the spread of infection. There were no unpleasant odours present. One person told us, "They are always cleaning. I have never smelled any unpleasant things." Domestic staff were employed to provide cleaning services. They had a schedule of cleaning and recorded the tasks carried out on a daily basis.

Is the service effective?

Our findings

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

At our last inspection, in March 2018, we rated the service as requires improvement in Effective. At this inspection, people's outcomes were consistently good, and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People were supported to make decisions and choices on a day to day basis. Staff told us how they supported people to make decisions and what their role was in supporting this. Staff told us, "I would check the care plan to see if it says anything in there about what to do if people are refusing care, for example." Where people lacked capacity to make certain decisions, capacity assessments should be undertaken and best interest's decisions made when necessary.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications when people were considered to be deprived of their liberty and was awaiting responses from the local authority.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had made appropriate applications when people were considered to be deprived of their liberty and was awaiting responses from the local authority. However, we found that two people's applications had been processed and authorised but CQC had not been made aware of the outcome. We raised this with the provider and this was addressed immediately.

- Despite staff having a good understanding of the principles of the MCA, best interest decisions were not being documented properly or being completed correctly. One person was receiving their medicine covertly and it was clear that the GP and family had discussed this but there was no legal documentation available to show that the service was following its own covert medication policy or working in line with the MCA (2005). We raised this with the provider and this was addressed immediately.

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

- The environment looked a little tired in places and needed investment to maintain and improve the accommodation. The provider was aware of the areas that needed improvement within the property. They had an improvement plan in place which they updated to make sure essential works were carried out.

- People, particularly those living with dementia, would benefit from better signage to find their way to communal areas such as bathrooms, lounges and the dining area. However, the registered manager was

aware of this and had planned to implement new signs.

- People had brought their own furniture and had their rooms decorated to their liking.

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

- Initial assessments were undertaken with people, and their relatives where appropriate, before a decision was made for them to move into the service. This meant the registered manager was able to assess if they had the numbers of staff who had the skills necessary to provide the support needed.

- A range of care plans and risk assessments were developed in order to provide people's care and support in the way they needed. Care plans included, communication needs, mental health, emotional needs, activities and end of life support.

- There were processes in place during assessments of need to ensure there was no discrimination and people's beliefs were protected. Staff told us, "People here are treated the same, regardless of their beliefs or wishes and we will accommodate without question."

Staff support: induction, training, skills and experience

- Staff told us they were happy with the management support they received and had regular one to one supervision with their manager and an annual appraisal plan of their development. Staff files confirmed staff had the opportunity to have one to one meetings with the registered manager or a senior member of staff.

- Staff received the training they needed to carry out their roles. New staff received an induction into the service which included mandatory training and shadowing more experienced staff to get to know people and familiarise themselves with the service. Most training courses were accessed and completed online. Staff told us they were happy with this and felt they were able to gather the skills and knowledge necessary. Some training was completed face to face when practical skills needed to be taught, for example, moving and handling training. Additional training was in place to make sure staff had the skills to meet people's specific needs, such as Parkinson's disease, diabetes and dementia awareness for example. Staff told us that they felt they received appropriate training that helped them perform their roles effectively and that they were asked to confirm learning through questioning during observations, team and 1 to 1 supervision meetings.

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

- People had a choice at mealtimes and could ask for something else to eat if they did not like either option on the menu. Some people living in the service followed a diet specific to their cultural needs. Alternative diets were catered for, such as when people were diabetic, and people's dietary needs were highlighted in their care plans. The cook was aware of people's needs and kept an up to date record in the kitchen.

Although no people had been advised to follow a specific diet by a dietician at the time of inspection, the cook was able to tell us about the various diets they had previously catered for.

- People's preferences for food and their likes and dislikes were clearly recorded which helped staff to assist people with choices and decisions when they may have forgotten. The people who were able to tell us about the food said they were happy with the quality and choice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals, this was organised and staff followed guidance provided. Information was handed to other agencies if people needed to access other services such as the hospital. GP's and district nurses visited the service regularly to help people to maintain their health. People were supported to access services such as dentists, chiropodists and opticians. Relatives told us they were kept informed if there were any concerns about their loved one's health and that their health

needs were met, "(Loved one) has been very well since she's been here. She's really strong."

- Staff were aware of how to help people to maintain their health. They described how they were observant to how much food people ate or the amount of fluids they were drinking. If they had concerns they raised this with a senior member of staff or the registered manager in order to seek the appropriate help. Staff told us they were aware of the levels of fluid older people should drink each day. If they had concerns, they recorded this in the electronic recording system which totalled the amount people had drunk so staff knew how much more they needed to encourage through the day.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- We observed people being treated with kindness and respect. Staff knew people's choices and preferences and supported them in these.
- Staff supported people to spend time how they wanted. Staff waited for people to ask them to do things rather than automatically doing them.
- People were encouraged to maintain relationships with people that were important to them and visitors could visit when they wanted.
- People had developed friendships. During the inspection, we saw a group of ladies in the lounge and one was being visited by some relatives. They told us, "[Loved one] has made a group of friends already and she is helped to the lounge. They will sit there and chat and even have their lunch there together. She loves that."

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

- People were supported to attend meetings with professionals to discuss their care and support.
- People were encouraged to be involved in planning their care, people were asked their opinions and given choices. One person told us, "I know they write everything down and they give me choices and I think about them like if I want a bath or them to help me."

Respecting and promoting people's privacy, dignity and independence:

- People were supported to be as independent as possible. One person told us, "I like to brush my hair but I find it difficult but they are patient with me."
- Staff understood how people communicated, they waited for people to answer their questions, including when people used non-verbal communication such as thumbs up or down.
- During the inspection, staff asked people's permission before we entered their rooms. People were happy to talk to us in their rooms and tell us of their experiences.
- We observed staff knocking on people's doors and waiting for people to ask them in.

Is the service responsive?

Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

At the inspection in March 2018 we rated the service as requires improvement in responsive. At this inspection, we found improvements were still needed regarding ensuring people have meaningful activities to engage in.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- An activities coordinator was employed who worked as a carer but now chooses to provide activities. During the inspection we saw limited interaction taking place but people told us they played bingo in the lounge the day before. We saw people in the lounge have access to puzzles and sensory items like silky fabrics and a sewing kit was available for people to use.
- We saw evidence of people's drawings displayed on the walls in a room at the service. Staff told us they were examples of artwork completed by the residents. One person told us, "I like activities in my room. They do crosswords, sing songs and be jolly." Another person told us, "I like the art and singing sessions and I like sitting in my chair in the garden." However, some people told us that there wasn't much going on. One person told us, "There is not much on for us Gents. "I'd like some entertainers to come back, we used to have lots of outside people come in – not so much now."
- A relative told us, "The staff do try to do their best but I think on some days they are just too busy tending to people" We spoke to the registered manager about people's concerns and they told us a second activities co-ordinator was being recruited and this will allow activities to increase to the level they were before.

We recommend that the provider reviews and monitors the meaningful activities they provide and to ensure people are given choices.

- Care plans and records had improved since the last inspection. These included a pen picture of the person, things that are important to them and their preferred routines, their background, preferences and needs. These records had been reviewed regularly, reflected people's current needs and clearly stated how staff should support each person. One person we spoke to liked to get up early and sit in the lounge, this was clearly recorded in their care plan.
- The service complied with the Equality Act 2010. The service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as their ethnicity or sexual orientation for example. Staff told us that the service had a very positive approach to supporting people as individuals.
- Staff told us they always considered if people needed any support with accessing or understanding information. One person who was hard of hearing was watching TV and subtitles were being displayed. Menus were in pictorial format so people could be supported to make decisions at meal times.

Improving care quality in response to complaints or concerns

- There had been three complaints made to the registered manager since our last inspection.
- The registered manager confirmed all complaints had been closed to the satisfaction of the person making the complaint, however documentation did not always confirm this.
- We discussed this with the registered manager and regional manager, and a new complaints form was implemented on the day of our inspection.
- The service had received a number of compliments and thank you cards. Comments included, "Thank you for looking after mum during her time spent at Firtree" and "Thank you for the care you gave (name) it is very much appreciated."

● People who were able to speak with us said they knew how to make a complaint if they needed to. One person said, "I am happy with everything." They said they would complain to the provider if they were unhappy about anything. Relatives also said they would be comfortable speaking with a nurse or the deputy manager. If they had a complaint. One relative said they had recently raised a concern with them both and they had received a favourable response and felt confident the action they suggested would be taken.

End of life care and support

● People at the end of their lives did have an end of life care plan which highlighted if people had special wishes they wanted to share such as whether they wanted to be buried or cremated for example. Some people's end of life care plan recorded that their loved ones knew their wishes and would take care of arrangements, particularly people with specific religious and cultural needs. Staff told us how they had cared for people who had previously needed end of life care.

Is the service well-led?

Our findings

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

RI:□ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection, in March 2018, we rated the service as requires improvement in well led. At this inspection, whilst the service had made improvements, we found areas that continued to need improvement.

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

- The registered manager and provider carried out a range of audits to monitor the quality and safety of the service provided. Regular audits included, medicines, care plans and health and safety for example. However, these had not been effective in picking up the areas of concern we found at this inspection.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had notified CQC about all other important events. However, the registered manager had failed to notify CQC of two DoLS applications that had been processed and given authorisation.

The failure to ensure a consistent and robust approach to record keeping and quality assurance is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This is a continuing breach of Regulation 17.

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

- The registered manager and provider asked people and relatives their views of the service during reviews of care plans. As well as sending out questionnaires asking for feedback about the service.
- There were regular staff and relatives meetings, although some relatives fed back that they would like relatives meetings more often to discuss any new or ongoing concerns.
- Recent results of a survey were clearly visible around the service.
- The service continued to capture views of visitors using an electronic tablet which was easy to use, therefore encouraging people to engage with the service.

Planning and promoting person-centred, high quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was an open and transparent culture within the service, people and their relatives knew the provider and greeted them in a nice manner during the inspection. People and relatives said they felt comfortable speaking with the registered manager about any issue, and were also happy to speak with senior staff when the registered manager was not available.
- The manager operated an open door policy. During the inspection staff and relatives came into the office to speak to the registered manager or provider and looked comfortable doing so.
- The registered manager told us she worked shifts if she needed to staff told us they felt supported by this.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. At our inspection we saw a copy of the ratings displayed in the entrance lobby.

Working in partnership with others

- The provider and registered manager attended local provider forums and kept in contact with other providers in the local area, sharing good practice at times. They worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Failing to take appropriate actions to mitigate risks to people's health and welfare
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Failing to ensure a consistent and robust approach to record keeping and quality assurance.