

Eldahurst Limited

# The Firs Rest Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The provider of The Firs Rest Home provides accommodation and care for up to 15 people, some of whom were living with dementia. At the time of our inspection 15 people were living at the home.

At the last inspection in April 2015, the service was rated Good overall. However, in the safe question the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 with the safe question rated as Requires Improvement. This was because we found people were not always kept safe by staff and or the registered manager as they did not recognise different types of abuse and report incidents of abuse appropriately for investigation.

At our focused inspection on the 7 October 2015, we found the provider had followed their plan and made the required improvements and had met their legal requirements.

At this inspection the provider had sustained the required improvements. Staff had received training in protecting people from abuse and showed a clear understanding about the types of potential abuse and how to report this.

Risks were assessed and managed and people were supported by sufficient staff to make sure they received care and support when they needed it.

People's medicines were always made available in sufficient quantities with quality checks in place to make sure any discrepancies were identified in a timely manner and remedied.

Staff had the knowledge and skills to provide people with appropriate care and support. Staff enjoyed their work and felt they worked as a team for the benefit of people who lived at the home.

People were supported to maintain their nutrition and staff responded to people's health needs. Staff monitored people's health and shared information effectively to make sure people received advice from external professionals, according to their needs.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were seen to be kind and caring, and thoughtful towards people and treated them with respect when meeting their needs. People's privacy was respected and they were supported to maintain their independence and to live their life the way they wished including receiving their visitors who were welcomed.

People were satisfied staff were supportive and responded to their needs in the way they wanted. People's care plans described their needs and abilities. Staff assisted people to have fun and interesting things to do

so that the risks of social isolation were reduced.

People continued to be happy with the opportunities they had to share their views about their care and knew how to raise complaints if they had any concerns about the service.

There was clear and visible leadership in place and there was a culture of keeping people at the heart of their care.

There were arrangements in place to monitor and assess the quality of the service so continual improvements were made so that people received a good quality service at all times.

Further information is in the detailed findings below.

## 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 improved to Good.

People were supported by the management staff team who could identify the different types of abuse and knew who to report concerns to. The provider had made this required improvement and we found they had sustained it.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Firs Rest Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive inspection which was undertaken by one inspector on 12 June 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and incidents of potential abuse. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority who have the responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who promote the views and experiences of people who use health and social care.

We spoke with nine people who lived at the home and two relatives on the day of our inspection visit and following this visit we spoke with three relatives by telephone. We spent time with people in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who use the service.

We looked at records in relation to three people's care. We spoke with the registered manager, deputy manager and four staff including the activities co-ordinator and cook. We looked at records relating to the management of the service, staff recruitment, notifications, accidents and incidents and systems for monitoring the quality of the service provided.

# Is the service safe?

## Our findings

People showed us they felt safe living at the home as they were relaxed in the presence of the registered manager and staff. We saw people looked comfortable as staff used each person's preferred styles of communication. One person said, "I feel very safe here, I love hearing all the hustle and bustle, it is very comforting and makes me feel secure." Relatives we spoke to told us they had no concerns about the staff team's knowledge in keeping people safe from avoidable harm and how staff treated people.

At our previous inspection in April 2015 the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because staff and the registered manager did not recognise all different types of abuse and so did not report incidents appropriately for investigation. In October 2015 we undertook an inspection to focus upon whether the provider had met their legal requirements and we found they had.

At this inspection we found the provider had sustained the improvements made. Staff had received training in protecting people from abuse and showed a clear understanding about the types of potential abuse and how to report this. They recognised changes in people's behaviour or mood could indicate people may be being harmed or unhappy. A staff member told us they had, "Completed safeguarding training and know how to report concerns, we have contact numbers to do this." Another staff member said they were confident the registered manager would fulfil their obligations to report potential abuse to the local authority. However, if the registered manager did not the staff member would.

People we spoke with told and showed us they were confident possible risks to their safety and welfare had been assessed. This was also confirmed by relatives who talked with us about how they trusted staff to keep their family members safe from harm. One person told us about the equipment they required to be comfortable and safe. Staff were clear on the support they needed to give to this person to keep them safe. We saw how another person required staff reassurance so they were aware of different times of the day to aid them in feeling secure. Where people may require support with their emotional and behavioural needs this was documented along with advice from health and social care professionals to guide staff practices. Where accidents and incidents had occurred any actions taken were noted to reflect and reduce the risk of similar events.

People continued to be supported by sufficient staff to meet their needs safely. People and their relatives had no concerns about the staffing arrangements and felt their particular needs were met by familiar staff who knew about their safety and welfare. We saw people were able to lead their lives with their safety in mind. For example, people were supported by staff to visit places of interest and a seaside trip was being planned. Staff also told us they believed there were sufficient staff on duty to meet people's individual needs and if a person required two staff to support them this was in place. One staff member told us about their experiences of being recruited to work at the home. This included the provider obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff were considered safe to work with people who lived at the home.

People continued to receive their medicines safely. One person told us if they had an headache staff gave them tablets for the pain when they asked. They told us this made them feel better. There was a sufficient supply of medicines available when people needed them. Medicines were stored securely and there were arrangements to ensure they were disposed in line with national and local guidance. The registered manager told us all staff who administered medicines had been trained to do so. This was confirmed by staff we spoke with.

# Is the service effective?

## Our findings

People and their relatives we spoke with were positive about how staff used their skills and knowledge to ensure they received appropriate care and support. One person told us, "They know just how to help me which I guess is down to their training. [Registered manager] is very efficient and has high expectations of her staff."

Staff told us they received training and support which was specific to people they supported and their particular needs. Staff reflected their training in the support and care we saw they provided to people and staff said they were able to undertake additional specific training. For example, one staff member described how they had been on a hearing aid course. This had provided them with some valuable learning which would benefit people who had hearing aids as they learnt how to maintain these for people. Another staff member described the training they had received about continence care. They said it gave them added knowledge about the aids people wear to manage their continence needs. In addition, staff told us their training made sure they kept up to date with current practice and any changes in the law.

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. Staff continued to work in accordance with the MCA. We saw people's decision making ability was monitored. Consideration had been given as to how staff needed to support each person to make their own decisions. Also, how to help them understand information given to them and who could help them to make their own decisions, such as named relatives, other professionals and staff. Where decisions had been made on behalf of people we saw the MCA process had been followed and best interest decisions made were recorded.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management team had submitted DoL applications for people and was waiting for these to be authorised. Staff understood why these precautions were in place and how they helped to keep people safe. The management team were aware of their responsibilities and had liaised with the relevant authority in making these applications.

People we spoke with told us they liked the meals provided at the home and were appreciative of the arrangements of having four meals a day. Staff supported people to retain their own levels of independence when eating their meals, such as choosing from the menu and sitting wherever people wished. People told us they could have snacks and drinks whenever they wanted them. Staff told us they always encouraged healthy options. Systems were in place to assess and monitor people's risk and needs in relation to eating and drinking.



In the Provider Information request [PIR] it was noted, 'Our residents [people who lived at the home] have access to their own GP's, they regularly have chiropody visits, eye tests and dental visits and we contact any outside agencies such as Community Psychiatric Nurses who will help continue their good quality of life.' This was confirmed by the experiences people and their relatives shared with us. One person told us how they could see their doctor if they felt unwell. We saw other health professionals visited people and on the day of our inspection a community nurse was supporting a person with their skin care needs. The community nurse advised the deputy manager that a person's skin was improving. People's care records contained the outcomes of medical interventions and this information was shared with staff.

## Is the service caring?

### Our findings

People told us staff were caring and they were happy living at the home. One person told us, "I think they're (staff) very kind." Another person said, "They take time, they are respectful." People who lived at the home and their relatives told us visitors were made welcome. One relative told us, "Think they're very kind, nothing is too much trouble." We saw positive conversations between staff and people who lived at the home and people were relaxed with staff and confident to approach them for support. Staff spoke with warmth about people they supported and they told us they enjoyed seeing people happy with the care provided.

In the PIR it is noted, 'We believe that our staff provide a caring and respectful service to our residents [people who lived at the home].' We found this was the case, as we saw people were supported by staff who knew them well and were respectful of people's individual needs and their likes and dislikes. Staff spoken with had a good knowledge of people's likes and dislikes and what support they needed. For example, one person wanted to sit in the lounge for their lunchtime meal and another person enjoyed being in their own room. Both people needed staff support to fulfil their desires. We saw staff had learnt their likes as they made sure they asked this people where they wanted to be on the day so people's choices were fulfilled.

Staff communicated with people in a friendly yet respectful way. For example, when the staff and management introduced us to people who lived at the home they did this in a warm, tactile way depending upon which people welcomed this kind of communication and those who preferred more formality. One staff member told us, "If they want a hug, we [the staff] give them one. I know who wouldn't welcome this approach." The registered led by example as they had a very 'hands on' approach in supporting people to feel they mattered. For example, people chose to go with the registered manager to a market for food supplies. In addition this ethos was reflected in staff practices as they took time to be with people on an individual basis and knew the things which were important to each person. Staff we spoke with told us they would be happy for a relative to live at The Firs.

Staff had the knowledge to meet people's needs ensuring people had every opportunity to remain as independent as possible. One person told us, "I do things for myself, when I need help, I just ask." Another person said, "I do something's by myself." We saw two staff members supported someone to stand. They made sure the person understood what was about to happen. They gave the person gentle support, and encouraged them to do as much as possible without assistance.

Staff were seen to support people to have their privacy and were treated with dignity. We saw people were supported to spend time alone if this is what they chose. We saw toilet doors were closed after staff had assisted people to the toilet and staff knocked on the doors of people's personal rooms and waited for permission to enter. There was an individualised approach to meeting people's personal care needs; we saw people were discreetly assisted to access the toilet when they wanted it throughout the day.

Relatives we spoke with told us they were welcomed by staff when they visited their family members. One person's relative said there had never been any restriction on when they were able to see their family member. They gave us an example: "I can turn up at the home at any time and staff welcome me. It is like a

family there."

## Is the service responsive?

### Our findings

People we spoke with told us the staff supported them which was responsive to their particular needs. One person told us, "Folk [staff] are good here. I have my hair done and nails which are important to me. I am putting on weight, that's always a good sign they [staff] know what I like." Another person said, "I like to be lazy sometimes and staff respect this as they have gotten to know my little ways. I can have a shower whenever I want, there is always staff to respond and time for a good natter, I like this."

Relatives we spoke with were positive in their responses to us in how their family members were well settled and happy living at the home. We also read comments from relatives which included, 'Thank you for the care and attention. I think you are all fabulous, the work you do is very special' and 'We really appreciate the way you looked after her and it was always a great comfort to us to know that she was in good hands.'

People's individual needs had been assessed before they moved into the home to help ensure people's needs; wishes and expectations were able to be met. Staff practices reflected they knew people's needs well which one staff member told us helped them to respond to people's needs in the best way for each person. Another staff member said, "They [people who lived at the home] have all got their own different needs and it's about responding to these as they would like us to." Staff were able to tell us about people's individual needs and how they would respond to these. For example, one person's physical abilities were declining and staff were able to provide a clear account of how they were responding to these changes. Staff also worked with other professionals, such as the mental health team when people's mental health changed to make sure they continued to receive the support they required.

People told us they were offered and participated in a wide range of things to do for fun and interest. One person told us they enjoyed music and adding their comments to a drawing, such as the one we saw displayed of a park. Another person said they enjoyed bingo and reading. The activities co-ordinator was passionate about their role and told us about the 'knitting circle' people could join to knit and talk. They said for some people knitting would be difficult so there was a rummage box with items in it which provided people with opportunities to reminisce about their lives. People's social wellbeing needs were discussed regularly and this aided options of new interesting things to do to be considered, such as, when planning outings around people's likes and dislikes.

People said if they had any complaints they would feel confident in discussing these with staff members or management, or they would ask their relative to resolve the problem. People told us they felt confident appropriate action would be taken if they raised a concern but everyone we spoke with said they had no complaints to make. The management team had arrangements in place to record any complaints made with a record of what actions were taken to resolve these.

## Is the service well-led?

### Our findings

People showed us they knew the registered manager and were happy living at the home. One person told us, "She [registered manager] is very good to us all, it's like a family and we can all have our say." Another person said, "If it was not well run I would have moved out by now. It is a very happy home." We saw the registered manager communicated with people who lived at the home and with staff. They had good knowledge of the care each person was supported with. We saw there was warmth between people and the registered manager during communications where people smiled and touch was used.

There was open communication with people and their relatives because the registered manager, deputy manager and staff team regularly spoke with people and relatives about their care. This was also confirmed to us by relatives we spoke with. Relatives told us they felt very much part of their family members care and felt able to make suggestions whenever they needed to and spoke with staff regularly when they visited the home. Talking about the meetings held one person and their relative said everyone was able to share their views. At one meeting a suggestion to display the menus was made and action had been taken to do this.

The PIR noted, 'In order to ensure that our service is resident-focussed our manager listens closely to our residents [people who lived at the home] and their families & loved ones so that our residents [people who lived at the home] receive individual care.' We found this ethos was reflected in examples we saw at this inspection as there was a clear culture of putting people at the heart of the home. All staff spoke about The Firs being people's home and wanting to ensure people had the best quality of life. One staff member said, "We appreciate this is their home. We're here to support them in their own home to have a good life."

Staff showed a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Staff knew about the provider's whistle blowing procedure. They said they would not hesitate to use it if they had concerns about how the running of the home, which could not be addressed internally.

The home is required to have a registered manager in post. The registered manager was also the owner of the home and was supported by a 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.

Arrangements were in place to monitor and assess the quality of service provided. The deputy manager took a lead on the checks and we saw that any shortfalls were identified with action plans to drive through improvements. For example, medicine checks were completed to make sure any discrepancies were identified in a timely manner so people's health was not impacted on.

The registered manager and deputy manager showed they had an accountable leadership style. For example, they acknowledged one of the medicine rounds completed by two staff members needed to be improved. Although staff practices had not impacted upon people receiving their medicines at the time of

our inspection the management team gave their assurances they would look at ways to change this immediately. In addition we saw the management team had displayed their inspection ratings which they are required to in area where people are able to easily access.

The registered manager told us they worked towards continual improvement within the home. For example, they had plans to replace the flooring in the dining room and the quality checking arrangements were being further developed. This was to reflect areas for further improvements.