

Salix Care Limited

# Firgrove House

## 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?	Outstanding ☆

# Summary of findings

## Overall summary

This inspection took place on 29 March and was unannounced. The service is registered to provide accommodation and personal care for up to 20 people. The home is a converted Georgian property, situated a short walking distance from Yate Town Shopping Centre. Accommodation is split between the main house which accommodates 14 people and the Coach House, across the courtyard for six people. There were two shared bedrooms in the main house. Some of the bedrooms had en-suite facilities. At the time of our inspection there were 19 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff received safeguarding adults training and were knowledgeable about the issues. They knew what to do if there were concerns about a person's welfare and who to report their concerns too. Safe recruitment procedures were followed to ensure only suitable staff were employed. The appropriate steps were in place to protect people from being harmed.

Risk assessments were undertaken for each person and where risks were identified a management plan was written to reduce or eliminate that risk. Personal emergency evacuation plans were written for each person just in case there was a fire. The premises and equipment were well maintained and all maintenance checks were completed on a regular basis.

Staffing numbers were based upon the care and support needs of each and every person in residence. This meant there were sufficient staff available to meet everybody's needs. Staff felt that the staffing numbers were sufficient and would be adjusted as necessary. Medicines were well managed and people received their medicines as prescribed by their GP.

Staff had a programme of mandatory training to complete. This ensured they had the necessary skills and knowledge to care for people correctly. New staff completed an induction training programme at the start of their employment and this was in line with the Care Certificate requirements. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

People were encouraged to make their own choices and decisions and to maintain their independence for as long as possible. An assessment of each person's capacity to make decisions was made and people were always asked to consent before receiving care. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. They were asked what they liked to eat and provided with a varied menu. People were encouraged to eat well and would be provided with fortified food and

drinks if they lost weight. There were measures in place to reduce or eliminate the risk of malnutrition or dehydration. Arrangements were made for people to see their GP and other healthcare professionals when they needed to.

People were looked after by staff who were kind and caring. Each person had a keyworker who would link with the person's family or friends and make sure their care plan was up to date. People were given the opportunity to take part in a range of different meaningful activities.

Assessment and care planning arrangements ensured people were provided with care and support that met their needs. Daily records were maintained which evidenced the support delivered to each person. Staff were kept informed of any changes in people's needs.

The staff team was led by an experienced registered manager who provided leadership and led by example. They were supported by a deputy and a well-established team of care staff. The registered manager was visible and worked alongside the staff regularly. There was a programme of regular staff meetings and meetings with the 'residents' and relatives.

The registered provider had a regular programme of audits in place which ensured that the quality and safety of the service was checked. These checks were completed on a daily, weekly or monthly basis. Feedback from people, visitors to the service, relatives and healthcare professionals was actively sought and acted upon where improvements could be made to make the service better.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's medicines were managed safely.

People received care from staff who were trained in safeguarding and recognised abuse. Safe recruitment procedures were followed to ensure unsuitable staff were not employed.

Risks to people's health and welfare were well managed. The premises were well maintained. People's medicines were managed safely.

Staffing levels ensured people's individual needs were met and they were kept safe.

### Is the service effective?

Good ●

The service was effective.

People were looked after by staff who received relevant training and were supported to carry out their role.

Staff sought consent from people before helping them. The service was aware of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink and were able to make choices about what they ate and drank. People were supported to see their GP and other healthcare professionals when they needed to.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness and were at ease with the staff who were looking after them.

The care staff had good relationships with people and talked respectfully about the people they looked after.

## Is the service responsive?

The service was responsive.

People received the care and support they needed. How they were looked after was adjusted when their needs changed. They were involved in deciding what support they needed and how this was to be provided.

People were able to participate in a range of social activities. They were listened too and staff supported them if they had any concerns or were unhappy.

Good 

## Is the service well-led?

The service was well led.

There was a good management structure in place and a commitment by all staff to provide a quality service for each person. Staff were provided with good leadership and were well supported.

People's views were valued and central to all aspects of the service. They influenced how the service was run.

There was a programme of checks and audits in place to ensure that the quality of the service was measured. Any accidents, incidents or complaints were analysed to see if there were lessons to be learnt.

Outstanding 

# Firgrove House

## Detailed findings

### Background to this inspection

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

The inspection was unannounced and was undertaken by one inspector. The previous inspection of Firgrove House was in August 2014. There were no breaches of the legal requirements at that time.

Prior to the inspection we looked at the information we had received about the service in the last year and notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with seven people living in the service. We spoke with the registered manager, the administrator and four other members of staff.

We conducted a Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this for themselves. We did this because some people were not able to tell us about their experiences of living in the service.

We looked at three people's care documentation and other records relating to their care. We looked at two staff employment records, training records, policies and procedures, audits, quality assurance reports and minutes of meetings.

Health and social care professionals who were involved with the service were contacted following the inspection. We asked them to tell us their views of the service. We received feedback and have included their comments in the body of the report.

## Is the service safe?

### Our findings

People told us, "I came to live here because I kept falling at home. I have only had one fall since I have been here and there is always somebody to help you off the floor. I feel much safer", "The staff treat me nicely and spoil me" and "We don't have to worry about a thing here, everything is done for us".

Staff completed safeguarding training and were aware of their responsibility to keep people safe. In March 2016 the registered manager attended safeguarding training provided by South Gloucestershire Council. Staff told us they would report any bad practice and knew what action to take if abuse was suspected, witnessed or a person made an allegation of harm. Staff would report any concerns they had to the registered manager or a senior member of staff. They were also aware they could report directly to the local authority, the Police and the Care Quality Commission. Information detailing how to report any safeguarding concerns was posted on the notice board in the hallway between the dining room and lounge. The service had a safeguarding policy and this had last been reviewed in November 2015.

Staff files were checked to ensure that safe recruitment procedures were followed. The measures in place prevented unsuitable staff being employed. Each file evidenced that appropriate pre-employment checks had been undertaken. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. There was a very low turnover of staff and many of the staff we spoke with had worked at the service for many years.

On the whole people were able to move about independently but some needed a degree of support with personal care such as bathing. Staff received moving and handling training as part of the essential training all had to complete. They were trained to use any moving and handling equipment, for example bath hoists. The registered manager provided moving and handling training for the staff team and had received additional training in order to be able to do this. Their next update training was already booked to be undertaken in May 2016. The registered manager said that the hoists were only used as a back-up and people were encouraged to remain as mobile as possible.

People received a safe service because any risks to their health and welfare were well managed. Care records included risk assessments about keeping people safe. These covered all aspects of daily living and included the action care staff must take to keep people safe. Standard risk assessments were in respect of falls, eating and drinking, skin care and moving and handling. Where a person needed to be assisted to transfer or move from one place to another a plan was written detailing how this was to be achieved. The plan set out what equipment was needed and how many staff were required. All the risk assessments and management plans were regularly reviewed and updated as necessary.

There was a programme of maintenance checks in place to ensure both the main house and the coach house, the utility services and the facilities were safe. Servicing contracts were in place for all equipment and any electrical equipment brought in to the home was tested. All the fire and water temperature checks had been completed at the designated intervals. The fire alarm system was tested on a weekly basis and

the test was also used as a fire drill to test staff responses. This meant the drills always took place at the same time on the same day of the week. It would be good practice to arrange these drills at different times so that staff actions could be properly assessed. The kitchen staff recorded fridge and freezer temperatures, hot food temperatures, food storage and had kitchen cleaning schedules in place. Housekeeping staff had cleaning schedules and a programme of deep cleaning for all areas of the home.

The service had an emergency crisis plan in place and this was in the process of being updated. If there was a problem in the main house people could be evacuated to the coach house whilst alternative accommodation was arranged, and vice versa. The plan also covered the arrangements for IT failure, adverse weather condition and mass staff absences. There was a fire risk assessment in place and each person had a personal emergency evacuation plan written.

The numbers of staff on duty each shift were based upon the care and support needs of people. On the day of inspection, the registered manager was on duty with three care staff, the cook and domestic staff. Agency staff were not used and any vacant shifts were filled by the staff team or bank staff. This meant people were looked after by staff who were familiar with their care and support needs. Staff said staffing levels were appropriate and were adjusted if people were unwell or there were specific social activities taking place. The registered manager had supernumerary management hours and also care hours. Some of the care hours were allocated at the weekends. This meant the registered manager had a good understanding when the staffing numbers needed adjusting.

People were given their medicines by staff who received safe administration of medicines training. The registered manager ensured that staff who administered medicines remained competent to carry out the task. We observed one member of staff administering medicines to people safely, ensuring the correct medicines were given to the correct person. People were provided with the level of support they needed, this information was recorded on a document kept with their medication administration record (MAR). Correct procedures had been followed where people needed their medicines to be administered covertly. In these instances people's medicines were added to food or drink having been agreed by the GP and the person's family.

There were safe systems in place for the ordering, receipt, storage and disposal of all medicines. People's medicines were stored in lockable medicine trollies. There were suitable arrangements in place for storing those medicines that need additional security, and for their disposal when necessary. Records showed that stocks of medicines were audited regularly by the deputy who had taken the lead on medicines management.

## Is the service effective?

### Our findings

People said, "I get all the help I need. You only have to ask", "I couldn't be any better looked after if I lived with my daughter", "My family made all the arrangements and I am more than satisfied" and "I think I have only been here a short while. I have settled in well, everyone is so kind". One health care professional who we asked about the service said "My patients are very well looked after and we are asked to visit as and when needed".

Firgrove House has been a care service for 30 years. The main house is a converted Georgian property, situated a short walking distance from Yate Town Shopping Centre. Accommodation is split between the main house which accommodates 14 people and the Coach House, across the courtyard for six people. There were two shared bedrooms in the main house. There was screening in place in both rooms. Some of the bedrooms had en-suite facilities and all other rooms were provided with their own commode. The premises were well maintained and there was a programme of refurbishment in place. The rendering on the front of the main house and the sash windows were due for upgrade. This work was expected to start now building works had been completed on the nearby shopping complex. Stair and hallway carpets were also due for replacement. Last year carpet, flooring and chairs had been replaced in the lounge area. All bedrooms were redecorated or refreshed when vacant and before a new person moved in.

New care staff had an induction training programme to complete at the start of their employment. This programme was in line with the new Care Certificate introduced in April 2015. The Care Certificate covers a set of standards that social care and health workers must work to. There had only been one recent new member of staff and they were in the process of working through the programme. All other staff had a programme of mandatory training to ensure they were able to meet people's needs. This programme consisted of moving and handling, safeguarding adults, the Mental Capacity Act 2005 (MCA), food hygiene, fire safety and infection control. All care staff were encouraged to undertake health and social care qualifications (previously called a National Vocational Qualification (NVQ)). At the time of the inspection half of the staff team had achieved an appropriate health and social care qualification.

The majority of people were able to make simple day to day decisions. Staff were aware of the need to ask for people's consent and we heard them asking people if they wanted to be assisted and being asked to make decisions about food, drinks and where to sit after lunch. People were encouraged to be as independent as possible and to make their own decisions about how they wanted to be looked after.

An assessment of a person's capacity to make decisions was recorded as part of their care plan and staff received basic training about the MCA. MCA legislation 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There were five people living in the service who were subject to DoLS restrictions. A number of other applications were waiting to be authorised by South Gloucestershire Council. The service was applying DoLS appropriately and the manager was fully aware of the principles of the legislation.

The registered manager ensured that each staff member received a regular supervision session and worked alongside the staff team to monitor their work performance as well. The registered manager used staff meetings to relay important message and to ensure there was good communication. The staff were well supported by their colleagues and at the start of each shift received a handover report. They were made aware of any changes in people's care needs and planned events that were going to happen.

People were assessed to see whether there was any risk of malnutrition or dehydration and these assessments were reviewed monthly. They were provided with food and drink they liked. One person said, "I like the meals we are served, traditional meat and two veg". The kitchen staff knew about people's likes, dislikes and any food allergies and told us they monitored how much food was returned to the kitchen uneaten. Each person's body weight was recorded on a monthly basis and the care staff informed the kitchen if people were losing weight. Where needed fortified foods and drinks were provided.

On the day of the inspection people had a choice of cottage pie or fish cakes. A set of menu cards had been produced to help people make choices and they were assisted by the care staff to do this. The registered manager talked about one person who had been receiving their nutrition via a feeding tube but had now been assessed by healthcare professionals as being able to eat a pureed diet. The cook knew how this person liked their pureed meal to be prepared. Jugs of squash were available in the lounge/dining room and hot drinks were served mid-morning with biscuits, after lunch and mid-afternoon with homemade cakes.

People had access to GP services. At the time of the inspection people were registered with three GP practices. The GP's were asked to visit people as and when needed. One GP said they were asked to visit in a timely manner and followed any instructions that were left. District nurses made regular visits to those people who had nursing care needs, for example diabetes management and wound care. It was evident when they visited there was a good working relationship between the nurses and the care staff. Other healthcare professionals that supported the home included the mental health in reach team, chiropody, an optician, physiotherapists and occupational therapists.

## Is the service caring?

### Our findings

People said, "I like it here and everyone is so friendly", "If I don't want to do something, they respect my wishes", "I get very forgetful and repeat myself a lot but they never get cross with me" and "All the staff are very polite but we do have a laugh about things too".

People all looked well cared for, were smartly dressed and clean. One person told us they liked to have their hair done regularly and this was important to them. People's clothes were clean and well laundered. One person was asked by the staff if they wanted assistance to change their clothes after the midday meal because they had spilt food on their top. Staff referred to one person who liked to wear their makeup and jewellery each day.

People were encouraged to make their bedrooms their own to reflect their own character. Some people had brought in small items of their own furniture, pictures and personal mementos. All the bedrooms were tidy.

People interacted well with the care staff who were on duty and we heard polite and courteous conversations taking place. Staff were supportive and kind to those people who were repeatedly asking the same questions and were gently reassuring them about their visitors who were coming later that day. People's wishes were respected if they did not want to do something. When we were being shown around both the main house and the coach staff knocked on bedroom doors before entering. People told us when they were being supported by care staff with personal care tasks the bedroom bathroom or toilet was always closed. Care documentation recorded whether the person would accept help from female and male care staff.

The service had a named member of staff who was the Dignity Champion. They attended the Bristol Dignity Network and brought back ideas and information to be shared with the staff team.

The service had received cards of praise and recognition of the level of care the staff team had provided to people and their families. The service shared these with the local authority when they had arranged the placement. Examples of comments made included, "I know Mum felt happy and safe when she was with you", "Thank you for all the support and kindness", "We cannot thank you enough for the way X was looked after" and "You always made us very welcome when we visited".

Our findings during the inspection confirmed that people received a caring service. Staff spoke about the people they were looking after in a respectful manner. Several of the staff said Firgrove House "passed the Mum's test" and they would want a relative of theirs to live there. The CQC poster regarding the mum's test was displayed in the staff office.

It was evident from looking at people's care files they were involved in saying how they wanted to be looked after. Things that were important to the person were recorded, including the name they wanted the staff to use. Each person was allocated a keyworker. A key worker was a member of staff who was identified as taking a lead role in that person's care and provided a link with the person's family and friends.

The service endeavoured to look after people with palliative care or end of life care needs. They needed the support of the GP community based nursing services and the family in order to be able to do this. They did this because they wanted to be to support people to die in the place they had called home.

## Is the service responsive?

### Our findings

People said, "I could not want for any more", "I am very satisfied with the help I receive", "Sometimes I have to wait for help but that is OK. They come back to me as soon as they can", "I never have to complain about anything" and "We are always being asked if everything is alright. I want all them to make all my decisions now because I am tired and old. They still ask".

Pre-admission assessments were always carried out before people were offered a place at Firgrove House. One person who had moved to the service from a distance away said their family had made all the arrangements. The registered manager said they had gathered as much information about the person in order to make the decision that the placement would be appropriate. These measures ensured the service was the right place for them, any necessary equipment was available and the staff had the right skills. The assessment covered the person's needs in respects of their daily life, any healthcare needs and their expectations with regard to social activities. The information gathered in the assessment process formed the basis of the care plan.

The registered manager talked about a recent admission of a person who had specific health care needs. Training was organised with the appropriate healthcare professionals prior to the person's admission to ensure their needs could be met. A healthcare professional told us that the placement had gone "very well" and "the staff team had been very committed to being able to offer a place for the person".

When prospective people and their families visit Firgrove House they were given a viewing pack. This contained details about the service and what was on offer plus a feedback form on how the visit had gone. The registered manager told us these forms had proved successful and provided positive feedback. If negative feedback had been left, the registered manager would look at the reasons why and make changes where possible.

People's care plans evidenced they had been involved in making decisions about their care. The plans were reviewed monthly and people were encouraged to say if they wanted things on their plan to change. Families or friends were involved where the person wanted this to happen. The review process ensured that when people's needs changed or their health deteriorated a new plan of care was agreed. The staff team ensured that when a person's care needs changed significantly the relevant health and social care professionals were involved. The registered manager talked about the referral process for reassessment by the local authority for people whose healthcare needs had increased. An account of the person's daily life, and any significant events were recorded by the care staff after each care shift.

Each person was asked what activities they liked to do and this information was used to plan a programme of activities. A "What's on this Week" noticeboard in the hallway provided information about the church service, the quiz, the visit by the hairdresser, the exercise session and the outside entertainer who was visiting at the end of the week. A new pedestrian crossing outside of the home had recently been completed which meant it would be easier for people to access the new shops and cinema complex opposite. One person said, "There is always something going on here". As well as the lounge area there was a large sunny

conservatory with access out to the gardens. There was a computer set up in the conservatory with a large keyboard and large mouse and people could be assisted to use video calling systems to speak with friends and family unable to visit.

People and their families were provided with information about how to raise a complaint if they needed to. People were encouraged to raise any concerns they may have and were asked during care plan reviews and 'residents meetings' to tell the staff. Each person we spoke with said they had no complaints and were listened to if they had any suggestions to make. A supply of feedback forms were kept by the main entrance along with details about how to raise a concern or a complaint. The service had not received any formal complaints in the last year.

## Is the service well-led?

### Our findings

Information sent to us prior to the inspection included a comment made on a recent quality assurance questionnaire returned to the care provider. This was, "The manager is particularly proactive, caring, organised and treats residents as you would expect a relative/parent to be treated". People we spoke with did not make any direct comments about whether the service was well led however were contented, looked well cared and were at ease with the staff team.

The service, Firgrove House were committed to providing a warm homely environment and to meet people's individual cultural, spiritual, emotional and social needs. Their brochure said they invested in training the staff team to ensure the quality of care was maintained and that dignity and choice was actively promoted. Each person was provided with personally tailored care and attention. Staff were always expected to remember that Firgrove House was people's home and not their work place. It was evident during the inspection that these values were instilled in the staff team and influenced the way people were looked after.

The registered manager had worked at Firgrove House for 18 years and was supported by a deputy. Some of the staff we spoke with had also worked at the service for many years. The staff team consisted of care staff, catering and domestic staff, a maintenance person and an administrator/office manager. The registered manager and the office manager were present for the inspection. The registered manager had a visible presence in the service, had a mix of managerial hours and care hours and was therefore familiar with the performance of the staff team and the needs of people being cared for.

The registered manager was well trained and had already achieved management qualifications at level four and the manager's award. However they continued to develop their knowledge and professional development to ensure it was up to date. Recently they had completed the four modules of the Mental Capacity Act 2005 training programme and yearly updates to be the manual handling trainer. During the inspection the registered manager demonstrated they were an effective leader and manager. Staff all commented that the registered manager was good, helpful, approachable, listened to them and Firgrove House was a good place to work.

The registered manager attended the Care and Support West meetings and the South Gloucestershire Council Care Home Provider's Forum for managers. These meetings enabled the service to receive up to date information and idea sharing, which can be brought back and shared with the staff team. The registered manager had close links with other local care home services and used these links to share good practice and outcomes from CQC inspections.

The registered manager had weekly meetings with the registered provider and the office manager. This meant the registered provider was kept fully informed about how the service was run and any significant events. Issues in respect of people, staff, training and the premises were discussed.

Staff meetings were held regularly to keep them up to date regarding any changes. Staff were encouraged

to have a say about people's care and support and other matters relating to the running of the home. The registered manager said that staff were listened to if they made suggestions that benefitted people and their input was valued. An example of this was a suggestion that one person who was having trouble eating their meal independently be provided with a deep dish rather than a plate and plate guard. Staff felt this was more dignified for the person. A staff newsletter was used to thank the staff for their input, their response to events that had happened and to report on outcomes from survey questionnaires for example.

'Resident' and 'relative' meetings were held on a three monthly basis the last one being held on 22 January 2016. The notes of the meeting were displayed on the noticeboard in the hallway. There had been discussions about the meals provided, activities and the church service. The Firgrove House newsletter was shared with people in the home and their families and reported on local events, activities that were being arranged at the service and new members of staff.

The provider undertook an annual survey, collated the results as percentages and produced an action plan to say what they would do to make the service better. The results were shared with people living in the home, their families and the staff team. From speaking with the staff, the registered manager and the office manager there was a real commitment from all to provide the best possible service.

The provider had a programme of audits in place to check on the quality and safety of the service. Audits were completed in respect of fire safety, infection control, the premises, staffing levels, care plans and the management of medicines. Any accidents, incidents or complaints received were checked to ensure that appropriate follow up action had been taken. There was an analysis of the events to identify whether there were any triggers and themes. This meant the service was then able to look for any lessons learnt and make changes to prevent or reduce reoccurrences. The registered manager said there had been no formal complaints in 2015.