

Anchor Hanover Group

Firth House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Firth House is a residential care home providing personal care for up to 41 people and mainly supports people over the age of 65, some of whom are living with dementia. At the time of the inspection, the service supported 40 people.

People's experience of using this service and what we found

Risk assessments were not consistently in place for areas of identified needs. Actions were taken during the inspection to address this. People told us they felt safe living at Firth House but gave mixed feedback about staffing levels. Staffing levels were increased, following the last inspection, and continued to be reviewed. People received their medicines as prescribed. Accidents and incidents were responded to appropriately. The service smelt clean and fresh throughout.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The relevant people were involved when decisions had been made in people's best interests. Staff understood the importance of seeking people's consent.

Staff received training, supervisions and appraisals to support them in providing people with effective care. A variety of food, drinks and snacks were available according to people's dietary needs and preferences. Staff supported people to maintain their health and well-being and people had access to healthcare professionals.

Staff spoke about people with respect and took measures to protect people's privacy. People told us staff were kind and caring towards them. The staff treated people as individuals and were patient and attentive in their approach. People had access to independent support to aid them in their decision making when required.

Person-centred care plans were in place to guide staff about the support people required. Detailed information was available about people's life histories and the activities they enjoyed. The management team arranged a variety of activities and recognised the importance of people having mental and physical stimulation. Complaints had been responded to appropriately and were recognised as a further learning opportunity. Information about people's end of life wishes was sought.

We have made a recommendation about training and support for senior members of the care team to aid them in their leadership.

The registered manager was passionate about people receiving person-centred care and was actively involved in supporting people. The provider and management team completed regular checks of the safety and quality of the service. Any identified actions were completed. People had the opportunity to share their

views about how the service could be improved.

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

Rating at last inspection

The last rating for this service was requires improvement (published 26 September 2018). This rating has now improved to good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Firth House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by two inspectors on the first day 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. The second day of the inspection was completed by one inspector.

Service and service type

Firth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

The first day of this inspection was unannounced and the second day was announced.

What we did before the inspection

We reviewed information we received about the service from the provider since the last inspection, such as notifications, which the service is legally required to send us. We requested feedback from the local authority. We used the information the provider sent us in the provider information return. This is information we require providers to send us, when requested, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with fifteen members of staff including the registered manager, deputy manager, area

director, area quality support manager, care and dementia advisor, head cook, two team leaders, agency care worker and six care assistants. Feedback was provided from a visiting healthcare professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment, induction and training and a further two files around supervision and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed information relating to health and safety, recruitment and training.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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.

Assessing risk, safety monitoring and management

- On the first day of our inspection, some risk assessments were not in place. This included risks around choking and those associated with diabetes. The staff team were aware of people's needs and associated risks, which reduced the potential impact of risk assessments not being in place. Risk assessments were introduced prior to the second day of our inspection.
- For a person who experienced distressed and anxious behaviour, records did not demonstrate staff had followed the guidance in place. This was discussed with the management team who advised they continued to work with the relevant agencies to support the person and would work with staff to ensure they thoroughly understood this.
- People told us they felt safe living at Firth House. One person stated, "You couldn't be any safer; they leave you alone for a start and once that front door is closed you know you are alright."
- Consideration was given to balancing people's safety whilst ensuring their freedom was not overly restricted.
- Regular checks of the environment and equipment were completed.

Staffing and recruitment

- People gave mixed feedback about whether there was enough staff. Staffing levels were increased following the last inspection and were continually reviewed, to ensure they met people's needs. Further time was required to embed these changes to ensure effective deployment of staff.
- The management team identified and acted on areas where staff performance could be improved.
- New staff continued to be recruited safely.

Using medicines safely

- Records for the administration of creams were not consistently completed. People had not been adversely affected by this, due to the level of staff monitoring.
- People's medicine records demonstrated they received their medicines as prescribed.
- The provider had a safe system to manage medicines. Regular audits were completed, and any issues identified were actioned.
- Staff undertook medicines training and their competency assessed to ensure they had the required skills and knowledge.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training and were aware of potential indicators of abuse.

- Staff understood how and who to report their concerns to.
- When safeguarding concerns had been highlighted, these were shared openly with the local authority to enable enquiries to be undertaken.

Preventing and controlling infection

- The service was clean and smelt fresh throughout. Domestic assistants were continually cleaning but also spent time engaging with people.
- Staff undertook infection prevention and control training and had access to gloves and aprons to help control the spread of infection.

Learning lessons when things go wrong

- Staff recorded when an accident or incident had occurred and took appropriate actions to address any immediate concerns about a person's health or welfare.
- When an accident or incident had occurred, consideration was given to any changes or additional support the person required.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to moving into the home to understand their needs and preferences which helped to ensure they could be safely supported within this environment.
- People's needs were continually reviewed to ensure changes could be made to their support if required.
- Training and advice was sourced from specialist teams and the provider's training department to support staff understanding of good practice and changes to guidance or policies.

Staff support: induction, training, skills and experience

- Staff received supervisions and had annual appraisals of their performance.
- Staff undertook training the provider considered to be mandatory. This helped to develop staff knowledge and understanding in their roles.
- New staff completed an induction to the service. This involved shadowing more experienced staff and regular discussions about their progress and any support they required.

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

- People told us they enjoyed the food.
- There were plenty of snacks and drinks available for people to have throughout the day.
- People received support according to their dietary needs and preferences.

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

- People had access to a GP if they were unwell. Contact was made with health professionals in a timely manner if there were concerns about changes to people's health or well-being.
- The service involved other professionals for support and advice when required. We discussed how the recording of appointments with healthcare professionals, such as chiropodists and opticians could be improved.
- People's oral healthcare needs were assessed, and staff undertook training in this area.

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

- People's bedrooms were homely and personalised according to their tastes.
- Consideration had been given to making corridors and communal areas more inviting. Corridors were painted in different colours and decorated with pictures, photographs and art work.
- People chose where to spend their time, whether that was in the privacy of their bedrooms or within one

of the communal areas.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Applications to deprive people of their liberty had been appropriately requested.
- There was some misunderstanding about the principles of the MCA, for example assessments being completed for people who had capacity. This was highlighted to the provider who agreed to address this.
- When mental capacity assessments were completed they were detailed and demonstrated involvement from the relevant people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

- People felt staff were caring and approached them in a patient and kind manner. Comments included, "I do feel the staff are caring. I think they work very hard" and "The staff tease me and call me funny names. They are lovely." A relative told us, "The staff give 100 percent".
- Staff considered people's emotional well-being and provided them with reassurance if this was needed. For example, for a person who was unsettled a staff member lowered themselves to speak with the person at eye level, held their hand and gently engaged in conversation with them. This was a genuine and respectful interaction.
- Staff spoke about people in a respectful manner and with fondness.
- Staff undertook training in equality and diversity and understood the importance of approaching people as individuals.

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

- Staff respected people's right to make day to day decisions about their lives and care. This included what clothes the person wanted to wear, when they wanted to get up and how they wanted to spend their time. A staff member told us, "I always ask and go by what people want me to do."
- Staff were familiar with people's different communication methods and considered their body language, actions and any changes.

Respecting and promoting people's privacy, dignity and independence

- People explained the different ways staff treated them with dignity, such as trying to make them feel at ease whilst being supported with their personal care.
- Staff were mindful to protect people's privacy; they knocked on people's doors and discreetly asked whether they required any assistance.
- People's relatives and friends were welcomed and encouraged to visit. They were invited to participate in parties and special events. The importance of people maintaining relationships was recognised.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place and provided information about people's needs and the support they required. Care plans contained descriptive information about who they were as a person, such as the things they enjoyed, their family and past occupations.
- Reviews of people's support were completed to ensure their needs were being met. These didn't consistently demonstrate people's involvement, which we highlighted to the registered manager and provider.
- Staff were familiar with the needs and preferences of the people they supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was assessed and recorded. The staff had supported people for whom English was not their first language, and consideration had been given as to how they could communicate with them.
- The registered manager confirmed information could be provided in a variety of different formats, according to people's specific needs. Some information was displayed within the service in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in a wide variety of activities. This included baking, karaoke and coffee mornings. People were complimentary about the variety of activities on offer. A person told us, "They try to keep you occupied. Yes, I am happy I really think they do their best."
- The registered manager sought the input of local organisations to provide further opportunity for stimulation. This included an organisation which provided interactive music sessions for people across different generations.
- Staff were encouraged to lead on activities with people which was an opportunity to build rapport and simply spend time together.

Improving care quality in response to complaints or concerns

- Information about how to raise a complaint was displayed within the service. When complaints were

received, these were responded to appropriately and time was taken to listen to people's concerns.

- Staff had received lots of thank-you cards about the support they had provided to people. For example, 'You have been very helpful, caring and kind to [Person's name] and their family. Everyone says "Firth House has been brilliant. They've done everything for us." You provide a warm, caring and safe environment and the facilities are superb. Thank-you so much.'

End of life care and support

- Efforts were made to explore people's end of life wishes with them or their family members.
- Staff received training in how to support people who were approaching the end of their lives. They understood the importance of trying to ensure people were as comfortable as possible at the end of their lives.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Some staff felt they weren't supported in their role and that communication wasn't always effective. This included communication at a management level and senior staff within the care team. The management team had recognised this and were putting measures in place to respond.

We recommend the provider ensures continued engagement with care staff in addition to training and support to develop the knowledge and skills of senior members within the care team.

- The registered manager was passionate about promoting a person-centred culture where people had a good quality of life; a vision they shared amongst the staff team. They had a rapport with people and were familiar with their needs.
- People expressed their confidence in the running of the service and felt able to tell somebody if they were unhappy about something.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Regular checks and audits had been completed to monitor the quality and safety of the service provided. Actions identified, as a result of audits, were completed.
- The provider had a high level of oversight within the service and was trying to drive improvements in knowledge and practice.
- Learning from incidents and the checks of the service were shared to support staff development and improvements to the care provided.
- The management team were open and honest when mistakes had been made. They apologised and took learning from these incidents.

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

- People had the opportunity to provide feedback on the service in a variety of different ways, including completing questionnaires or participating in resident's meetings. Actions taken, as a result of feedback, was displayed for people to read. For example, a person had stated they would like more trips out and a visit

to a local attraction was arranged.

- Staff meetings were regularly arranged and were an opportunity to share important updates about the service.
- The registered manager encouraged the service's integration with the community.

Working in partnership with others

- The management and staff team worked closely with other organisations in trying to support people's health and social care needs.
- Partnerships had been formed with local organisations such as the college. Some students had undertaken work experience within the service.