

Rebjon Care Limited

# The Firs Care Home

## Inspection report

105 Habberley Road  
Kidderminster  
Worcestershire  
DY11 5PW

Tel: 01562741358

Date of inspection visit:  
13 March 2019

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

About the service:

The Firs is registered to provide accommodation and personal care for up to a maximum of 26 people some of who may be living with dementia. At the time of our inspection there were 26 people living at the home.

People's experience of using this service:

People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and understood what to do to safely support people. People received safe support with their medicines by staff who had received training and who had been assessed as competent. The provider had systems in place to respond to any medicine errors. The provider completed regular checks to ensure that people were receiving the right medicine at the right time. Staff members followed effective infection prevention and control procedures. When risks to people's health and welfare were identified, the provider acted to minimise the likelihood of occurrence. The provider had systems in place to identify any maintenance issues and acted to replace furniture and equipment when it was needed.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet and had choice regarding the food and drinks they consumed.

People received help and support from a kind and compassionate staff team with whom they had positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability. People were supported to maintain their independence.

People participated in a range of activities that met their individual choices and preferences which they found interesting and stimulating. People were provided with information in a way that they could understand. Policies and guidelines important to people were provided in an easy to read format with pictures to aid their understanding.

The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

The provider understood the requirements of their registration with the Care Quality Commission and was meeting the legal requirements. The provider had effective systems to monitor the quality of the service they provided and to drive improvements where needed. The provider had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection:

Good (13 May 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.'

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

## 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.

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# The Firs Care 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:

This inspection was completed by one inspector and one 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. In this instance the support of a family member in residential care.

#### Service and service type:

The Firs is a care home that accommodates up to 26 older people who may be living with dementia. People in care 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.

At the time of the inspection there were 26 people living at The Firs.

The Firs 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:

This inspection took place on 13 March 2019 and was unannounced.

#### What we did:

Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is

required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with eight people living at The Firs and three visitors. We also spent time in the communal areas observing the care and support people received to understand the experiences of those who were not able to talk with us. In addition, we spoke with the registered manager, deputy manager, one senior carer, the cook and activities coordinator.

We reviewed a range of records. This included two people's care and medication records. We confirmed the safe recruitment of one staff member and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to any potential concerns.
- One person told us, "I do feel safe actually, people are very nice and friendly but not over the top and I feel very well cared for. There are staff about all the time and I never feel neglected."
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management.

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff took to promote people's safety and ensure their needs were met appropriately. Risk assessments were updated following significant events.
- We saw staff members followed people's individual risk assessments to ensure safe and consistent care and support.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. These included checks to the fire prevention systems and any trips and hazards. The provider had systems in place to identify when furniture and equipment needed replacement. For example, we saw the registered manager identified a piece of equipment was in a poor state of repair. They acted to take this piece of equipment out of use and arranged for its service.

Staffing and recruitment.

- There were enough staff available to promptly and safely support people when needed. One person said, "Staff are about if you need them." Another person told us they thought there were ample staff to support them.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team and accurate records were kept. One person said, "I have my own inhaler for asthma and staff give me my medicines with a drink, they are brilliant." We saw one person received their medicines. The staff member confirmed with them if they wanted them and then sat with the person until they had taken their medicines.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and, if needed, retraining of staff members.

- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.
- Medicines were safely stored in accordance with the recommended storage instructions.
- The provider completed regular quality checks to ensure people received the right medicine at the right time and the stocks of people's medicines were accurate and stored correctly.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices in place which included regular checks to minimise the risks of communicable illnesses which followed recognised best practice.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accidents and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.



# 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.

Good: People's outcomes were consistently good, and feedback confirmed this.

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

- All the staff members we spoke with had a clear understand of The Mental Capacity Act 2005 (MCA) and how this was effectively applied to those they worked with to ensure their rights were maintained.
- The 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 with appropriate legal authority.
- 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications. Staff members told us about these applications. This demonstrated to us that staff members understood the legislation that informed their work with people.
- 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 supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- People, and if it was appropriate relatives, were involved in the development of their care and support plans. These contained accurately scored clinical assessments for people's identified needs. For example, risk associated with diet and hydration and skin condition.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff support: induction, training, skills and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team. One staff member said, "It is literally a big happy family here. We are all so close and support each other. We have fun but can talk with anyone including the management team anytime we want."
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and fire awareness.
- New staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. Following the completion of their initial training, new staff met with a senior staff member to discuss their progress and to see if any additional training or support was required. Staff members we spoke with found this process supportive.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have enough to eat and drink to maintain their well-being. One person said, "Meals are absolutely lovely, beautiful, we are asked the day before what you want and I have not had a bad meal yet." Another person told us, "You can have a sherry with your meal if you want it." The kitchen staff members knew people's individual likes and dislikes and any allergies or special diets.
- When it was identified that people needed additional support with eating and drinking a specialist assessment was requested. The outcomes of these assessments were then included in people's care and support plans for staff members to follow. We saw staff members supporting people in accordance with professional guidance.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective, and efficient, communication systems in place to share appropriate and relevant information with those involved in the continued care and support of people living at The Firs. We saw staff members sharing appropriate information with a visiting healthcare professional to ensure the correct treatment was provided. In addition, we saw staff members share appropriate information between themselves as part of a structured handover between shifts.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to healthcare services when they needed it. This included foot health, GP and dentists. One person told us, "If I need a doctor I get them. I also have my feet done. I had eyes checked recently." The provider referred people for healthcare assessments promptly if required.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- The physical environment, within which people lived, was accessible and suitable to their individual needs, including mobility and orientation around their home.

# 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.

- People told us, and we saw, they were treated with care by a compassionate and respectful staff team. People and relatives described the staff as, "Gentle," "Kind", "Nice" and "Brilliant." One person said, "I was very poorly and they (staff) brought me through." A relative told us, "I take my hat off to them all. The staff are very pleasant; if I was taking staff on these are the people I would take, they are perfect."
- Throughout this inspection we saw many instances of positive interactions between people and staff members supporting them. We saw staff members had the time and opportunity to spend time with people chatting about things they knew interested them. One staff member said, "I really do love being here. I don't see it as work."
- All staff members, we spoke with, talked about those they supported with fondness and compassion.

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

- People told us they were supported to be involved in making decisions about their care. One person told us, "I absolutely make decisions about what I want. I choose what I'm going to wear and what I am going to do." Another person told us they chose to have their own hairdresser come in and do their hair. They went on to say they found this a nice touch as it was something they always did at home.
- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their stated decisions. This included, but was not limited to, food, drink and activities.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities.

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

- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. One person said, "They (staff) do treat me with respect. They knock the door before coming in." We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to retain their independence. One person said, "I'm an independent person and they (staff) look after me very well. I can do what I can for myself."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People, and if needed those close to them, were involved in the development and review of their care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. People, and relatives, we spoke with confirmed they were spoken and in agreement with the care plans.
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included what was important to them.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. For example, there were pictures of staff members along with their role so people knew who to contact about key themes. Staff members knew how to effectively communicate with people. The management team were aware of the accessible information standards, and were in the process of implementing the standards as part of people individual reviews of care. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes. At this inspection we saw people visiting a local farm. Others took part of reading and puzzles and there was a joint birthday party where friends and families could attend to share in the celebrations.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so. One person said, "I have no complaints really. Everyone makes sure you are okay. If there was ever a problem they (staff) will sort it out. I could speak to any of the staff if I have any concerns."
- The provider had systems in place to record, investigate and respond to any complaints raised with them.

End of life care and support.

- At this inspection no one at The Firs was being supported at the end of their life. However, the care planning and assessment process followed by the provider would be used at such a time to meet the individual needs of people.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care.

- The management team had systems in place to monitor the quality of the service that they provided. This included checks on the environment, checks of the medicine administration records and reviews of the care and support people received. We saw these checks were completed regularly and actions were completed promptly to ensure people received good care and support.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes.

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

- People told us, and we saw, they had a positive relationship with the registered manager and found them to be approachable and engaging. One person said, "I know [registered manager's name] they are a very nice person and I can talk with them whenever I want as I see them all the time."
- Staff members we spoke with told us they found the management team supportive and approachable. One staff member said, "We always talk and we can make any suggestion we feel will benefit people living here. There is "no them and us" it is just a team here."
- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post and present throughout. The registered manager understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at The Firs.

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

- We saw that people were involved in decisions about where they lived and the support they required. For example, one person told us they went to the last resident meeting and the minutes were available for them to have a look at if they wanted.
- Staff members told us they felt listened to by the management team and their views and opinions were valued. Staff members were encouraged to attend staff meetings. One staff member said, "We have regular

team meetings and discussion. Every opinion is valued here."

- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.