

Northgate Healthcare Limited

# The Firs Residential Home

## Inspection report

Wodehouse Lane  
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Sedgley  
West Midlands  
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Tel: 01902677911

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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

We inspected this service on 21 June 2016. This was an unannounced inspection. Our last inspection took place in November 2013 and we found no concerns with the areas we looked at. The service was registered to provide accommodation for up to 57 people. At the time of our inspection, 56 people were using the service.

The service had 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 and staff were able to recognise potential abuse. Risks to people were also managed in a safe way. There were enough staff available and they had a training and induction which helped them to support people. Checks were completed by the provider to ensure their suitability to work within the home. People received their medicines safely and they were stored and recorded in a safe way to protect people from the risks associated to them.

Where people were unable to consent, mental capacity assessments had been completed and decisions were made in people's best interests. The provider had considered when people had restrictions placed upon them and applications had been made to lawfully restrict people's liberty. Staff knew their roles in relation to this and how to protect people.

People and families told us they were involved with reviewing their care and knew how to complain if they were concerned. When needed people were reviewed by healthcare professionals and when recommendations made these were followed by staff. People's privacy and dignity was promoted and they were treated in a caring way. People were encouraged to be independent and make choices about their day. Families were free to visit as they chose and they felt welcomed by the home. There were choices at mealtimes and people told us they enjoyed the food.

Quality monitoring was completed by the provider and was used to bring about changes to the home. Feedback was obtained from people who used the service and this information used to make changes. Staff felt supported and were given the opportunity to raise concerns. People told us the home was well managed and spoke positively about it. There was a registered manager in post and people knew who this was. The provider understood about their responsibilities of registration with us.

## 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 were supported in a safe way and in line with their care plans. When risks to people had been identified action had been taken to reduce these risks. When equipment was needed it had been tested and maintained to ensure it was safe to use. Staff knew how to recognise and report potential abuse. There were enough staff available for people and medicines were managed in a safe way.

### Is the service effective?

Good ●

The service was effective.

People enjoyed the food and were offered choices. When people needed to access health professionals they were supported to do so. Staff received an induction and training that helped them support people. The principles of the mental capacity Act 2005 were followed and the provider had considered when people were being restricted placed upon them.

### Is the service caring?

Good ●

People were treated in a kind and caring way by staff they liked. People were encouraged to be independent and make choices about their day. People's privacy and dignity was promoted. Relatives were free to visit when they liked and felt welcomed by the home.

### Is the service responsive?

Good ●

The service was responsive.

People and relatives were involved with reviewing their care and people received support in their preferred way. Activities that people enjoyed were available for them to participate in. People knew how to complain and there were systems in place to manage complaints.

### Is the service well-led?

Good ●

The service was well led.

There was a positive atmosphere within the home and people were happy there. Quality checks were in place to improve the service and the provider sought the opinions from people who

used the service to being about changes. People knew who the registered manager was and staff felt supported and listed to. There was a whistleblowing policy in place and staff knew how to whistle blow.

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# The Firs Residential 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 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.

This inspection visit took place on the 21 June 2016 and was unannounced. The inspection visit was carried out by one inspector 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with six people who used the service, three relatives, three members of care staff and two activity coordinators. We also spoke to the registered manager, the provider and a visiting health care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

People confirmed they felt safe. One person told us, "Staff keep me safe by walking with me when I use my frame so I don't trip or fall over". Another person said, "There are plenty of people here to keep me safe". We saw that people were supported in a safe way and in line with their care plans. For example, when people needed specialist equipment to transfer this was provided for them. We observed one person being transferred using a hoist. Staff were talking to the person throughout and offering reassurance. Staff were checking the person was comfortable and happy to be transferred. Prior to offering assistance we observed that staff checked the sling to ensure it was safe to use. We spoke with staff about this. One member of staff said, "I have checked the care plan for this person and all the information I need is in there. I have also had training to use the equipment and was shown by others when I first started working here". Records confirmed that the equipment used had been maintained and tested to ensure it was safe to use. This showed us that people were supported in a safe way and in line with their care plans.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. One member of staff said, "It's if I saw anything that wasn't appropriate or if I was concerned about how someone was being treated". Another staff member told us, "I would report it; I would go to the police if needed". Procedures were in place and displayed around the home to ensure any concerns were reported appropriately. We saw when needed, these procedures had been followed by the provider.

People told us there were enough staff available for them. One person said, "There are plenty of staff during the day and at weekends too". Another person told us, "If I ask them to do something for me they do it. If they are busy they say they will come back in a few minutes and they do". A relative said, "I have been coming here for many years and there's enough staff to care for my relative". We saw when needed staff were available for people and they did not have to wait. We spoke with the registered manager who told us they had recently increased their staffing levels to ensure there were enough staff available for people.

People told us their medicines were managed in a safe way. One person said, "I do take some medicines but the carers look after that for me; they give them to me every day at the same time. They have never missed giving it to me". Another person told us, "If I tell the staff I am in pain they give me some painkillers". A relative said us, "When they give my relative their medicines they stay until the medicines have been taken and my relative has swallowed it". We saw staff administering medicines to people. They took time explaining what the medicines was for and to ensure it had been taken. There were effective systems in place to store and records medicines to ensure people were protected from the risks associated to them.

Risks to people were identified and managed to ensure people were protected from avoidable harm. For example, one person was at risk of falling from their bed. We looked at records for this person and the risk assessment stated that when the person was in bed it should be lowered to the floor and a soft mattress put next to the bed. The person should also have a sensor mat. We spoke with the person who confirmed this. We observed this person receiving bed rest and the actions were completed in line with the risk assessment. One member of staff told us, "It's for safety and reducing the risks if the person fell out of the bed". We saw plans were in place to respond to emergency situations. Staff we spoke with were aware of these plans and

the levels of support people would need in this situation. These plans included guidance and support should people need to be evacuated from the home. The information recorded were specific to individual's needs and risks.

We spoke with staff about the recruitment process. One member of staff said, "I'm new, before I could start I had to wait for my DBS to come through. I keep ringing but I couldn't start till then". The DBS is the national agency that keeps records of criminal convictions. We looked at two recruitment files and saw pre-employment checks were completed before staff were able to start working within the home. This demonstrated the provider completed checks to ensure staff were suitable to work within the home.

## Is the service effective?

### Our findings

Staff received an induction and training that helped them to support people. One member of staff who had recently started working in the service told us about their induction. They said, "I had face to face training and then for a couple of weeks shadowing other staff". They went on to tell us, "I enjoyed shadowing, every resident is individual it helped me learn how I should be approaching people". This demonstrated staff shared knowledge to offer care and support to people. Another staff member gave examples of what they had learnt on dementia training. They told us, "I sat and thought about how I approach people, it's like there is a big rainbow and people are at different stages of it. Some people like to talk to you, some just listen, some people like you to sit at eye level and others smile and show facial expressions. We must remember everyone is different and at different stages". This showed us staff were provided with training that supported them to meet people's needs.

The registered manager had implemented the care certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager said that all new starters would complete the care certificate as part of their induction.

People enjoyed the food and there were choices available. One person said, "The food is very nice and I can pick from the menu at each meal time". Another person described it as, "First class". At breakfast and lunchtime we saw people were offered a choice of meals. We observed one person didn't like the meal they had chosen when it was served and they requested an alternative. A choice was offered to this person and an alternative provided. Staff supported people in accordance with their needs and in line with their care plans. When people needed special diets such as pureed or a soft diet, we saw this was provided for them in a presentable way. People were offered a choice of hot and cold drinks and snack throughout the day.

We saw when needed referrals had been made to health professionals. For example, concerns had been identified with one person's swallowing and a referral had been made to the relevant professional for support. Recommendations were made by the professional and we staff were implementing these. Records confirmed that people received support from other professionals when needed this included the GP, chiropodist and optician. A visiting health professional told us there were no concerns with the home. This demonstrated that when needed people had access to health professionals.

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 or 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the principles of the Mental Capacity Act 2005 were being followed. We found some of



the people living in the home lacked the capacity to make important decisions for themselves. When needed, mental capacity assessments had been completed for people and decisions made in people's best interests. Staff we spoke with demonstrated an understanding of the Act and how to support people. One staff member said, "Some people can't retain the information anymore so we have to work differently to ensure the care they receive is in their best interest". We saw staff explaining to people what they wanted to do and checked they were happy for them to do this. One member of staff gave an example how they gained consent from people. They told us, "When supporting with meals I will slowly put the spoon to the person's mouth, and tap their lips. If they open their mouth I know they are happy to eat. If they don't I know they are saying they don't want to do it. I respect that I don't make people. I guess I am asking them for their consent". This demonstrated that staff understood the importance of gaining consent from people. The provider had considered when people were being restricted unlawfully and had made applications for approval to the local authority as required. There were DoLS authorisations in place for two people and a further other applications had been made for people who lacked capacity and staff had identified may have restrictions placed upon them. Staff we spoke with could identify who had authorisations in place. We saw the provider had care plans in place identifying how people were being restricted in the interim while the local authority looked at the applications made.

## Is the service caring?

### Our findings

People and relatives were happy with the staff and they were treated in a caring way. One person said, "The staff are kind and treat me very nice". Another person told us, "Staff talk to me in a nice way and they stop and listen to me if I am worried or concerned about anything. They are patient and kind to me and are very patient if I am rambling on". A relative commented, "Staff are excellent in caring for my relative who can be difficult at times but they display care, compassion and are patient". The atmosphere in the home was relaxed and friendly. The registered manager explained how some of the people did not have contact with family members or friends. They gave an example of how staff came to the spring fayre in their own time, to support these people. The registered manager said, "It was lovely, the staff came in and treated the people like they were part of their family. They spent the day here supporting people round the stalls and just taking part". The registered manager also told us that one person liked to watch the sport on television and since moving to the home had not been able to as they didn't have the sports channel. The registered manager said, "The provider is getting satellite television put in now so [person who used the service] can watch the programmes they like". The person told us, "I love it, I can't wait". This showed us that people were supported in a kind and caring way.

People made choices about their day. One person said, "I can do as I like, I can sit in the quiet lounge or go and take part in activities and sometimes I go and spend half an hour in my room". Another person explained they didn't like going out. They said, "I do like to read the paper so the girls bring it in for me, so I still can do the things I enjoy". We observed one person was asked if they would like to wear a clothes protector at breakfast. The person declined and requested a napkin. The person said, "I prefer this to those". The staff passed the person a napkin and the person smiled. We saw staff offering people the choice about where they would like to sit, which lounge they would like to go to and what programmes they would like on the television.

People were encouraged to be independent. One person said, "The staff watch me and only help me if I ask them. I like to do as much as I can by myself I would like to do a bit more but I realise my body doesn't let me know". Another person explained how staff supported them with personal care. They told us, "The staff keep me independent by only washing the parts that I can't reach like me back and my feet". Staff gave examples of how they encouraged people to be independent. On staff member gave an example of how they supported someone with personal care. They told us they waited outside the bathroom so the person knew they were there and waited till the person called them to go into help. They said, "It's important we let people do things for themselves if they can, if we did it for them, they would lose that skill". We observed one person was standing to transfer from a chair to a wheelchair. Staff spent time with this person encouraging them to do this for themselves. After the person thanked the staff and commented, "It's good to stretch my legs".

People's privacy and dignity was promoted. One person said, "They are very discreet and respectful". Another person told us, "Staff help me to have a shower and they make sure the curtains and the doors are closed to make sure it protects my privacy". We saw there was a dignity tree displayed in the communal lounge it was decorated with leaves, each leaf had a suggestion on that people had made about how their

privacy and dignity could be promoted. This included comments such as, 'to be kind to other' and 'to be fair'. Staff gave examples how they used this to support people. One staff member said, "I think we are very respectful of people here, after all it's their home and our workplace. We knock people's doors before we go in and shut curtains when offering support". We observed that when one person was being hoisted a blanket was put on her legs as she was wearing a skirt so that her dignity was maintained. This demonstrated staff supported people in a way which promoted their privacy and dignity.

People were encouraged to keep in contact with people that matter to them. One relative told us, "I can visit whenever I like and I am always welcomed". Another relative said, "There is always something going on and we always get asked if we would like to come, we have such enjoyable days here. It's not just about my relative it's about us to as a whole family". We saw family and friends visited freely throughout the day and were welcomed by staff and the home.

## Is the service responsive?

### Our findings

Staff knew people well including their needs and preferences. One person said, "The staff are kind and compassionate they know everything about me. They remember the little things that are important to me. Those or the things that are special when you are in this kind of environment". A relative told us, "I think the staff have been very responsive in trying to help my relatives. There's little more they can do". Another person explained how they liked to look nice. They told us staff supported them with this and helped them chose and wear the things they liked. Staff told us they were able to read people's care plans to find out about people. They went on to explain that everyone had a life history in their files. One staff member said, "That helps us learn about people and what they were like when they were younger". We saw displayed around the home pictures of people when they were younger next to pictures of how they looked now. One person commented, "That's me, look at my hair wasn't it beautiful".

People enjoyed the activities they participated in. One person said, "Just lots and such variety there is always something to do if you fancy it". Another person told us, "There are things to do here that keep me busy". A relative commented, "Every time I come here, my relative is involved with something". There were two activity coordinators in post. They told us about the entertainment that came into the home. They said, "We try to get external people in every week". We saw there were posters displayed around the home about up and coming activities. This included singers and comedians. There were also pictures displayed around the home of people participating in activities that had previously taken place. The activity coordinator showed us a pictorial diary that they had implemented for each person. It showed pictures of people participating in activities and outing they had completed that month. The activity coordinator told us, "It's great and the families like them too. We can show family's what people have done as some of the people who live here cant". People told us they had the opportunity to participate in activities outside the home. One person said, "We go to the garden centre and the café which I enjoy". Another person told us, "Look at our beautiful garden, I can't wait to sit out their again when the weather picks up". The garden had been developed so that it was suitable for people to access. It was decorated with furniture and sensory equipment. This showed us people were offered the opportunity to participate in activities they enjoyed.

People and relatives told us they were involved with reviewing their care. One person told us, "The staff talk to us about what care I need, what my past hobbies were and interests and those kinds of things. It was written down and I signed it". A relative said, "We have regular meetings and I feel valued and listed too". The care plans we looked at showed people and their relatives were involved with planning and the reviewing of their care.

People and relatives told us they knew how to complain and would be happy to raise any concerns or complaints. One person told us, "If I was worried or needed to complain I would tell the carers or a member of staff who I know would be there to help me and put things right. I have never had to complain". A relative said, "I would discuss any issues with the manager who would respond positively". The provider had a complaints policy in place and a system to monitor complaints. We saw that when complaints had been made to the provider, action was taken and the complaints were responded to in line with their policy.

## Is the service well-led?

### Our findings

People spoke positively about the home and there was a positive atmosphere. One person said, "It's a good home to live in the staff are kind and gentle". A relative described the home as, "A nice caring home with caring staff". Staff told us they liked working in the home and they worked well together as a team. One staff member said, "It's a lovely atmosphere. Everyone gets on well with everyone overall is just a pleasant place to work". Another staff member told us, "We are like a family". We saw the provider was available at the home and people knew who they were. One person said, "He is a lovely bloke; we watched the match together the other night". Another person said, "They are always here, they are a good family; they treat us right". We saw the provider knew people well and was chatting and joking with people who lived in the home. The provider told us, "We treat people like they are our family and go the extra mile. It's the little touches that are important, like we only use branded washing powders and conditioners, that way it still smells like home for people".

People told us the home was well managed and knew who the registered manager was. One person said, "I don't think there is anything wrong with the ways its run, I have been in other places and they are not a patch on this". Another person told us, "The registered manager is always about and you can ask her anything. I pop in the office most days and see how she is and we have a chat; it's nice". They went on to comment, "And don't forget the deputy and the provider, we have a good team here". Staff told us the management team was approachable and felt supported. One staff member said, "They are excellent any concerns they would be happy to discuss, any matter even if it was personal". Another staff member told us how the registered manger 'worked the floor'. They said, "I think it's nice as they are seeing what we are seeing and doing". All the staff we spoke with told us they received supervision and had the opportunity to attend staff meetings. One staff member commented, "Meetings are good for morale, they listen to us". The registered manager told us they provided staff with on going practical supervision. This included being observed and shadowed in practice to improve the quality of the service that people were receiving. Staff and records confirmed this took place. The registered manager understood their responsibilities regarding their registration with us and notified us of important events that occurred at the service. This meant we could check appropriate action had been taken.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "Yes I would whistle blow, I would be supported by the registered manager". We saw there was a whistle blowing procedure in place and it was displayed around the home. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

People told us the provider asked for feedback on the service. One person said, "We have questionnaires and tick charts, they value our opinion". We saw records that confirmed relative and resident meetings were held and satisfaction survey were completed. The registered manager told us, "We do surveys for all sorts of things really, it's on-going. We have recently had a spring fayre and we asked people for feedback after that, so we can improve it for next year". We saw the feedback from surveys was used to bring about changes. For example, the registered manger told us how some people had requested to go on a day trip to the seaside.

They said, "People wanted to go to the seafront and have fish and chips like they used to". The registered manager explained how they had worked closely with a local supermarket and had raised the money together for this event to take place. They told us, "We do it annually now, everyone who wants to go does". We saw photographs of this event and people told us they enjoyed it. This demonstrated the provider sought the opinion from people who used and used this information to make improvements for them.

Quality checks were completed at the service. This included the monitoring of falls, finances, health and safety and medicines. Where concerns with quality had been identified we saw action had been taken to make improvements. For example, we saw through a medicines audit it had been identified that gaps were on the medicine administration records. We saw an action plan was put in place for this. The staff had a formal supervision to discuss this. Records confirmed this had taken place. The registered manager told us the staff member had made no further errors. They went on to tell us that a meeting took place with all the senior staff to discuss this and try to prevent this error occurring again. This demonstrated that action was taken to bring about improvements to the home.