

Caring Homes Healthcare Group Limited

Firtree House Nursing Home

Inspection report

30 St James Road
Tunbridge Wells
Kent
TN1 2JZ

Tel: 01892523954
Website: www.caringhomes.org

Date of inspection visit:
13 March 2018
15 March 2018

Date of publication:
04 June 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Firtree House Nursing Home 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. Firtree House accommodates 50 people across a large home in a quiet residential area of Royal Tunbridge Wells. There are facilities and lifts for people with restricted mobility. All bedrooms are for single occupancy, and some had en-suite facilities. Firtree House specialises in providing care to older people with nursing needs. At the time of the inspection there were 37 people living at Firtree House.

This inspection site visit took place on 13 and 15 March 2018 and was unannounced.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the CQC 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.

At the last inspection on 06 October 2015, the service was rated 'Good.' At this inspection we found the service to be 'Requires Improvement.'

Not all risks had been managed safely. Falls had not been assessed and monitoring tools had not been scored correctly. Other risks around the environment had been managed safely and the possibility of harm reduced through effective risk assessment.

Medicines were not consistently being managed in a safe way. Audits had not been effective in counting correct stocks of medicines and some 'as required' medicines were not being recorded correctly.

Not all people had been supported to eat and drink enough to maintain a balanced diet. Some people had lost weight but not received a reassessment of their care plan or alternate strategies such as fortified foods. Other people told us that they liked the food and we observed staff supporting people to drink regularly.

The principles of the Mental Capacity Act 2005 (MCA) were not being adhered to. Three MCA assessments had not been completed correctly and some people who required an application to deprive them of their liberty had not been referred to the local authority.

Care plans were not as person centred as required giving personalised details such as how a person prefers to receive their personal care. Activities were being reviewed and we observed a range of activities being provided to people but there were some gaps in recording. We have made a recommendation about this in our report.

A programme of quality audits were in place but had not been effective in highlighting the issues we found

at this inspection. The service had a friendly and homely culture and people told us they liked living at Firtree House.

People and families were engaged in the running of the service. The registered manager was a visible presence in the service and ensured that feedback led to learning and improvement. The service was working effectively with other key partner organisations such as local health teams.

Staff had received training in a range of courses relevant to their role. However, competency checks were not consistently effective. We have made a recommendation about this in our report.

People were protected from the risk of abuse by staff that understood their role in reporting any concerns. There was sufficient staff deployed to keep people safe and meet their needs. The service was clean and the risk of infection was reduced through effective infection control procedures. Lessons had been learned when things went wrong and incidents and accidents were tracked by the registered manager.

People had effective assessments prior to admission. This meant that care outcomes were planned for, and staff understood what support each person required. The service worked with other professionals such as people's GPs and social workers to ensure care was effectively delivered. People maintained good health and had access to health and social care professionals.

Staff worked effectively to provide support when people moved to or from the service. The premises and environment met people's needs and were being refurbished with people's input.

Staff treated people with kindness and compassion. Staff knew people's needs well and people told us they liked and valued their staff. People and their relatives were consulted around their care and support and their views were acted upon. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as safely possible.

There was a complaints policy and form, including an accessible format available to people. Staff were open to any complaints and understood that responding to people's concerns was a part of good care. People on end of life care had a pain free, comfortable and dignified death.

During this inspection we found five breaches of regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Some risks, such as around falls, had not been managed safely.

Medicines were not managed safely and had not been audited correctly.

People felt safe and were protected from the risk of potential harm and abuse.

There were sufficient staff deployed to meet people's needs.

The risk of infection was controlled by staff who understood good practice.

Lessons were learned when things went wrong and learning fed back to staff.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Some people had lost weight but not had appropriate support to maintain a healthy weight.

The principles of the Mental Capacity Act (2005) were not being adhered to.

People received holistic assessments that ensured effective support outcomes were set and worked towards.

Staff received effective training to meet people's needs.

Staff members worked effectively with other agencies and organisations to ensure the care people received was effective.

People were supported to remain as healthy as possible and had access to healthcare professionals.

The environment was suited to people's needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by staff who were kind, caring and respected their privacy and dignity.

People were involved in the development of their care plans and were involved in making decisions about their care and support.

Staff supported people in a way that upheld their dignity and protected their privacy.

Is the service responsive?

The service was not consistently responsive.

People's care plans lacked personalised details that would allow staff to know their preferences, such as around personal care.

Activities were being provided and were in the process of being reviewed.

A complaints policy and procedure was in place and available to people.

People had a pain free, comfortable and dignified death.

Requires Improvement ●**Is the service well-led?**

The service was not consistently well led.

Quality auditing systems for assessing and monitoring quality of the service being provided to people had not highlighted shortfalls found at this inspection.

There was an open and friendly culture in the service.

Staff, people and their relatives were actively involved in the service and the views of people and others were actively sought and acted on.

The service learned and improved and information from incidents was used to improve the service.

The service worked effectively in partnership with other agencies.

Requires Improvement ●

Firtree House Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 15 March 2018 and was unannounced. The inspection was carried out by one inspector, a specialist nurse, 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.

Before the inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also considered the information which had been shared with us by friends and relatives of people living at Firtree House. Before the inspection, 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 looked at seven people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with 11 people who lived in the service and six peoples' relatives to gather their feedback. We spoke with the operations manager, the registered manager, two nurses, two activities co-ordinators, five care staff, and catering and domestic staff as part of our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Not all risks had been managed safely. We reviewed falls assessments and falls care plans and found that people were being put at risk of further falls by some falls assessments not being completed correctly. Falls assessments and falls risk assessments are tools used to identify people at risk of falls and to direct staff as to what action to take to reduce that risk. Where they are not completed correctly, or with inaccurate information, the action needed and level of support required to keep people safe is not clear to staff and puts people at risk of further falls. One person had fallen at the service in November 2017 but their falls assessment and care plan had not been updated to reflect this. The care plan for falls was reviewed on a monthly basis and the plan had been reviewed to record, 'no falls this month'. There was a falls risk assessment in place but this had not been reviewed to reflect the fall. The assessment had also not been scored accurately. The rating system on the falls risk assessment banded people who were scored between nine and 12 points as medium risk and people who scored more than 13 points were deemed high risk. The person had been rated as, '11 medium risk'. However, the assessment had not recorded any history of falls at home or in the care home. If this had been scored correctly the person would have been rated high risk and extra measures would have been recommended to ensure their safety.

We checked the falls assessment for another person and saw that it had not been scored correctly. The sensory deficit score had not been identified despite the person having sight and hearing issues. In addition for some months the falls history had been scored zero despite the person having a history of falls. Another person was noted to have fallen on two separate occasions in one week, but no falls risk assessment had been reviewed immediately after the falls. Staff had reviewed a risk assessment four weeks after the second fall but this was not a timely response; had timely action been taken after the first fall the second fall may have been prevented.

The failure to keep people safe from the risk of falls is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Environmental risks were being managed effectively through regular monitoring and checks conducted by the registered provider. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. Regulatory risk assessments were completed to reduce hazards around Control of Substances Hazardous to Health (COSHH) and food safety. The cook had kept necessary records to show that food was stored and cooked at safe temperatures and the kitchen and stores areas were clean. Fire protection equipment was regularly checked and serviced by an external company. Fire safety checks were happening and staff had received training in fire safety. The service held an emergency contingency plan that was comprehensive, regularly reviewed and updated.

Medicines were not being managed in a consistently safe way. There was a medication policy which provided information and guidance on all aspects of safe medication management and was up to date. However, observed practice did not always adhere to advice stated within the policy. One staff member was seen touching tablets with their fingers as they were administered to people. The service's medicines policy stated that staff should not come into direct skin contact with medications. This is in order to protect people

from the risk of the spread of infections. Medicines stock was not counted regularly to ensure that the stock held reconciled with expected level according to the person's medicine administration record (MAR). The service's policy stated that audits should be used to check that the physical amounts of medicines held matched the amount stated in records. We counted medicines for two people, and found that for one person the actual stock of one medicine was 73 tablets, against an expected total of 77 tablets remaining. For another person the actual stock remaining was 66 tablets, against an expected stock of 19 tablets. No explanation had been given for the discrepancy in the count. The nurse on duty was unable to give an explanation for the discrepancy between the actual stock and the expected totals.

It was not always clear if people had been offered their PRN (as required) medicines. One person who had medicines on a PRN basis had omission codes used within their MAR to signify that staff had asked if they wanted their PRN medication, but the person had refused. However, another person who had a pain relief medicine prescribed on a PRN basis had no omission codes used in their MAR chart, so it was unclear if these had been offered to the person. Where PRN medicines were administered we found that the use of PRN protocols was inconsistent. One person who had been prescribed had PRN protocols in place, which detailed the reason the medication had been prescribed, the strength, maximum dose, frequency of administration, maximum dose within a 24 hour period, and whether the person was capable of asking for the medication independently. Another person who had also been prescribed medication on a PRN basis did not have this information available.

Medicines audits were not effective. The criteria audited did not always provide accurate and comprehensive information about the safety of medicine administration. For example, in one audit the audit checked whether the actual dose administered was recorded when the prescription administered was a variable dose, and the answer ticked was yes. Variable dose prescriptions are medicines which are able to be given across a range of doses, for example two to four tablets. The MAR chart for a person covering the same audit period had not indicated the actual dose given for one medicine prescribed on a variable dose. The failure to record the actual dose given meant that staff could be at risk of administering more medication than is prescribed. Recommended actions from audits were not always completed. For example, an external audits carried out by the service's dispensing pharmacist in November 2017, recommended the use of PRN protocols. However, not all people had PRN protocols in place to provide guidance to staff about the dosage, frequency and reasons for PRN medicines being administered to people.

The failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected against the risk of abuse by staff members who understood their role in keeping people safe and reporting concerns. People and their relatives told us they felt safe at Firtree House. One person told us, "It is safe here; there are staff around at night time. I used to be in St Johns Ambulance and it is safe here." A relative commented, "[name] is very safe here as everybody is so kind." The registered provider had a safeguarding policy in place, which referenced the local authority safeguarding adults policy and protocol, and gave a link to the most recent copy. The registered provider's policy was up to date and included key information, such as guidance on responding to allegations of abuse. Staff members were aware of their responsibilities under safeguarding and knew how to keep people safe. Staff had received training in safeguarding adults and understood what this meant in practice. One staff member commented, "If we suspect or see anything we report it. I report to my manager or to the regional manager and we have a number on the wall to call for the local safeguarding team." People were kept safe from discrimination in relation to any protected characteristics by the provider's equality policy and staff had been trained in equality and diversity.

There were sufficient staff deployed to keep people safe and meet their needs. The registered manager was using a dependency tool to calculate how many staffing hours were required to meet people's needs. We reviewed the tool and saw that an increase in admissions had led to an increase in staffing hours. We checked the staffing rota and saw that hours were being provided at the assessed level and there were sufficient staff deployed during peak times and at nights. Our observations during the inspection confirmed that staffing levels were sufficient to meet people's needs. Safe recruitment processes had been followed and recruitment systems were robust. We checked the recruitment files for four members of staff. In all cases recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. The registered manager had made appropriate checks of the PIN status of nurses with the Nursing and Midwifery Council before nurses were deployed. Where any prior convictions had been flagged these were risk assessed and discussed before employment commenced. References had been taken up before staff members were appointed and were obtained from the most recent employer where possible.

People were being kept safe against the risk of infection by the prevention and control of infection hazards. Infection control training had been evidenced for all staff and this training had been competency checked. There was an appropriate supply of personal protective equipment throughout the service and we saw that staff used this as needed. All staff had food hygiene training in place and staff had access to an occupational health department. The service was clean and housekeeping staff were seen to be following cleaning rotas and maintaining a high level of cleanliness in the service. People and their relatives all commented about the cleanliness of the service. One relative told us, "There are never any bad smells in the home and they keep [family member] spotlessly clean. It is very clean here." There was an infection control policy that covered key areas, such as effective hand washing, cleaning procedures and who to report any outbreaks of infection to. The registered manager kept copies of key guidance on infection control, such as the Department of Health and Social Care's Health and Social Care Act 2008: code of practice on the prevention and control of infections.

Lessons had been learned when things went wrong in the service. Any accidents or incidents had been recorded and investigated appropriately. The registered manager had followed up every incident, reviewed them for learning points and had reported on incidents every month to the registered provider. There was an analysis and tracking of incidents sheet where each accident or incident was charted and learning had been identified. One lesson had been shared with staff where a person was admitted late on a Friday to the service directly from hospital and had been unwell. It was identified that for any future admissions people's observations should be taken and recorded on arrival to the service. The service used a '10 at 10' meeting daily where all staff met at 10am for 10 minutes to discuss any changes and any learning was shared with staff in these meetings. Every month the registered manager held a 'tea with the manager' where staff could sit with the registered manager and speak about any issues and raise any concerns.

Is the service effective?

Our findings

People had not been consistently supported to eat and drink enough to maintain a balanced diet. Some people had lost weight but had not had their care re-assessed or alternative strategies put in place to help them maintain their weight. One person had lost 15 kilos between July 2017 and November 2017. The person had their BMI (body mass index) estimated using a mid-upper arm circumference measurement. This measurement was recorded in August as '24' and in October as '22'. No measurement was recorded in September and no action was taken as a result of the reduction in weight or mid upper arm circumference. The service was using the Malnutrition Universal Screening Tool (MUST) to track people's weights. MUST is a five-step screening tool to identify people who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan. The person's MUST tool did not record that any weight loss had occurred. Had the tool been used correctly it would have prompted staff to take action every month. We raised this with the registered manager and were told this person had been seen by their GP and a referral to a dietician had been made in July 2017. However, the person had not been seen by the dietician and the referral had not been chased up until January 2018. The registered manager confirmed that other action, such as using fortified foods and drinks, had not been taken to ensure the person maintained a healthy weight.

We checked the records for another person and saw that they had also lost 10 kilos of weight between January 2017 and September 2017. This person's MUST tool had also been incorrectly completed and had not led to action being taken in a timely manner. The person's eating and drinking care plan had recorded that there had been some weight loss in March 2017 but for all other months had been reviewed to state 'no change' and no other action had been recorded. Another person had fluid thickener added to their fluids following repeated episodes of coughing after drinking. However, staff were not consistently aware of this and we observed one staff give the person un-thickened milk. The staff member was unaware that thickener had been used for that person.

The failure to review and take appropriate action to meet people's nutrition and hydration needs is a breach of Regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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. The principles of the MCA had not been adhered to and some people who required an application to be made to be deprived of their liberty had not been referred in a timely manner. We reviewed three MCA assessments and none had been

completed correctly. We reviewed MCA assessments that had concluded the person had capacity to make a decision despite failing one or more of the key tests for capacity. Best interest meetings had not followed the assessments as a result of these mistakes. Some people were living with dementia and were unable to leave the service of their own accord, were disoriented to place and time and were subject to continuous supervision and control. The registered manager should have assessed people's capacity and considered applications for DoLS to the local authority to deprive people of their liberty in their best interest. We raised this with the registered manager who promptly made the referrals.

The failure to put in to practice the requirements of the MCA is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff members had appropriate skills, knowledge and experience to deliver effective support to people. One person told us, "I'm quite happy; they [staff] do look after me well." Another person commented, "The training the staff get makes them caring towards us." Staff members told us that they had been allowed to shadow staff for a week prior to working directly with people and we saw that the induction programme was effective. Staff members told us that they received a wide range of training courses on a mandatory and developmental basis, and we saw this had been delivered. There was evidence of training in areas appropriate to the care needs of the people cared for at the home, such as dementia awareness. Other training subjects included basic life support, people moving, and hand hygiene. Staff told us they had supervision sessions every three months, where they were able to discuss their role and any issues of concerns with their abilities and skills, with their line manager. Staff had competency checks in place to demonstrate their learning from training.

People had access to healthcare services and received ongoing healthcare support. Care of people's continuing needs, such as wounds, was managed well. Wounds were assessed and reviewed regularly, with clear instructions on products to be used for cleansing and dressing the wound. Photographs and body maps were used to chart the progress of the wound's healing or deterioration. All healthcare professional visits or interactions were clearly recorded within the person's care plan, including screening programmes for diabetes, and chiropody visits. People with skin care needs were cared for appropriately. Air mattresses used to protect pressure areas on the skin were used in conjunction with a risk assessment. This included a Waterlow assessment that had been reviewed monthly. A Waterlow assessment gives an estimated risk for the development of a pressure sore in a given patient. We observed that people cared for in bed had call bells within reach, as well as drinks, and staff were seen refreshing and replacing drinks throughout the inspection. Care plans included information on whether a person was able to use their call bell independently, and instructions to ensure the call bell remained within the person's reach. This was observed in practice.

People's needs were assessed and their care was planned to ensure their needs were met. There were holistic assessments of people's needs prior to a service being provided. One person had been referred by a local hospital and a senior staff member had gone to assess the person in hospital. The assessment covered the person's history of falls, all of their diagnoses, mobility personal care and eating. The assessment had identified what support was needed and this was highlighted in the care plan. There were processes in place to ensure there was no discrimination under the Equality Act when making care and support decisions. The registered provider had a sexuality policy that was focused on a person centred approach to people's sexual expression. The service had cared for people of different faiths and two people in a relationship had previously shared a room at the service. The registered manager told us, "Whatever people's characteristics we would accommodate them; it's down to the individual."

Staff worked together to ensure that people received a consistent and person-centred support when they

moved from or were referred to the service. One person who previously lived at the service had moved to be closer to their family. The registered manager had made contact with the other service and shared all care plans, risk assessments and relevant documentation. The registered manager ensured that staff from Firtree House went with the person to their new home to settle them in and make sure they were being supported in the way they wanted.

People's needs were met by the adaptation, design and decoration of premises. The service was arranged around well-maintained gardens, with a large terraced area. The bedrooms were large and clean and some people had brought personal items from their own homes, which gave the bedrooms a more homely feel. The bedrooms, corridor and shared bathroom and toilet facilities were all clean and free of clutter. All areas of the service were accessible for wheelchairs and there was a lift to each floor. There were mobile hoists for people who required them and one bathroom had an adaptive bath for people with limited mobility. The main lounge and conservatory on the ground floor were currently being renovated, but there were additional seating areas in the lounge on the first floor. Each floor had a dedicated sluice. The sluice contained wash facilities for bedpans as well as space for laundry trolleys or cleaning equipment. The service was undergoing a programme of re-decorations. People had been shown a range of different wallpapers and colours and were able to choose the colour scheme. There was signage used to help people living with dementia to orient themselves to the correct place. Different parts of the building had been decorated in different colours to assist people to find where they wanted to go.

Is the service caring?

Our findings

People were treated with kindness and compassion by the staff at Firtree House and were given emotional support when needed. Staff were vigilant and noticed when people had become upset and needed comforting. One person told us that a loved one had died recently. "Carers accompanied me to the funeral. They came and sat with me, which was nice." We observed one person who was living with dementia; they had become upset as they were disoriented to place and time. Staff crouched down next to the person and spoke to them and tried to find out what they were upset about. When the person couldn't make themselves understood the staff member used distraction techniques to re-direct the person's attention. Staff gently rubbed the person's arm to comfort them and the person responded by resting their hand in the staff members hand. Staff were eventually able to find out the person had been troubled by changes in the home due to redecoration. The staff member reassured them that everything would be alright and would go back to normal soon and the person accepted this.

We observed that the staff knew and respected the people they were caring for including their preferences, personal histories, and backgrounds. One person was trying to stand up to walk and was unsteady on their feet. Two staff quickly offered help and offered to take them for a walk as this often helped the person to settle. Another person started speaking to staff about a nature programme on television and had a conversation about their favourite nature documentaries. The staff member knew about the persons' membership of a national wildlife charity and this exchange prompted the person to share some wildlife magazines with the staff. The staff member used the opportunity to have a long conversation with the person about their past and knew key details, such as where they had volunteered. The person responded well to the staff and shared lots of other information, such as about their family. The person clearly enjoyed this interaction and the familiarity of speaking to staff who knew them well.

People liked the staff at Firtree house and enjoyed their company. One person commented, "The carers look after me; I'm happy. They are lovely." Another person told us, "I have company 24 hours a day. I can't fault them; I get a laugh out of all of them." We observed staff members speaking with people in a caring way and knowing how to respond to different people appropriately. Staff shared a joke with one person who had a 'darker sense of humour' when the person made a humorous comment. The staff member laughed with the person told them they were funny, and asked whether the service was really more like a five star hotel. The person agreed that with staff working there it was just like a hotel. The person clearly enjoyed this friendly banter. For another person the same staff member spoke in a very gentle and formal manner and was able to use this approach to encourage the person to eat some dessert instead of the sandwiches they had been given but didn't want.

Staff were aware of the people's rights with regard to personal choice. Staff encouraged people to make their own choices where possible, especially for decisions such as meal options or which clothes to wear. Staff members said they always gave people a choice where possible, and spoke with the person and their family where appropriate to determine their history, likes, dislikes, and preferences and to involve them in care planning. Each care plan had a life history section, which had been completed with the involvement of the person or their family. This section provided key information about the person's life, hobbies,

preferences and cultural or social needs. Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed, and where they preferred to have their meals. People and their relatives and advocates were involved in care planning and review.

There was a regular system of reviews and people were involved where possible. One person's care plan had been signed by their next of kin as an advocate. Other people had signed their own care plans or assessments. There was a key worker system in place to facilitate people being able to express their views and make decisions. A key worker is a member of staff that takes a lead role in a person's care and support. Key workers had helped people to become more engaged with their support by building up trusting relationships with people and knowing how best to support people when they were experiencing difficulties.

Staff told us they always carried out personal or intimate care in a closed environment to protect the person's privacy. Staff were observed to knock on bedroom doors, and awaited a response before entering. One staff member told us, "All folders are kept confidentially and we never discuss anything outside of work. For personal care we cover up the bottom half if we are washing someone's top half and we ask people first if they are happy to be supported. We treat people the way we want to be treated."

Is the service responsive?

Our findings

Care records were not consistently person-centred. They provided basic information on how to support the person, such as whether to shower or bathe the person, but lacked the individualised detail to tell staff how to do this. For example, one person's moving and handling assessment recorded the support needed as, 'Support with wheelchair' but not how to do this. The registered manager and staff were able to describe to us how the person needed to be safely supported to move, e.g. from their bed to a chair, but this was not recorded in the care plan. If personalised information is not included in care plans there is the risk that people will not receive the correct support or will have care delivered in a way they do not like or want.

Care plans had been reviewed monthly, but some information did not reflect some people's current care needs. One person's care plan stated that the person gets up to sit in their chair after breakfast, but other care plans for the person stated that the person should be cared for in bed continuously. Another person's needs had changed and they were assessed as requiring bed baths due to safety reasons. However, there was no guidance on how staff should support the person with their personal care, what preferences they had, products to use, or how they preferred their care to be delivered. It was also noted that the daily records of care were written in a task-orientated manner, with entries such as '[Person] washed and sat in chair"', or '[Person] ate well today'. There was little in the way of social activities or interactions for the person that had been evidenced in their daily care records. The service was not meeting the accessible information standard. The accessible information standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. People with sensory impairments or disabilities did not have accessible review documents that gave, for example, pictorial and simple word feedback.

The failure to provide care and treatment in a way that is appropriate, meets their needs and reflect their preferences is a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People had access to a range of activities. The activities board set out a weekly schedule and a sample of all activities on offer, stating that people were encouraged to do at least one activity per day. A temporary activities co-ordinator, who was working additional hours from their main role as a member of care staff, told us that the weekly rota was currently not being followed at present, and new activities were being trialled, as the dedicated activities co-ordinator was off sick. The temporary activities staff had made changes and introduced new activities as well as canvassing people about what they wanted to do. Many of them said they would like one to one conversation. People told us that activities took place regularly. One person told us, "We have been trying to do more recently to be more active and have done things like make cards at Christmas." We were shown an activities scrapbook which had a photographic record of events such as, 'Taste your senses' which was a blind food tasting session. The food had been pureed to allow everyone to join in. There had also been a teddy bear's picnic in the garden and a seaside event for spring was being planned which was planned to double as an open day for the home. In addition, a PAT dog day was held about once a month. PAT dogs are 'pets as therapy' dogs and are a type of therapy that involves specially trained dogs as a form of treatment with the goal to improve a person's social and emotional

functioning. Activities staff told us that they knew what people liked and enjoyed from their care plans and histories, or from talking to people's families.

Some activities were not being recorded consistently. We spoke to an activities worker about people who were cared for in their beds and were told, "For people who are bed bound we speak to them and try to do pampering sessions, like hand massages or make up and nails for the ladies. One person enjoys music so we put on a CD with them." However, we found that not all activities had been recorded on people's daily notes. For example on the first day of our inspection we observed some staff doing one to one sessions with people in their bedrooms, but when we checked their notes two days later the activities had not been recorded. We reviewed activities records for people and found that there were gaps of up to eight days in records. Without accurate records people who are cared for in their beds could be at risk of social isolation.

We recommend the registered manager reviews activities provision and how activities are recorded.

People's concerns and complaints had been listened to and used as a tool to improve the service. People told us that they were aware of the complaints procedure and who to speak to. One person told us, "I know how to complain and have been given a brochure with all that in." A relative spoke to us about a complaint they had recently made and that the response had been quick and had put a stop to the issue. There was an up to date complaints policy that included the procedure for dealing with a complaint. The policy set out timescales for complaints to be responded to and referred unresolved complainants to the local government ombudsman. Complaints had been recorded each month and reviewed by the registered manager. We reviewed several complaints and they had been dealt with appropriately and in line with the registered provider's policy. Where shortfalls had been identified the registered manager had offered apologies and had implemented learning such as ensuring relatives are always informed when a person moves room for redecoration purposes. There were also several compliments received from people and their relatives and these had been logged and shared with the staff team.

People were supported to have a dignified, comfortable and pain free death at the end of their lives. People who were being cared for at the end of their life had regular visits from their GP and from a community hospice team. People in the last days of life had rapid access to specialist medicines, support and equipment. Hospice staff and palliative nurses had arranged with the service to have anticipatory end of life medicines, and equipment such as syringe drivers, in place for people, so they could be given appropriate care at the final stage of their life. People had completed advance care plans and had made their choices for end of life care. For example for spouses to be involved in any decisions; whether to be hospitalised or not; whether to be resuscitated and their final resting place. We reviewed one person's documents and saw that they had received good care such as frequent repositioning and regular input from the hospice and GP. People's families were able to spend the final hours with their loved ones and could visit without undue restriction. The registered provider was trialling a new palliative care booklet that would be rolled out to all services once feedback had been gathered.

Is the service well-led?

Our findings

Quality monitoring systems were not effective in monitoring the level of service provided to people. A full programme of quality audits was in place; however, shortfalls identified at this inspection had not been identified by the registered manager or the provider during their auditing of the service. For example, the issue of monitoring falls correctly, completing capacity assessments accurately, care plans being written in a person centred way and safely auditing medicines had not been identified and rectified by audits. Therefore the systems and processes in place to monitor and improve the quality of the services provided were not sufficiently robust or effective in doing so. Records had not been consistently accurate and contemporaneous information had been lacking in some key areas such as risk assessments and care plans.

The failure to ensure there were systems in place to assess, monitor and improve the quality of service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and the registered provider were aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. We saw that any incidents that had met the threshold for Duty of Candour had been reported correctly.

The registered manager was given support from a regional manager who supervised and appraised their performance and oversaw quality monitoring with the registered manager. The registered manager told us that the regional manager was supportive and visited the service regularly. The registered manager received good support from the nursing staff and deputy manager and was able to delegate tasks and also be available to help out senior staff when needed. The registered manager had an operations manager they could contact if they were unable to reach the regional manager and attended a monthly meeting of other managers from the provider's regional management group. People and their relatives told us that they had confidence in the registered manager. One person told us, "I like [manager], she always comes to see me and asks if I am alright and I'm sure she would act on anything I told her." One relative commented, "The manager is very nice. I've never had any issues, but would feel comfortable to raise them with the manager, who has said that we must tell her if we've got any concerns."

There was an open and friendly culture in Firtree House. The registered manager had a vision to deliver person centred support and achieve good outcomes for people. The registered manager was aware of the day-to-day culture in the service, and was a visible presence in the service. The registered manager had completed daily workarounds of the service and had picked up on and addressed issues such as some staff speaking their first language, and leaving people's slings on hoists. There was an open door policy and we saw that staff entered freely to discuss work matters with the registered manager. There was an open culture fostered by regular meetings for staff, such as the 'have tea with the manager' meeting where staff can sit

and talk about anything, as well as regular formal supervisions for staff. In addition, the registered manager had been nominated for the provider's manager of the year awards for their approachability. The provider had been promoting equality and diversity within its workforce by providing all staff with equality and diversity training, appointing the deputy manager as the services diversity champion, and following the principles of lawful recruitment under The Equality Act 2010.

People, their relatives and staff members were involved in the service and regular feedback was sought through questionnaires. The registered provider used an electronic tablet with an online survey to obtain feedback from visitors, professionals and relatives in a quick and easy format. This increased the amount of responses to surveys. We reviewed the results of the last staff survey which had positive feedback, as well as the last service user's survey which also had very positive results, such as cleanliness of the home being rated as outstanding or good. There were regular residents' meetings and relatives meetings and people and their friends and relatives were involved in periodic reviews of care plans. The service enabled and encouraged good communication with people who use the service and their relatives and friends. People were given space to meet with their relatives and friends through open visiting times and offering people a meal to share with their loved ones during their visit. People had been assisted with different forms of communication such as video calling over the internet with relatives who lived abroad. Staff had also helped people to use their mobile phones.

The service was continuously learning and improving, and learning was shared with staff members. There was a clinical governance report updated every month that identified the number of incidents and accidents and broke them down in to categories such as the type of incident, or whether they resulted in a hospital admission. The registered manager learned from the falls analysis undertaken and lessons were shared with the staff team at daily meetings. Any deaths at Firtree House had been tracked and analysed to see if they were expected or not, and for any learning points. The report also tracked safeguarding referrals, compliments and complaints, infections, wounds and which audits had been completed. Once completed the report was then discussed in a 'trained staff meeting' of management and nurses for learning to be filtered down to all staff. Information technology systems were being used effectively to monitor and improve the quality of care. Call bell data had been downloaded and analysed for learning points such as which people require more assistance in the morning. There were plans for all quality monitoring documents to be put on electronic tablets for staff to access at meetings.

Firtree House had a good working relationship with the local health and social work teams. The registered manager worked closely with the local hospice and GP surgery. There was an advocacy service being provided by Age UK for one person who needed support around financial decisions. The registered manager had a good working relationship with the local authority quality monitoring team and social work team, as well as the local safeguarding adults team. Services from the local health teams regularly visited including occupational health, physiotherapy, and specialist services such as the lymphedema nurse. The service had shared appropriate information and assessments with other relevant agencies for the benefit of people. Information was shared on a need to know basis and via secure work email accounts. The service used an encrypted account to exchange confidential information with the local authority, and had an up to date data protection policy.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered persons have failed to provide care and treatment in a way that is appropriate, meets people's needs and reflect their preferences.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered persons have failed to put in to practice the requirements of the MCA
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons have failed to keep people safe from the risk of falls. The registered persons have failed to ensure the proper and safe management of medicines.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The registered persons have failed to review and take appropriate action to meet people's nutrition and hydration needs.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered persons have failed to ensure there were effective systems in place to assess, monitor and improve the quality of service.