

Eldahurst Limited

The Firs Rest Home

Inspection report

141 Malvern Road
St Johns
Worcester
Worcestershire
WR2 4LN

Tel: 01905426194

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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

About the service

The Firs Rest Home is registered to provide personal care for up to 15 older people some of whom may be living with dementia. The property is a large detached family home that has been extended and adapted to provide additional bedrooms and living space. Two of the bedrooms were registered as shared bedrooms. At the time of the inspection there were 15 people in residence.

People's experience of using this service and what we found People were looked after safely. Staff received safeguarding adults training and knew how to report any safeguarding concerns to the local authority or the Care Quality Commission [CQC]. The management of risks to people's health and welfare ensured these were mitigated, reducing or eliminating the risk to prevent harm. The number of staff on duty each shift were sufficient and ensured each person's care and support needs were met. Staffing numbers were reviewed and adjusted as needed.

The service followed safe recruitment procedures to ensure they only employed suitable staff. Pre-employment checks included written references and a Disclosure and Barring Service check. People received their medicines as prescribed. Medicines were well managed and administered by those staff who had been trained and were competent.

People needs were assessed and a care plan written setting out how they wanted to be looked after. Staff received the training they needed to enable them to do their job well. For new staff there was an induction training programme and for all others there was a mandatory refresher training programme. Staff were well supported to do their job and received a regular supervision session with a senior member of staff.

People received any healthcare support they needed with the staff team making any necessary arrangements. They received food and drink that met their specific dietary requirements and were encouraged to have an input in menu planning. Any preferences they had regarding food and drink were accommodated.

People were encouraged to retain as much choice and control of their daily lives and staff supported them in their best interests. The service was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

The staff and management team was caring. People were looked after by staff who had worked at The Firs for many years and were kind and caring. People were complimentary about the way they were looked after and the kindness of staff. People were encouraged to make their own decisions about their daily life and the way they were looked after and to be as independent as able. The staff team had good working relationships with each other, with the people they looked after and their relatives.

The service provided to each person was person-centred and responsive to people's specific needs. People

were provided with the opportunity to participate in a range of meaningful social activities. Some were arranged in-house but in addition external entertainers visited the service.

The provider/registered manager and deputy manager provided good leadership and management for the staff team. There was a robust programme of quality assurance measures in place to monitor the quality and safety of the service. Feedback was sought from people and their relatives and their comments were listened to and acted upon. The service worked well with health and social care services and kept up to date with best practice.

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

Rating at last inspection

The last rating for this service was Good (published July 2017).

Why we inspected

This was a planned inspection based upon the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The provider was also registered as the manager with the Care Quality Commission (referred to as the provider in the rest of the report). They are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service. This information included 'notifications' the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. The provider had completed their provider information return (PIR) prior to this inspection. This is information we require providers to send to give us some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with seven people who lived at The Firs and also spent time observing the interactions between them and the care staff. We were able to speak with two people's relatives who were visiting their family member. We spoke with the provider, deputy manager and seven other members of staff.

We looked at three people's care records, staff records and training records, policies and procedures, complaints, audits and quality assurance reports.

After the inspection

Following the inspection, we spoke with two health care professionals. Their feedback is included in the main body of the report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- ☐ People told us, "I feel very safe here" and "I really like the staff who look after me, they are gentle with me". Relatives we spoke with had no concerns regarding the safety of their family member.
- ☐ Staff had completed safeguarding training and knew what to do if they had any safeguarding concerns. Details regarding reporting protocols were displayed in the office.
- ☐ Both the provider and deputy manager had also completed safeguarding training with Worcestershire County Council.
- ☐ Staffing levels were adequate and ensured every person's care and support needs were met. The number of staff on duty for each shift was adjusted as and when needed.
- ☐ The care team were supported by kitchen staff and cleaning staff. An activity organiser had just been recruited to join the team. Relatives we spoke with during the inspection felt staffing numbers were appropriate.
- ☐ Safe recruitment procedures were followed when taking on new staff to ensure they were suitable. Pre-employment checks included written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. Many of the staff team had long service at The Firs, meaning people were looked after by a consistent staff team.

Assessing risk, safety monitoring and management

- ☐ People's health and welfare needs were assessed, and any risks identified. Management plans were written to reduce or eliminate the risk. These were kept under review and amended as necessary.
- ☐ Mobility care plans detailed the equipment to be used and the number of staff required.
- ☐ Personal emergency evacuation plans were written for each person. These set out the level of assistance the person would need if there was a fire and they needed to leave the home.
- ☐ The provider had a programme of weekly and monthly checks in place to keep the premises, people, visitors and staff safe. Checks included the fire safety equipment, hot and cold-water checks, servicing and maintenance of all equipment and the premises.
- ☐ The service had recently been visited by the environmental health service and been awarded the full five stars for food hygiene.

Using medicines safely

- ☐ Medicine management was safe. The process of ordering, receiving, storing and disposing of medicines were all robust.
- ☐ If people wanted to retain managing their own medicines, an assessment would be undertaken to

determine whether this was safe. At the time of this inspection, staff were administering all medicines.

- ☐ Only those staff who had completed safe medicine administration training and been deemed competent, administered medicines.
- ☐ Medicine charts were checked at each medicine round to ensure they had been completed correctly. This meant any recording errors would be picked up quickly and addressed.

Preventing and controlling infection

- ☐ The Firs was clean, tidy and free from any odours. Housekeeping staff maintained the cleanliness of all areas of the home.
- ☐ The service has had no outbreaks of infection in the last year. They have a policy to follow if an individual showed symptoms of illness.
- ☐ Personal protective equipment such as disposable gloves and aprons, and cleaning materials were provided for staff use.
- ☐ The deputy manager completed infection control audits (as part of the health and safety audit) every three months.

Learning lessons when things go wrong

- ☐ The deputy manager analysed any accidents or incidents each month. This meant they were able to identify any trends that showed up and were able to take action to prevent the same happening again.
- ☐ Staff completed a report following any incident. Follow up action was recorded, and the forms were signed off by the deputy manager. The provider was informed regarding any incidents.
- ☐ The provider and deputy would use any learning from complaints for example, to make changes and drive improvements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- ☐ The provider/registered manager would visit people in their own homes and undertake an assessment of their care and support needs, prior to offering placement. People would only be admitted if the care team had the appropriate skills to meet their needs and any required equipment was available.
- ☐ Information from other parties such as hospital staff, community-based staff and relatives was gathered to ensure they had a full picture regarding the person.
- ☐ People were provided with person-centred care, based upon their specific needs and their individual preferences. People had a say about the way they wanted to be looked after.
- ☐ Staff received a handover report at the start of each shift. This meant they were always informed of any changes in people's needs.

Staff support: induction, training, skills and experience

- ☐ Staff received the training they needed to do their job well. The provider had an induction training programme for new staff to complete and a mandatory programme of training for all other staff to complete. This included moving and handling, food hygiene, fire safety and safeguarding adults for example.
- ☐ Training records were kept for each staff member. The deputy manager reviewed these each month to ensure staff stayed up to date with their training. All staff spoken with during the inspection confirmed they were up to date with their training.
- ☐ Staff also confirmed they had a regular supervision session with the deputy manager or the provider/registered manager. In these meetings discussions were held regarding what was going well, where things could improve and any training needs.

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

- ☐ People's dietary needs were assessed, and they were asked what they liked to eat and drink. Preferences, dislikes and food allergies were taken account of when planning people's meals.
- ☐ Meals were provided four times a day along with morning coffee and afternoon tea and cake. Meals were a mix of homemade and frozen foods. On the day of inspection, spaghetti bolognese or chicken kiev was served. The tea-time meal consisted of a hot snack, soup and sandwiches.
- ☐ People were involved in making decisions regarding what meals were served. One person said, "They (staff) ask us what we fancy". Other people said, "The food is really nice here" and "You cannot fault the food – best part of the day".
- ☐ Kitchen staff were informed if people has lost weight and needed build-up drinks. Also, if people needed

blended food or a soft diet.

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

- People were all registered with a local GP. If possible they could retain their own family GP if this was feasible. Most people were registered with one GP practice. The staff requested GP visits as and when needed.
- The service used a community paramedic service on the whole. They would visit people and provide medical advice and liaise with the GP regarding prescriptions.
- Feedback we received from healthcare professionals was positive. We were told they were contacted in a timely manner, followed any instructions that were left and "Looked after their patients well".
- Staff worked with other healthcare services. For example, district nurses, dentists, opticians, foot care practitioners and community mental health services.

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

- The Firs is a large detached family home that had been adapted and extended to provide 13 bedrooms. Two of the bedrooms were shared and privacy screening was in place. Most of the bedrooms have ensuite facilities.
- There is one large communal lounge and one dining room. There are sufficient assisted bathrooms/shower rooms and a toilet located near communal areas. A private garden to the rear of the property has outside seating areas and can be accessed from the lounge or three of the bedrooms.
- There was a range of different beds in the bedrooms including hospital type or ordinary divan. Rooms were fitted with a call bell system. Other items of equipment seen included raised toilet seats, sensor mats, air mattresses and stand-aids to meet people's varying needs.
- The home was decorated in a homely style and was well maintained throughout.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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/registered manager had attended a training session with Worcestershire County Council regarding the MCA and DoLS and were fully up to date with the legislation.
- Staff received in-house training regarding the MCA and DoLS. Each staff member we spoke with knew the importance of gaining people's consent and understood the need for people to agree to be assisted. We heard people being asked to make choices about aspects of their daily life.
- At the time of this inspection there were no DoLS authorisations in place. Three applications had been submitted to the local authority and were in their waiting list.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People said, "I like it here, they (the staff) are very kind to me", "I am very well looked after" and "Couldn't be better looked after". Relatives were also very complimentary about The Firs and the staff team. They said, "We were looking for a place for mum and we received such a lovely welcome that we knew this was the right place" and "Mum could not receive better care. The staff are delightful, and I love visiting". One of the healthcare professionals told us, "Patients are really well looked after".
- ☐ The staff team genuinely cared about the people they looked after. More than one of them said, "We are one big happy family". Our observations during the inspection confirmed this.
- ☐ Interactions between people and the staff evidenced they had good relationships with them. People were relaxed and doing what they wanted to, either watching television or spending time in their own room.
- ☐ Staff, people and relatives said they would recommend The Firs as a place to work or live.

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

- ☐ People were encouraged to make decisions about their life and the way they were looked after. The last 'residents' meeting was held in September 2019 and they were asked about what meals they wanted or the activities that were arranged.
- ☐ When care plans were reviewed people were encouraged to participate and also have a say about anything they may be unhappy with.
- ☐ Relatives were able to meet with the provider or deputy manager at any time. Relatives told us they would be listened too.

Respecting and promoting people's privacy, dignity and independence

- ☐ Interactions between people and the staff team were polite and kind. The staff spoke nicely about people and were respectful of their preferences and choices.
- ☐ People's dignity and privacy were maintained. Staff knocked on doors before entering bedrooms and personal care tasks were carried out in private. We observed the care staff dealing with one situation where a person needed personal care, and this was done sensitively and discreetly.
- ☐ Each person looked well cared for, were clean and tidy, well-dressed and well-groomed. A hairdresser was visiting the service whilst we were there. One person said, "I like having my hair washed and set. This is always the highlight of my week".
- ☐ The staff encouraged people to remain as independent as possible, whether this was in respect of mobility or eating their meals.

Is the service responsive?

Our findings

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

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

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

- ☐ A personalised care plan was written for each person. The plans provided instructions for the care staff regarding how the person's care and support needs were to be met. People's preferences and choices were included and evidenced their involvement. The plans provided a true picture of the person's needs.
- ☐ The level of detail was good in people's care plans. One person's diabetic care plan provided clear information for the staff what they should do if their blood-sugar levels were either too high or too low.
- ☐ Staff were able to speak knowledgeably regarding people's choices and their care and support needs.

Meeting people's communication needs

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

- ☐ Information was shared with people in accordance with the Accessible Information Standard. Any member of the public who enquired about The Firs was given a copy of the home's brochure. A copy of the provider's statement of purpose and service user guide was displayed in the hallway. The registered manager would provide documentation in an alternative format if required.
- ☐ A number of people were hard of hearing and this was detailed in their care plan. Plans also stated when a person had limited conversation ability or were non-verbal.

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

- ☐ The service had recently employed an activities organiser who was going to join the staff team. A range of different activities were arranged on a weekly basis. For example, sing-a-longs, painting, 'knit and knatter' and a chair exercise session.
- ☐ External entertainers visited the service and provided entertainment for people.
- ☐ Staff spent time with people who preferred to remain in their bedrooms. One person told us, "I don't like to spend time in the lounge. I like to stay here and watch my TV. I watch the TV all day every day, but I am quite content".

Improving care quality in response to complaints or concerns

- ☐ The service had a complaints procedure in place, a copy of which was displayed in the hallway. The service had received three complaints in 2019 and each had been resolved satisfactorily.
- ☐ People told us they had no complaints and would feel able to speak to any of the staff if they did. People

thought they would be listened to. Relatives said, "I have never had to make a complaint. I am sure the manager would listen and take action if need be".

- The Care Quality Commission had been informed of one issue and this had been redirected to the service and handled appropriately.

End of life care and support

- People's care records included decisions made in respect of resuscitation after sudden collapse and also any end of life care wishes.

- The Firs is a residential care home and not registered to provide nursing care to people. However, the service would endeavour to look after people who developed palliative and end of life care needs.

- The care team would work in conjunction with the person's GP, district nurses and relatives to achieve. One member of staff said, "This has been their home and they have a right to die at home. It is very rewarding looking after people well, who are at the end of their life".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- ☐ People, relatives and the staff team all talked about the lovely atmosphere at The Firs and described the aim to retain a big family home feel.
- ☐ People were at the heart of all decisions made and they were encouraged to have a say about life at The Firs. People's views and opinions were sought and acted upon.
- ☐ Staff told us they were listened to if they made suggestions about how things could be done differently or about things that would benefit the lives of people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- ☐ The provider and deputy manager were both very much involved in the day to day lives of people and were actively involved with the staff team. They were both approachable, open and honest.
- ☐ The deputy manager was in day-to-day charge of the service however the provider visited the service every day. They were fully aware of all aspects of the service.
- ☐ Relatives told us they were kept informed of any changes and things that had happened in the home. One relative said they had been telephoned when their family member had not been so well.
- ☐ The deputy manager knew when notification forms had to be submitted to CQC. These notifications informed CQC of certain events that had happened in the service. One of the senior staff told us they were also aware when notifications had to be submitted. As they regularly led shifts at the weekend they would be expected to complete this task.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ The provider has worked in the care sector for 40 years, previously running three care homes but now just The Firs. The deputy manager had been at the service for three years, was a qualified nurse and had previously been a registered manager of a nursing home. They both provided good leadership for the staff team.
- ☐ Both the provider and deputy manager were appropriately qualified. They attended training sessions and learning events to remain up to date with best practice.
- ☐ The provider had a programme of audits and quality checks in place which were completed by the deputy manager. Examples included infection control, health and safety and the management of medicines.
- ☐ Each month the deputy manager looked at the prevalence of accidents and incidents, complaints

received and staff compliance with training. Information was shared with the provider as well as the staff team.

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

- ☐ The provider's last annual questionnaire had been completed in March 2019. People and relatives had been asked to comment on the premises, the staff, laundry, food and the standard of care. Responses had been "good" or "excellent".
- ☐ Resident meetings, staff meetings, care plan reviews and general feedback from daily discussions were all sources of information used to formulate how the service was run.
- ☐ The service has links with the local schools and colleges. Students doing work placements or sixth formers wanting to gain experience before their medical studies visited the service and interacted with the people who lived there.

Working in partnership with others

- ☐ The service had good working relationships with health and social care professionals who were involved in people's care and support.
- ☐ The provider and deputy manager attended the West Midlands Care Association and met with other registered managers. This enabled them to keep up to date with best practice and share learning.
- ☐ The service also had links with the Worcestershire County Council care providers forum and the clinical commissioning group.