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Firs Residential Home

Inspection report

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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

Firs Residential Home provides residential support and care for up to 33 older people. At the time of our inspection there were 27 people living at the home. At the last inspection, in September 2015, The service was overall rated as 'Good' however we found that not all staff training was up to date. We issued one requirement action. At this inspection we found improvements had been made.

People remained safe at the home. People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. There were policies and procedures in place which minimised the risks of abuse to people. The risks to people had been assessed, recorded and plans were in place to manage these risks and keep people safe. People received their medicines safely and as prescribed from trained staff.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is legislation protecting people who are unable to make decisions for themselves or whom the state has decided need to be deprived of their liberty in their own best interests. We saw people had a choice of food and drinks with snacks also available throughout the day.

People were treated with dignity and respect. People were asked their preferences about how they wanted to be supported and cared for. These details were recorded in people's care plans including their end of life wishes. People were supported to see other health and social care professionals when they required additional support.

Staff adopted a kind and compassionate approach to their work. People's involvement in decision-making was encouraged. People's rights to privacy and dignity were understood and promoted by staff. People's choices were respected.

Person centred plans were in place and people and their relatives were involved in planning the care and support they received. Care plans were regularly reviewed.

People, staff and professionals spoke highly about the registered manager and staff. The registered manager and registered provider continually monitored the quality of the service and made improvements in accordance with people's changing needs. When concerns were raised during the inspection the management were proactive in responding to them. The registered manager promoted an open culture which put people at the centre of the service.

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 remains Good.

Is the service effective?

Good ●

The service was effective.

The registered provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional and healthcare needs had been assessed and were met.

People were cared for by staff who received regular training and were suitably supervised and appraised.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 registered 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 20 November 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the registered provider is required to send us by law. In addition we reviewed the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spent time and spoke with the four people who currently lived at The Firs. We also spoke with a visiting healthcare professional who had experience of the service. We looked around the premises and observed care practices on the day of our visit.

We reviewed seven people's care records including their medicines administration records. We looked at four staff files including recruitment, training, supervision and duty rotas. We read other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The service continued to provide safe care. People told us they felt safe living at the home. One person said, "I feel very safe indeed." Another person told us, "There is no need to worry about anything it's very safe here." Some people were living with dementia and were not able to tell us whether they felt safe. Through our observations we saw people looked content and comfortable in their surroundings and when staff interacted with them.

The service followed appropriate recruitment practices. Staff files contained appropriate information including, an up to date criminal records check, two satisfactory references, photographic proof of identity and interview questions and answers. This meant the registered provider could be assured that employees were of good character and had the qualifications, and skills to support people using the service.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The registered manager ensured there were sufficient staff deployed to meet the physical, social and emotional needs of the people who lived at the home.

Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff had received training, were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us, they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse.

Care plans contained risks assessments which outlined measures in place to enable people to maintain their independence with minimum risk to themselves and others. These included risks relating to people's moving and handling needs and environmental risks. From these assessments a plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to enable them to mobilise safely. We saw staff interacted and reminded people to use their walking aids when they got up to walk.

People received their medicines safely, when they needed them. We saw medicines were administered in an individualised way. One person told us, "I get my tablets regular as clockwork." The care plans had identified how each person liked to take their medicine and staff followed the directions carefully. We found Medicine Administration Records (MAR) had been correctly completed. However, we found two liquid medicines which did not have an 'opened on' date. Whilst medicines audits had been completed the registered manager had committed to increasing the frequency of auditing medicines to minimise such oversights. All staff who administered medicines had received appropriate training.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'requires improvement'. This was because we found some staff training was out of date. At this inspection we have judged that the rating is 'good'.

People received care and support from staff who had the skills and knowledge to meet their needs. New staff completed the registered provider's induction training to prepare them for their new job roles. As part of this, they worked alongside more experienced colleagues, and were given time to read and ask questions about people's care plans. After completing the home's induction programme, staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. One staff member told us, "Training is constant and excellent." Staff also attended regular one-to-one meetings with the registered provider to receive feedback on their work, and discuss any additional support they may need.

Staff had also received training in The Mental Capacity Act 2005 (MCA) to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. We saw staff offered support to people and involved their relatives [where appropriate] when they made decisions. Staff checked people wanted to receive care and respected the decisions people made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where staff needed to make specific decisions in some people's best interests the necessary action had been taken so people's rights had been protected. We saw staff were helpful, positive and sought consent from people before supporting them with their care needs.

People told us they were happy with the food provided and that they were offered plenty to eat and drink. One person told us, "The food is very nice, I like it a lot." Another person said "I have a choice for every meal so I can't complain." We observed people being offered regular drinks and snacks throughout the day. We saw breakfast and lunch being served and enjoyed by all.

People had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists. The registered manager told us they had good links and support from healthcare professionals. A visiting nurse told us "Everything always seems in good order. The other nurses in my team also speak positively about the home."

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they thought that the service was caring and they were treated with dignity and respect. One person said, "I think the staff are smashing. They help me with all the things I struggle to do myself." Another person told us, "I enjoy living here. The staff make it an enjoyable place to be." A third person said, "I am very happy to be here."

We observed people were comfortable with staff. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, we saw a staff member warmly greet a person before assisting them to move from the lounge to the dining room. The person was happy to see the staff member and they talked throughout the process.

The registered provider and staff supported people's involvement in decisions that affected them. People's care files provided evidence of their participation in care planning and gave staff guidance on how to promote effective communication. Throughout our time at the home, we saw staff consulting with people about their care needs and routines, such as how they wanted to spend their time or where they wanted to go next. The registered provider held 'residents' meetings' to provide people with another means of sharing their views on the service.

People's privacy and dignity was respected and people were able to spend time alone in their bedrooms if they wished to. Staff offered people assistance with personal care in a discreet manner. Each person had their own bedroom. Bedrooms were very individual and personalised with people's belongings, such as small items of furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

People's care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. People were supported to maintain relationships with family members as they wished and family members were welcomed by staff when they visited the home.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The home continued to provide a responsive service. People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives such as, where they preferred to be and what they wanted to do.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

Each person had a care and support plan based on their assessed needs which was reviewed regularly. The care plans provided clear guidance for staff on how to support people's individual needs. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express a preference, the staff consulted with their close relatives to gain further information on people's tastes and preferences. Staff had knowledge and information about people's social history, previous interests/hobbies and people who were important. This showed staff knew people and what was important to them. However, these details were not always recorded in the care plan document. The registered provider and registered manager told us this would be addressed immediately.

During the inspection one person required the assistance of a medical professional. Staff ensured the person was constantly supported and reassured whilst others co-ordinated with the GP who had been called out. Staff maintained a calm manner so as not to raise any anxiety amongst people whilst maintaining the person's dignity with a privacy screen.

Daily log sheets were completed for people with details of what time they woke up, who they were supported by or did their personal care, support with medicines and what they had eaten. Any issues or incidents were also documented.

People knew how to complain if they needed to and were confident any concerns would be taken seriously by the registered manager. A copy of the complaints procedure was displayed and people knew how to raise a concern.

People were supported and enabled to spend time in ways they enjoyed, and to pursue their interests. A range of activities were organised at the home, which people could choose to join in with, if they wished. One person told us, "There always seems like there is something going on." One person showed us her painted nails which a member of staff had done for them. They told us, "I don't need a lot to be happy, just a little bit of fuss now and then."

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

There was a registered manager in post at the time of our inspection. 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.

The registered manager was very visible and well known to the people who lived at the home, the staff team and visitors. All spoke very highly of the registered manager and registered provider and were complimentary about the culture within the home. A person living at the home said, "She [registered manager] is very nice indeed." A visiting healthcare professional told us, "The staff and management are good and proactive. There seems to be a good atmosphere."

People were cared for by staff who were supported and kept up to date with current developments. Each member of staff had regular one to one supervision where they were able to discuss their performance, highlight any training needs or concerns to be addressed in a confidential manner. There were also meetings for staff where a variety of issues could be discussed. There was a handover meeting at the end of each shift where staff passed on information about each person's health and welfare that day. This ensured all staff were kept up to date with people's care needs.

The registered provider and registered manager completed audits and checks to enable them to monitor and improve the quality of people's care at The Firs. As part of this, they checked the health and safety arrangement at the home, current infection control measures and procedures for the management of people's medicines. The registered provider was in the final stages of developing and implementing a comprehensive quality assurance tool based on the CQC's key lines of enquiry. This showed the registered provider and registered manager were constantly striving to improve the home.

The views of the people who lived at the home were sought on a daily basis and satisfaction surveys were sent, periodically to people's relatives, representatives and professionals to gain their views on the quality of the service provided. The results of the most recent survey had shown a high level of satisfaction with all aspects of the service provided.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service made appropriate notifications to the Commission.