Ashmere Derbyshire Limited

The Firs Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 9 March 2018 and was unannounced. This was the first inspection of this service for the provider, Ashmere Derbyshire Limited.

The Firs Care Home with Nursing is a care home that provides accommodation with personal care and is registered to accommodate 42 people. The service provides support to older people who may also be living with dementia. The shared accommodation is on the ground floor and there are bedrooms on the ground and first floor. The home also provided an extra care service which provided a specialist dementia care service for 12 people. The home is located in the Ripley. There are public facilities and public transport services within easy reach of the home.

The Firs Care Home with Nursing 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. At the time of the inspection there were 32 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicine systems needed to be improved to ensure it was clear what medicines people received and this was recorded. We have made a recommendation about the management of some medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People made decisions about how they wanted to receive their care although information was needed about how people had decided not to be resuscitated. People received support to stay well and had access to health care services. People liked the food that was prepared and they had a choice about what they ate and drank. Staff had opportunities to develop further skills and knowledge to work effectively in their roles.

There were enough staff to provide support to people to meet their needs. Staff had a good understanding of safeguarding people and what constituted abuse or poor practice and how to act if they suspected harm. People's risks associated with their care were identified, assessed and managed to reduce this. Staff had been suitably recruited to ensure they were able to work with people who used the service.

People had developed positive relationships with the staff who supported them respectfully and with kindness. Staff knew people and their family well. The staff understood the importance people placed on their possessions and enabled them to look after them.

People were able to regularly review their care to ensure it was still relevant for them. People enjoyed a varied programme of entertainment and support with their hobbies.

People's family and friends were welcomed into the home and they continued to play an important role. People knew how to make complaints and were confident that the staff and provider would respond to any concern and they could approach them at any time.

People felt the home was well managed and the registered manager was approachable and keen to listen to their views. Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise their views about the service on how improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines management systems needed to be improved to ensure medicines were accurately recorded and demonstrated what medicines had been administered. Staff knew how to protect people from abuse and how to escalate and report their concerns. People's risks were assessed and there were individual management plans in place to keep people safe. There were sufficient numbers of suitably recruited staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff had received training which gave them the skills they needed to care for people effectively. Staff understood how to support people to make decisions. People were supported to eat and drink the food they enjoyed. Specialist advice was sought promptly when people needed additional support to maintain their health and wellbeing. The home had been designed to meet the needs of people who used the service.

Is the service caring?

Good

The service was caring.

People enjoyed the company of staff and they were kind and polite to them. Staff demonstrated a genuine interest in people and valued their company. Staff recognised people's right to privacy and promoted their dignity. Relatives felt supported by staff and could visit whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care was planned and reviewed with people and their relatives to reflect their individual likes and dislikes. Staff understood what was important to people and delivered care which recognised their individuality and respected their preferences. People were supported to spend their time as they wanted. Staff provided a variety of activities for people to take part in with or without the company of their families. People knew how to raise concerns and were confident that they would be listened to.

Is the service well-led?

Good

The service was well-led.

People and their relatives and staff were given the opportunity to share their views of the service and told us it was well-led. The provider was monitoring aspects of the service and using the information to improve care when necessary.

The Firs Care Home with Nursing

Detailed findings

Background to this inspection

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

This inspection visit took place on the 9 March 2018 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority for their feedback about the service.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with eight people who used the service and four relatives. We also spoke with six members of care staff, the dementia service manager, the community relations manager, the area manager and the registered manager. We also spoke with two social care professionals. We did this to gain people's views about the care and to check that standards of care were being met.

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

Requires Improvement

Is the service safe?

Our findings

Medicine management systems needed improvements to ensure that all medicines were clearly recorded. Some people needed variable doses of 'as required' medicines and it was not always clear how many tablets had been administered. This also meant it was not possible to complete an accurate audit of medicines stored in the home. Medicine audits were completed and we saw that these recorded that all medicine administration sheets (MARs) had been completed; however, we saw gaps where signatures were missing. Where there were gaps on the MARs and medicines had not been signed for, there was no system in place to report this, to ensure action was taken on that day. People felt they received their medicines when they needed these. One person told us, "I have my tablets four times a day. I prefer to take them on a spoon and that's what the staff do, and then I'll have a drink." However how medicines were recorded needed to be improved to comply with medicines guidance.

We recommend that the provider considers current best practice guidance for managing medicines and take action to update their practice accordingly.

Staff understood their role in keeping people safe from avoidable harm and abuse. Staff spoke with confidence about the actions they would take if they thought someone was at risk. Staff had received training on how to act and told us they would not hesitate to report concerns and knew they would be listened to. Where there had been safeguarding concerns raised, the registered manager and staff had liaised with the local authority to ensure these were investigated.

Where people needed equipment to move safely, risk assessments had been completed to demonstrate how people needed to be supported to minimise harm. One person told us, "I need the hoist to move around and the staff know what they are doing. The staff know they need to use the top blue hoist loop and they always use the right one." We saw staff supporting people who were able to walk with assistance to get safely from one area to another. Where people had mobility aids, we saw these were placed in reach of people and they were able to move around the home unrestricted. One person told us, "I have my walking frame and the physio has shown me exercises I need to do so I can walk again. I like to try and be independent where I can, so this means a lot to me."

There were sufficient staff to care for people. We saw that staff were based in the communal rooms throughout the day. When staff needed to leave the room, we saw they ensured that another member of staff took their place. We saw call bells were responded to promptly. People felt safe and one person said, "I wear a buzzer around my neck so if I need anything, I can just call the staff. The staff come straight away and I haven't fallen since I've been here which is so much better for me."

People were satisfied with the standard of cleanliness in the home. We saw staff wore gloves and aprons where this was needed. There were hand gels in the entrance hall for visitors to use when they visited the home. An infection control audit was completed to identify if standards were not being maintained, this included checking whether staff wore a watch when delivering care or had long nails which may result in them causing accidental harm to people.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal record checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The registered manager had ensured that lessons were learnt and improvements made when things had gone wrong. Records showed accidents and near misses were analysed so that they could establish how and why they had occurred. We also saw that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls. The home had been involved with implementing a new electronic care planning system. The registered manager spoke enthusiastically about having the opportunity to be one of the first homes within the provider's organisation to use this system. They had considered how implementation within the providers other homes could be improved. One aspect was having access to scanners to ensure any attached information or evidence could be easily uploaded onto the electronic system.

Good

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We heard staff checking for people's consent and giving people choices before providing care. It had been identified that a number of people may no longer be able to make decisions about their safety or whether they understood why they needed to be supported. Capacity assessments had been completed for these particular decisions and described how capacity had been assessed and a best interest decision had been recorded. Some people had a do not attempt to resuscitate order and we saw this had not always been fully completed by the GP, which had not been identified by the registered manager, and there was no evidence of how capacity had been assessed. When we discussed this with the registered manager, they made arrangements to contact the GP during our inspection and review how these decisions were made. This would ensure that these were only made in people's best interests where they lacked capacity. Where any restrictions had been identified, the registered manager understood their role to ensure applications to lawfully deprive people of their liberty had been made and continue to provide care in the least restrictive way.

People felt the staff had the skills and knowledge to provide their care effectively. One relative told us, "I couldn't be happier with the care they provide. I have every confidence in the manager and staff and are very happy with the support they provide to us all." There was an induction programme for new members of staff which included training and support. One member of staff told us, "It doesn't matter what your role is here, we all do the same induction; volunteers, maintenance staff and care staff. The induction covers health and safety, moving and handling and end of life care. It's comprehensive enough so you can come in and do your role."

A dementia service manager supported staff within the home with dementia training and reviewing the service delivery. They told us, "We have worked closely with a furniture company who are considered, 'dementia friendly' and we have taken advice on any new furniture we purchase and what furnishings are provided to ensure they are suitable. We have also looked at the uniform staff wear. Staff now where bright coloured tops." One member of staff told us, "We felt this was friendlier that the uniforms we used to wear. We all got to choose the colour we wanted to wear and people seem to like it better." Staff spoke positively about the dementia training provided. One member of staff told us, "Part of the training was looking at our own life and thinking about what was important to us. I helped me think about what I should ask people when writing care plans."

People enjoyed the food that was prepared and were provided with a choice. One person told us, "I chose to have a cheese, mushroom and bacon omelette today. They always tell me what the meals are, but like today, they are more than happy to prepare something different for me." There was a pictorial menu on display to help people chose a meal and know what was being served. We saw that staff showed people what they had chosen for lunch and checked with them that they didn't want to change their mind. We observed staff talking with people and involving them whilst they sat and supported them. People were not rushed to eat and we heard staff asking if people were ready before offering more food. Staff encouraged people to be as independent as possible. Where people needed specialist equipment to support them to be independent, we saw this was provided. One person told us, "I like to drink out my special cup. It's better for me to drink from this cup as I can manage it better on my own." Snacks and drinks were available throughout the day and one person told us, "This morning we had some fruit for a snack. I enjoyed that." People told us they enjoyed eating out in the garden during the warmer weather. One person said, "I like to eat my meals out when it's warm; it's lovely out there and I really enjoy those days." People's weight was only monitored where there was considered a need. We saw action was taken if there was concern about weight loss or other concerns were noted.

People were visited by healthcare professionals whenever additional advice or support was required. One person told us, "I have my hearing aids checked regularly and the staff always make sure my batteries are fitted correctly and they are working." Another person told us, "The physiotherapist visits me each week and we do some exercises together. The staff know all about them and will help me when I'm trying to do them during the week."

All shared environmental facilities were on the ground floor. There was a main lounge, a conservatory area and seating facilities in the large entrance hall and one dining room in the main part of the home. There was also an extra care unit in the home which provided specialist dementia care service for people. This area had its own lounge and dining area for people to use. All areas of the home were accessible for people and there was a lift for people to access the first floor. People told us they liked the home and were happy with the environmental standards and told us it felt 'homely'.

Good

Is the service caring?

Our findings

People maintained relationships which were important to them. Staff recognised people's rights to have personal relationships and have opportunities to be intimate and share time together. Relatives could visit anytime and we saw family and friends visit throughout the day. People and their relatives told us they were happy and were complimentary about the care and support they received. One person told us, "My family visit any time they want. It's my wedding anniversary soon and we are planning a party here. We are inviting all the family and that isn't a problem. The staff have been really helpful and supportive and it will be nice to share this with family and friends." One relative told us, "I visit here all the time and I have my own ID badge and a swipe card to get in the front door, so it means it's easier to pop in at any time. This makes it's much friendlier and we are always welcomed."

Staff recognised the value people placed on their personal possessions and offered them their handbags and placed these in reach so people could access them. Some people held soft toys and they spoke and interacted with them; this is known as 'cuddle therapy'. Cuddle therapy may bring back memories of early parenthood and caring for a doll or soft toy can play a major part in some people's life. The staff understood the value of this therapy and we saw where people were involved with an activity or were eating a meal, the staff offered to look after their 'baby' and ensured they were kept informed about how their baby was.

People were complimentary about the staff and the care they provided. One person told us, "I've no complaints. You've only got to ask for something and you get it. I have no problems with the staff." One relative told us, "It was the best decision to come here. The staff are just so friendly and we have such a good relationship with the staff; people are looked after impeccably. The staff are lovely and genuinely care about their jobs." People were called by their preferred name. One person told us, "The staff call me [Name]. It isn't my proper name but the staff know what I want to be called this." Staff were proud of the service they delivered and how people were supported. One member of staff told us, "We are like a family here and in all the staff's eyes, people come first." People chose how they wanted to spend their time. One person told us, "The staff get me up quite early because that's what I like. They always make sure I'm clean and I get to choose what I want to wear.

People were treated them with respect. People's dignity was promoted by staff who spoke with them discreetly when enquiring about their personal needs. We saw that people were supported to maintain their appearance and looked well presented. We saw staff adjusted people's clothing to ensure they were covered. We saw staff checked that people's faces and clothes were clean when they'd finished eating to maintain their presentation if they were unable to do this for themselves.

People were supported to maintain their privacy. We saw staff knocked on people's bedroom doors and bathrooms before entering. One person told us, "The staff are very polite and always knock on my door." Staff recognised the importance of supporting people to remain as independent as possible. We saw staff checking people were safe as they moved themselves onto chairs. Staff stayed with people and reminded them to feel for the chair arms and seat before sitting but allowed people to do as much as they could for themselves. When people needed to be moved with the assistance of staff we saw they were offered

constant reassurance. We saw whenever the hoist was used staff recognised people could feel vulnerable and spoke reassuringly to them. Where people had moved forward and looked uncomfortable in their chair, the staff used moving equipment to safely move people into a more comfortable position.

Good

Is the service responsive?

Our findings

People received care and support in the way they preferred and their support needs had been discussed and agreed with them. A new electronic support plan had been implemented in the home and staff carried small electronic tablets which recorded the care and support people needed and when this was given. The individual support plans included information about how people wanted to be supported and their likes and dislikes and family members could be involved with any review with people's consent. People knew they had a support plan and where people's needs had changed, the support plan was updated to reflect this. One member of staff told us, "We need to ensure that we have the right information on the system so we can deliver the service we say we can."

The staff spoke positively about the new care planning system and one member of staff told us, "You find you record more information now because you make a record at the time you do something. Previously at the end of the shift, you could have forgotten some details, this way, everything is recorded." Another member of staff told us, "The new system has improved our handover. If anything significant happens, you highlight this then at handover you can tell the staff all about the important information or any changes. The new staff have to record that they have read this so it's clear who has all the new information."

People's care was planned to reflect their preferences and people were offered opportunities to socialise together or, if they preferred, spend time alone doing what they enjoyed. One person told us, "I tend to like to spend most of my time on my room. I support the local football team and like to watch them on the television." Another person told us, "We go on trips out to different places. My favourite was when we went on a canal boat. I really enjoyed that." The care records contained information about people's past lives including their work, family relationships and what they had enjoyed doing before they came into the home and one member of staff told us, "This information is really important so we can plan activities around what people like or what they used to do."

There was a notice board which recorded planned organised entertainment. One member of staff told us, "The activity staff are wonderful and always looking for things people can be involved with. People have been making valentine cards and when it gets warmer, we encourage people to go outside and plant flowers in the raised borders. Another member of staff told us, "It's really important that we know what people like to do so we can plan different activities and events." We saw people had the opportunity to be involved with music and singing activities and staff encouraged people to move to the music.

People were supported to practice their faith and staff recognised the differences in how people chose to meet their religious needs. Some people were visited by a minister if they wanted to continue to practice their faith but chose not to visit a place of worship. Staff knew people well and provided them with opportunities to use their knowledge and experience to support others. One person told us, "I am a lay preacher and will often hold a service in the home for people. I also go and visit one of their other homes to do services too. I like it when someone comes in and does the accordion with me."

The provider was reviewing how people could be supported to engage with different activities and had

employed a community relations manager. They told us they were committed to "Bringing the home out and the community in." Links were local organisations were being developed including inviting local children's groups to join people with music and dance activities. One member of staff told us, "We are looking at intergeneration activities and also looking to deliver dementia training for children so they can develop a better understanding of people. We want to match children and people and do joint activities like reading or doing gardening together." They also told us, "We are developing links with the local agricultural college and people will be able to go and visit the animals. We are very excited about how this is going to develop."

The provider had considered how information could be more accessible for people. Each person was provided with a welcome pack and this was available in large print, on coloured paper or in an audio format so people could understand the information. One member of staff told us, "We are looking at how we can use technology to support people to remember. This includes reminiscence activities. The system will have the ability to upload photographs to review and look at."

People and relatives felt comfortable raising any complaints or concerns with the staff. We saw all complaints and concerns were responded to. For example, we saw where relatives had raised concerns about the standards of care, this was responded to promptly. Where the provider recognised that mistakes had been made, they apologised.

At the time of this inspection the provider was not supporting people with end of life care; however we saw that arrangements had been made to gain information about how people wanted to be supported towards the end of their life. There was an end of life champion who took responsibility for ensuring that "people's wishes happened." They told us, "We ask people what they want for their end of life care and whether they have any particular preferences. We complete advance care plans and have regular meetings to look whether we have any concerns about people's health and their care." They continued to tell us, "When people had died; we look at the care people received to see what went well and if we could have done anything better. We have an annual end of life meeting and we let off balloons to remember people who have died." The staff had achieved recognition for their work to support people with end of life care by achieving the Derbyshire End of Life Award and The Derbyshire Dignity Award.

Good

Is the service well-led?

Our findings

People felt the home was well managed and the registered manager was approachable and supportive. The registered manager and senior staff worked alongside staff to promote good practice and so that any areas of concern could be quickly resolved. The staff felt that the registered manager was keen to listen to them and take their comments on board.

The registered manager actively sought people's views both in meetings and informally, and people and staff felt that their suggestions were appreciated and encouraged. The staff told us they felt valued and that their views were respected. We saw the last survey focused on reviewing how they felt people received their care, communication in the home and the quality of training provided. The results were reviewed and recorded what action was taken. We saw the staff felt they would like more multi-disciplinary meetings when reviewing people's care and this was responded to.

The staff felt the registered manager gave clear direction to them and were supported and valued. Staff had a good understanding of their role and responsibilities and were happy and motivated to provide support and care. One member of staff told us, "Since the new manager has been here, we've found that communication has improved and changes have been made because of the support they give to us. She believes in us and supports us."

The staff understood their role and responsibilities which they told us helped the home to run smoothly. They were able to develop their skills and knowledge and received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely.

The provider's quality monitoring system included checks on how the service was provided. Monthly checks included checking that all areas of the home were clean and tidy, interactions between staff and people were friendly, whether the call bells were responded to in a timely manner and health and safety checks had been completed. The checks also included observing how people were supported to move to ensure this was completed safely. Each month a check was made on how well the care plans were completed. We saw where the registered manager considered further information was needed, this was recorded to ensure this was reviewed and updated.

The registered manager promoted partnership working with other professionals such as local doctors' surgeries and community teams; to ensure people received the support they required. One health care professional told us the registered manager was responsive and sought advice where needed to ensure people received safe and effective care and they had no concerns about people's safety.

There was a registered manager in post who was clear on their responsibilities. They understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken.