

Northgate Healthcare Limited

# The Firs Residential Home

## Inspection report

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Date of inspection visit:  
13 December 2018

Date of publication:  
28 January 2019

### 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

What life is like for people using this service:

People told us that they were happy living at The Firs and that they received kind and compassionate care. People were encouraged to be as independent as possible and they had their dignity respected.

People received care that was personalised and responsive to their needs. People were involved in the planning of their care and were given choices about how they received their support.

Staff understood how to keep people safe and protect people from the risk of harm and there were enough suitably trained staff to meet people's needs in a timely way. People received their medicines on time and risks were managed safely.

People had access to a range of meaningful activities and there were systems in place to ensure complaints were dealt with appropriately.

People and their relatives said that the provider and the registered manager were approachable and that they were consulted about the day-to-day running of the service. There was an open culture within the service and the registered manager had mechanisms in place to monitor the care and support people received in order to continually drive improvement through the service.

Rating at last inspection: Good (report published 13 July 2016).

About the service:

The Firs is a residential care home that provides personal care with accommodation for up to 57 older people and those who may have additional needs due to dementia. At the time of our inspection there were 55 people using the service.

Why we inspected:

This was a planned inspection based on the date and rating of the last inspection. The service continues to be rated Good overall.

Follow up:

We will continue to monitor the service through the information we receive.

More information is in the detailed findings below.

## 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 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 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.

**Inspection team:** The inspection team consisted of 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. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

**Service and service type** The Firs is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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:**

To help us plan our inspection we looked at information we held about the service. This included notifications about events that had happened at the service which the provider is required to send to us by law such as notifications about safeguarding's, serious injuries and deaths. We reviewed the information the provider had sent to us in the Provider Information Return (PIR). This is information we ask the provider to

send to us at least annually to give us key information about the service such as what it does well or what improvements they plan to make.

During the inspection we spoke with five people who used the service and three relatives. We spoke with three members of staff, the kitchen assistant, the activities coordinator, two visiting professionals, the deputy manager, the registered manager and the director of the service. We carried out observations in the communal areas.

We reviewed three care records and records relating to the management of the service such as audits and the staff training matrix. We looked at Medicine Administration Records (MAR) and how medicines were stored and administered.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes

- Staff told us how they protected people from abuse and harm. Concerns were reported and acted upon in a timely way and staff had received sufficient safeguarding training.
- People and their relatives told us that they felt safe. One person said, "It's very safe here. The staff watch over me and I feel very reassured by that". A relative said, "My [relative] is very happy here and very safe".

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely. People had risk assessments in place which were accompanied by detailed action plans for staff to follow. These were reviewed and updated as necessary each month.
- Staff we spoke with told us how they supported people to manage their specific risks and what actions they took to reduce the risks to people. This evidenced what we saw in people's care files.

Staffing levels

- There were enough staff to meet people's needs. We observed staff responding to people in a timely way so people did not have to wait for support. The provider told us, "We do not scrimp on staff and we listen to what the staff say they need".
- Staff were recruited in a safe way. Staff told us they had to provide a DBS (Disclosure and Barring Service) check before commencing employment. A DBS check helps employers make safer recruitment decisions to prevent unsuitable people working with vulnerable groups. The registered manager confirmed what staff had told us.

Using medicines safely

- People received their medicines as prescribed. One person said, "The staff wait whilst I take my medication. It is always generally on time". The Medication Administration Records (MAR) we saw were completed as required which evidenced what people told us.
- Policies were in place for people who took 'as required' medication and staff told us how they followed the guidelines of the policy when administering medication. There were policies in place for medicines that were no longer required and we observed staff preparing medication to be returned and/or destroyed in line with the policy.
- Staff were suitably trained to administer medication. Staff had received training and their suitability to administer medications was checked by senior members of staff to ensure that levels of on-going levels of competence were maintained.

#### Preventing and controlling infection

- Staff were observed wearing Personal Protective Equipment (PPE) and the service had infection control policies in place.
- The environment was clean and odour free.
- The laundry was equipped with machinery that controlled the risk of the spread of infection by their sorting and loading mechanisms.

#### Learning lessons when things go wrong

- When Accidents and incidents occurred, these were logged and appropriate action was taken. The registered manager monitored the pattern and trends of the recordings to use as a learning opportunity to mitigate the risk of the incidents reoccurring.

# Is the service effective?

## Our findings

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

Good: ☐ 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

- People's needs were assessed and planned for. Care plans were personalised and took into consideration people's needs and wishes.
- Assessments and care plans were reviewed and updated monthly. A relative told us, "They [staff] updated my [relatives name] care plan because they were concerned about her". This evidenced what we saw in the records.

Staff skills, knowledge and experience

- People were supported by staff that had received sufficient and relevant training that was needed to provide effective care and support. The training matrix we saw evidenced what staff were telling us. We observed staff supporting people to transfer in a hoist. This was done safely and correct moving and handling procedures were followed.
- Staff told us that they received regular supervisions with the deputy and registered managers and that these opportunities identified areas of development and improvement of staff practice to improve outcomes for people.

Supporting people to eat and drink enough with choice in a balanced diet

- People had enough food and drink to meet their nutritional needs and were given choice. One person said, "You couldn't expect any better food, choice yes and they bring the menu's round before". People were asked for their food preferences each day and menus were on display.
- Food was prepared and served in accordance with people's needs and wishes. Soft and pureed diets were available for those people who required it and the kitchen assistant who we spoke with was able to identify those people who had specific dietary requirements.

Staff providing consistent, effective, timely care within and across organisations

- Staff received a handover at the beginning of each of their shifts. A staff member said, "We use handover to share information and to update each other if people's needs have changed". This ensured people received consistent support.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare. Records we saw evidenced when visiting healthcare professionals had visited people. Where healthcare advice was given, clear guidance was provided for staff to follow to ensure that people's healthcare needs were met.
- The service worked well with other healthcare agencies and organisations. During our inspection, we



spoke with two visiting healthcare professionals who were supporting the service to provide an improved programme of healthcare for people through training and advice.

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

- The use of technology was implemented to meet people's care and support needs. For example, people had sensor mats in their rooms to maintain their safety and alert staff if they needed assistance.
- People's rooms were decorated according to individual taste and choice and people were encouraged to personalise their rooms with their own belongings.
- There was signage around the home to support people living with dementia so that they could freely navigate their way around the service.

#### 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make decisions. One person told us, "Staff always ask me if I would like to do this or that, they are well trained like that".
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- 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 had the appropriate legal authority and were being met.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they were cared for in a kind and caring way. One person said, "Staff are very kind and caring". Another person told us, "Staff are lovely, so caring and they watch over me". A relative said, "The care staff are always so caring. They [staff] always make a fuss of everyone".
- We observed positive interactions between people and staff. A staff member told us, "I look after people in the way that I would expect my Mum to be treated". We observed staff speaking calmly to people and reassuring people.
- Staff took the time to stop and speak to people and ask them how they were feeling. People responded to this in a positive way and we saw people smiling and laughing when they were engaging with staff.

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

- People were given choices about how they wanted their care to be delivered. A relative told us "They [staff] always ask [person] if they need support and what they would like help with".
- Care plans were written in a personalised way and we observed staff asking people if they wanted something specific or giving choices to people in line with their personal preferences.
- Where people had communication difficulties, staff displayed patience and gave people the time and opportunity to make their feelings and wishes known.
- The deputy manager showed us pictorial menu cards that had been specifically made to support people who were not able to communicate but also used to promote choice for everyone.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us how they respected people's privacy. One staff member said, "I knock on doors, make sure curtains and doors are shut and I cover people up with a towel when I am supporting them".
- People were seen spending time in their bedrooms and staff respected people's wishes to do so.
- Visitors to the service were encouraged to visit as they wished without restriction with one person telling us, "They [staff] are always so welcoming".

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

### Personalised care

- People's care plans were individualised and the consensus from people was that staff knew people very well.
- The registered manager understood their responsibilities in relation to the Accessible Information Standards (AIS). This meant that the service identified, recorded, shared and met the communication needs of people who used the service living with a disability or a sensory loss.
- The service had an Equality, Diversity and Human Rights Policy (EDHR) in place and we saw pre-assessments that considered the protected characteristics of people such as race, religion or sexual orientation.
- People had access to meaningful activities that were personalised to meet individual needs and wishes. For example, the activity coordinator had identified that one person was a football fan and had arranged for an ex player of the team to come to the service to meet the person. We saw pictures of the occasion and the evident happiness that it brought the person. During our inspection, we saw activities taking place throughout the day and the activity coordinator spent time with us showing us the range of activities available for people. Group activities were arranged both within the service and externally and after each activity, an evaluation of the activity was completed. This showed us that the service was continually striving to improve and develop upon their activity programme for people.

### Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people and their relatives told us that they knew how to make a complaint if necessary.
- The registered manager told us how they respond to complaints in line with their policy and we saw that where one complaint had been made, this was actioned in line with the policy.

### End of life care and support

- At the time of the inspection, there was no one receiving end of life care.
- Records evidenced that people were asked about their end of life wishes and people we spoke with told us that they had been asked, and had participated in discussions about how they would like to receive their end of life care and support.

# Is the service well-led?

## Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff told us the management team were approachable. One person said, "I know the manager and they always listen. The assistant manager is approachable and very friendly".
- The registered manager had a clear vision to deliver high quality care and told us, "The focus is on best care and practice and creating a good atmosphere for people throughout the service". This vision was supported and delivered by staff who shared the same strategy.
- Staff spoke highly of the management team. One staff member said, "They support us to do a good job". Another staff member said, "The registered manager and the deputy manager are really lovely and the provider will go out of their way to get us what we need for people when we ask". This showed us that the service was passionate about improving performance and increasing staff morale to provide good outcomes for people.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager had a system in place to monitor the quality of the service. Monthly audits were completed and where errors or shortfalls were identified, actions were taken to address the issue in order to prevent the likelihood of a reoccurrence.
- Staff understood their roles and responsibilities.
- The service had submitted notifications to us as required by law when events at the service had taken place.

Engaging and involving people using the service, the public and staff

- People and their relatives were given the opportunity to engage with management about the running of the service. Questionnaires were issued every six months and meetings were also held for relatives but the registered manager acknowledged that it was difficult to find a mutually convenient time for everyone to participate and this was something that the service was giving further consideration to improve.
- Staff were given opportunities to discuss their development needs through one-to-one sessions and other forums. The registered manager said, "We support staff to improve their practice through training, supervisions and using observation tools". This showed us that the registered manager had systems in place for people, relatives and staff to share their feedback.

Continuous learning and improving care

- The management team were passionate about driving improvement using best practice initiatives and

research to improve the quality of care for people. The deputy manager told us, "The registered manager and I share the same principles; we always want to do better".

Working in partnership with others

- The service had developed good links with the community and external organisations in order to enhance care and support for people.