The Firs Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this unannounced inspection on the 28 and 29 September 2016. The Firs Nursing Home Limited provides care and support for a maximum of 25 people who are living with mental health conditions. There were 22 people living at the home at the time of the inspection. The Firs Nursing Home Limited is an established nursing home, however, since our last inspection the operation of the home had been taken over by a new company (legal entity).This change meant we treated this as the first inspection of a new service. It was however positive that the new provider had taken into account the last inspection of this service and the improvements we identified were required.

The home has a registered manager who was present throughout 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.

People told us they felt safe living at the home. Staff had knowledge of possible signs of abuse and could describe action they would take in reporting any concerns. There were enough staff available to meet people's requests for support.

The provider had identified risks to people. Where risks had been identified appropriate action had not always been taken to reduce or monitor the risk for the person. You can see what action we told the provider to take at the back of the full version of the report.

People received their medicines safely and there were systems in place to monitor medicines administration.

Staff told us they had received sufficient training although we noted that some staff training had not been kept up to date.

Staff had some knowledge of the Mental Capacity Act (MCA)(2005) and described how they supported people with making choices. The service had not always fully considered the principles of the MCA when determining people's capacity to make decisions.

People had access to regular healthcare and specialist advice was sought when needed.

People were happy with the provision of meals and drinks at the service. Some people had not been supported safely with their specific dietary needs.

People were happy with the care provided and told us that staff were kind and caring. People were involved in planning their care to meet their individual needs and care was reviewed with people to ensure people

were still happy with the care they were receiving. Staff enjoyed working at the home and knew the people they supported well.

People were treated with dignity and respect and were encouraged to remain independent.

People had the opportunity to join in activities in the home and out in the community which were based on their interests.

People were happy with the way the service was managed and there were opportunities for people to feedback their experience of living at the home. The systems in place to monitor the quality and safety of the service were not complete or robust and had failed to effectively monitor all aspects 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?

Requires Improvement

The service was not always safe.

Risks to people had not always been well managed.

People were supported by sufficient, suitably recruited staff who were knowledgeable about safeguarding people.

Medicines were given safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People were offered choice in aspects of their care, although the service had not consistently followed the principles of the Mental Capacity Act (2005).

Staff were knowledgeable about people's needs but staff had not received continuous training.

People were happy with the provision of meals at the home.

People received support to access regular healthcare.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and were kind and caring in their approach.

People had involvement in care planning which reflected individual needs.

People were treated with dignity and respect and had their independence promoted.

Is the service responsive?

Good

The service was responsive.

People had the opportunity for activities based on their interests.

People were involved in reviewing their care to ensure it still met their needs.

People were aware of how to raise concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led

Quality monitoring systems were not consistently effective or robust.

People were happy with how the service was managed.

Staff felt supported in their roles.

The Firs Nursing Home Limited

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 unannounced inspection took place on the 28 and 29 September 2016. On the 28 September the inspection team consisted of one inspector, a specialist advisor who had clinical knowledge of the needs of the people who lived at the home and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service. On the 29 September the inspection was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from notifications and the information we held about the service to plan the areas we wanted to focus our inspection on. We also received feedback from the local clinical commissioning group who monitor the quality of the service.

We visited the home and spoke with six people who lived at the home. We met all the other people who lived at the home. Some people living at the home did not have the capacity to speak to us due to their health conditions. We spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered provider, registered manager, two nursing staff, four care staff and the chef. We spoke with two relatives who were visiting the service and a person who visited the service regularly to

provide activities for people. We looked at records including five care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

We looked at how the service managed known risks to people. Individual risks to people had been identified although we found that steps had not always been taken to minimise the risk for the person. Where accidents or incidents had occurred we saw that there had been immediate checks on the person's well-being. One person had been experiencing regular falls in the months prior to this inspection. We saw that there had been no further analysis of accidents to determine if any preventative measures could be put in place to reduce the chance of reoccurrence. People were at some risk of not being protected from avoidable harm. The registered manager told us that they had plans to develop this area and would be carrying out analysis of accidents immediately. Some people accessed the local area independently without staff support. These people told us, "I have lots of independence and can go out up the road or to the shops whenever I want. They have checked I am safe to do this." Although it was important for people to have their independence promoted there had been no assessments carried out to determine any risks associated with this activity or if the person was safe to do this. The registered manager acknowledged that some risk assessment required further detail and sent us evidence after the inspection to demonstrate how they were addressing this concern.

We found instances of inconsistent information in people's care records about how to support people safely which did not provide staff clear guidance on the current appropriate support the person needed to remain safe. For example, we found inconsistent information about one person's specific dietary needs. We saw that one person, who was at high risk of choking, required their food to be prepared in a specific way so that they could eat it safely. We observed at lunch time that this person was served food that had not been prepared safely. The inspector had to intervene, and ask for this person's food to be prepared in accordance with their documented care needs. The registered manager had not ensured all staff had the skills and knowledge they required for their role to enable them to support people safely. One person had an allergy to a specific type of food. We spoke with the chef about how they prepared their meals separately but we found this was not happening and there was a lack of knowledge of the specific needs of a person with this type of allergy.

The registered provider had not ensured systems were in place to mitigate risks to people and had not ensured known risks were managed robustly. This in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at the home and comments from people included, "I like it here, I feel safe and all the staff are nice to me," and "I feel very safe here and the staff look after me." Relatives we spoke with told us they felt assured that their family member was safe at the home and one relative commented, "They look after [name of person] very well and I am completely confident she is safe here."

People were supported by staff who had a good knowledge of the signs of abuse and what action they would take should they have concerns. Staff told us they had received safeguarding training to aid their knowledge of current processes to follow and the signs to be aware of. Staff had worked with people for a number of years and therefore would notice any change of behaviours that may indicate safeguarding

concerns. One staff commented, "I know people quite well and can tell if something is wrong. I can see the change in their mental health due to having a good rapport with people." The registered manager was aware of their responsibilities to report any safeguarding concerns that may arise.

People were supported by sufficient staff and we observed that staff were available to support people promptly. People told us they were happy with the numbers of staff working at the home and one person told us, "There are plenty of staff on hand if I call for them." Another person commented, "There are plenty of staff and they are always willing to help me." Staff told us they thought there were sufficient staff working at the home.

The provider had a robust recruitment process in place and had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Routine checks had been carried out on the registration of nurses working at the service to ensure that their registration was current.

People living at the home required support to receive their medicines safely. People told us they were happy with the support they received with their medicines and one person told us, "I have medication which the nurses give me, they always make sure I have taken it before they leave me." We saw people receive their medicines in a dignified way and staff asked people for their consent before supporting them to take their medicines. We observed one instance when the medication trolley was left open and unattended. Although the nurse was in the room they were spending time assisting someone to take their medicines and therefore did not have full view of the medicine cabinet. We brought this to the registered manager's attention who told us this would be addressed immediately.

The registered provider had determined that only the nursing staff would administer medicines. We saw that training had been provided to these staff although competency assessments of nursing staff to administer medicines did not currently take place. Assessing the competencies of staff is a further way of ensuring staff have the skills and knowledge required to safely support people with medicines. Records that we viewed showed that people had received their medicines safely although we saw one example where medicated creams had not been consistently recorded. We saw that staff had access to clear information and guidance about when a person may need their 'as required' medicines. Audits of medicines took place weekly to check that all medicines had been given as prescribed. This meant there were systems in place that ensured people received their medicines safely.

Requires Improvement

Is the service effective?

Our findings

Staff told us they had received sufficient training to carry out their role effectively. When staff first started working at the service they told us they had received an induction and had worked alongside more experienced staff members to get to know the people living at the home. Staff explained that they had taken part in training about key aspects of care and also in people's individual healthcare conditions. We saw that some training had been poorly attended and some staff members had not received 'refresher' training. This is a way of ensuring staff knowledge about certain aspects of care is updated and remains consistent with changes in practice. There was a risk that staff would not have up to date knowledge about best practice when supporting people. The registered manager was in the process of devising a more robust system for planning training to ensure staff received up to date knowledge to enable them to care for people effectively.

People we spoke with told us they thought staff had the skills to support them effectively. Comments from people included, "I like living here and staff understand and know exactly what I want and like," and "The staff are good. They are clever and know what I need." One relative we spoke with told us, "The staff have a good knowledge of how to care for people with mental health issues. Sometimes no amount of training can be enough, but all the staff here seem to have a natural flair and ability to deal with the challenges they have to deal with."

Some people living at the home displayed behaviours that challenge due to their mental health conditions. Staff had a good knowledge of how to support people at these times due to many of the staff working with people for a number of years. We observed one staff member ensuring a person was supported through a routine that they needed to carry out. This staff member knew the correct phrases to use and spoke in a supportive tone in order to reduce anxiety for this person. Where people had experienced changes in their mental health the registered manager had taken appropriate action to seek expert advice from healthcare professionals. We saw that training had taken place to support staff's knowledge of mental health conditions and people's care plans contained some detail of people's behaviours and the support they needed. We were advised of the intention to source further training for staff to enable them to increase their knowledge of mental health conditions further. The combination of staff training and knowledge meant that people were supported with the mental health conditions appropriately.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People told us they were involved in decisions about their care. Staff had received training on the MCA and had some knowledge of how it applied to people living at the home. Staff explained that they involved people in daily decisions about their care and had knowledge of best interest decisions. One staff member told us, "We do not assume people lack capacity and help them make choices for themselves." Another staff member told us, "We ask people what they want and don't want."

Although staff had some knowledge of the MCA we saw that care practice was not always consistent with the principles of the MCA. The registered manager had deemed people to have capacity or lack capacity in certain areas of their care. There were no assessments to show how this decision had been reached. There had been no consideration of people's fluctuating capacity when people were experiencing changes in their mental health. People who had cigarettes had signed an agreement that consented to staff keeping their cigarettes in the office. We saw that people had set times that they were allowed to have cigarettes during the day, although we were informed that if people wanted further cigarettes this would be honoured. There had been no assessment of people's capacity to consent to this decision or an assessment to determine why this was in people's best interests. We spoke with the registered manager about this who had identified this was an area that needed improvement and was in the process of seeking further training for staff on the MCA.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. Where people had identified restrictions on their care the registered manager had applied for DoLS appropriately, some of which had been approved. Not all staff were aware of who had a DoLS approved and therefore did not know if specific support was needed in line with these approvals.

People were happy with the provision of meals at the home. People told us, "The food is good. I have macaroni cheese which I like and they give me a choice. They know I don't like kippers," and another person told us, "I like the food and we have a choice so there is always something I can eat." Menus were based around people's likes and dislikes and people were offered a choice of food every day. The chef informed us that they checked with people after meal times to see if they had enjoyed the meal and to determine whether to change the menu choice in the future.

People explained that they had access to routine healthcare that met their needs and were happy with the support they received. People we spoke with commented, "I see the doctor every few months and we discuss my medicines," and another person told us, "The chiropodist comes in and does my feet so I don't have to worry about them." Records we viewed detailed input from several different healthcare professionals, including mental health workers who were involved when people living at the home needed extra support with their mental health conditions. The service had ensured that people had their healthcare needs met.

Good

Is the service caring?

Our findings

People living at the home felt cared for and told us that staff knew them well. People told us, "The staff are lovely and look after me. They know what I want and I am happy. Very happy," and another person told us, "The staff are lovely and really look after me." Another person we spoke with commented, "Everyone here is very kind and caring and I couldn't ask for anything better." Relatives felt assured that their family member was cared for and one relative commented, "The staff are brilliant! They always greet you with a cheerful attitude and smile. The care is first class."

Staff told us they enjoyed working with the people who lived at the home and commented that this was the best part of their job. Staff told us, "I enjoy it really. The residents become like family to you," and "The best thing is the residents and seeing them enjoying things." We observed kind, caring interactions between people and staff and saw staff take the time to sit and talk with people about topics that interested people.

People had been involved in planning care in order to state how they wished to be supported. We saw that people had been given the opportunity to record what they thought was the most important things that staff needed to know in order to support them how they wanted. Care plans contained details of people's likes and dislikes and their preferences for care. This ensured that people received care how they preferred.

A number of people living at the home shared a bedroom with another person. We saw that people had been consulted about this decision and agreed to share their bedroom. One person we spoke with told us, "I love my double room and share it with [name of person]. He's good and we get on ok." Another person told us, "I share a bedroom, which I said would be ok. We get on and I like sharing. I feel safe and we look after each other."

People were supported to maintain relationships that were important to them and relatives told us they could visit when they wanted to. A number of people living at the home told us that they had no contact with family members. In these cases people told us that the staff were like family to them. One person told us, "The staff are very friendly and say I am part of the family." Another person told us, "It's a good job the staff here are like family as I have no one else." We spoke with the registered manager about the opportunities people had to access advocacy services. The registered manager informed us that some people had already accessed advocacy services and that there were details available should anyone else request this service. We saw that there was information available in communal areas of the home advising people how to contact an advocate if they wished to. This demonstrated that people had the opportunity to seek support from services that were separate from the home.

People told us that staff supported them in a dignified way and respected their privacy. One person told us, "I am able to do a lot for myself so I do have my privacy and staff only help me when I ask. I wash and dress myself and staff respect my wishes and treat me with dignity." Another person we spoke with told us, "I can have private time if I wish- no one dictates what I do." One of the relatives we spoke with told us that staff were considerate when supporting their family member and said, "I have no concerns regarding privacy and dignity they are all really careful and considerate."

We saw that people were encouraged to remain as independent as possible. We observed people being involved in day to day tasks such as laying the table ready for meal times and tidying up once meals were finished. People we spoke with explained that staff encouraged their independence whilst ensuring they remained safe and one person told us, "I can have some independence but the staff always check that I am safe when I am moving about." Staff we spoke with understood the importance of promoting people's independence and one staff member said, "I encourage [name of person] no matter how long it takes. I don't want to take her independence away."

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person told us, "Anything I want I ask for and the staff sort it out," and another person told us, "I don't usually have to wait very long if I ask for something, they are very willing and efficient." One relative we spoke with said, "Staff are excellent and very responsive to her needs and changes in her care. They recognise what mood she is in and deal with it appropriately."

People had the opportunity to take part in activities of their choosing. This included activities within the home and activities in the community and recent events had included bowling, going to the circus and going out shopping. People told us they went out to social groups at least once a week and to other social events. Comments from people included, "I go to the bingo which I really enjoy," and another person told us, "I go out to places like Aston Hall, Birmingham Art Gallery and the Sea Life Centre- I enjoy going out." Another person told us, "I like to go out and staff arrange for me to do lots of things." During the inspection we observed a card game activity taking place. This was being carried out by an external person who had been sourced by the service to come into the home and carry out activities with people. People were enjoying the activity and were being gently and patiently encouraged to contribute to the activity. People living at the home benefitted from the provision of activities which were based on their interests and that encouraged stimulation and participation.

Care was reviewed with people on a regular basis to make sure that planned care was still meeting people's needs. People told us they felt involved in their care and told us, "I discuss my life here with the staff and we agree what I can and can't do," and "They talk to me about living here and what needs to be done."

There were systems in place that ensured staff were kept up to date about changes in people's care. Handover's took place between staff teams where important information was shared about the people living at the home. There was also a communication book in place that was read by staff each day. One staff member told us, "We update staff about changes and discuss what's happening for the day." These information sharing systems made sure that people received continuity of care which was important for the people living at the home.

We looked at the systems around raising concerns or complaints. The registered manager informed us that there had been no formal complaints in the last twelve months. People told us they knew how to raise a complaint but that they had not needed to. One person commented, "I don't have a need to complain as everything is as I like it." We saw that people were reminded of how to complain within regular meetings that took place with all the people living at the home. We saw that there was a complaints box in the entrance to the home where people, their relatives or staff could leave anonymous complaints if they wished and there was literature available around the home explaining the procedure for raising complaints. This demonstrated an open culture to complaints.

Requires Improvement

Is the service well-led?

Our findings

There were some systems in place to monitor the quality and safety of the service although we found some parts of service provision had not been monitored robustly. The systems in place to monitor and manage risks to people were not entirely effective and had failed to provide opportunities for reflective practice. Doing this would determine if any preventative action could be taken to reduce the likelihood of further incidents/accidents. There were limited systems in place to ensure staff received the training they needed or that staff's competencies had been checked following training. People's rights had not been upheld in line with the MCA as assessments of capacity and best interest meetings had not been considered or completed. Monitoring checks had not identified that care records did not always reflect people's most current needs. The registered provider carried out surveys with people to measure their satisfaction with the service. Whilst most comments had been positive there had been no action taken to address concerns that had been raised. There were no systems for the registered provider to monitor the service as a whole and to check it was meeting the standard of care expected.

The registered manager had put systems in place to ensure feedback was sought from people living at the home. People told us that they had regular meetings where topics such as activities, menu planning and concerns were discussed. We saw that these meetings were not attended by all the people living at the home. We spoke with the registered manager about this who explained that people who didn't attend had their views sought although these weren't currently recorded.

People were happy with how the service was managed and felt involved in the running of the home. One person told us, "I know the manager. She does talk to me and listens to what I say." Another person told us, "They let me know if anything is changing in plenty of time- I don't like change."

Staff told us they felt supported in their role and were happy with how the home was managed. Staff described support they received from other staff members in the team and how this aided their sense of feeling supported. When asked about the support staff received from the registered manager staff commented, "The manager is good. We have regular staff meetings and keep each other informed," and another staff member told us, "The manager is 100% focussed on people in the home. The residents feel they can approach her too."

The registered manager understood their responsibility to inform the Commission of specific events that had occurred in the home and was aware of what changes in regulations, such as the duty of candour, meant for service provision. The registered manager informed us that they had recently appointed a deputy manager. They advised that the deputy would provide support in the monitoring of the quality of the service and provide leadership to the staff team should the registered manager be unavailable.

The registered manager was open in their conversations with us about the improvements that were needed in the service. The registered manager had been in post for just over a year and wanted to develop the service further and told us, "I've changed a lot within the service but I know we still have a long way to go." The registered manager had lots of ideas for developing the quality of the service but had not formulated a

plan to ensure these developments came to fruition or prioritised appropriately according to risk.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured systems were in place to mitigate risks to people and had not ensured known risks were managed robustly. Regulation 12(2)(b)(c).