Firs Hall Care Home Ltd

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Inspection report

Firs Avenue
Oldham Road
Manchester
Lancashire
M35 0BL

Tel: 01616835154

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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 Hall is a care home that provides 24-hour residential care for up to 31 people. At the time of our inspection there were 20 people living there. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Firs Hall is a large detached building located on the Oldham/Manchester border which provides accommodation over two floors. The home has 21 single rooms and five double rooms; 12 of the bedrooms have en-suite toilets. There are several large communal rooms and a small garden to the side of the building.

This was an unannounced inspection which took place on 6 and 7 December 2018. The CQC last inspected Firs Hall in May 2017, when the service was rated as 'Requires Improvement', overall. At that inspection we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. We identified concerns around infection prevention and control, cleanliness of equipment, administration of medicines and monitoring people's nutritional needs. At this inspection we found improvements had been made and the service was no longer in breach of any of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The building was secure, clean and well maintained. Communal rooms were attractively decorated and provided pleasant spaces for people to relax in. There were effective infection control and prevention measures within the service. Checks and servicing of equipment, such as for the gas, electricity and fire-fighting equipment were up-to-date.

There were enough staff to meet the needs of the people who currently lived at the home and appropriate recruitment checks had been made to ensure staff had the right character to work with vulnerable people. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

A safe system of medicine management was in place. Medicines were stored securely and records showed that staff received training and competency assessments before they were permitted to administer medicines. Risk assessments had been completed. These helped identify if people were at risk from everyday harms, such as falls. Where risks had been identified, there were plans in place to guide staff so that people were kept safe.

People were supported by a stable staff team, who knew the residents well. Training records showed that all staff had completed recent training in a range of topics. This helped them to maintain their knowledge and competence. Staff received regular supervision and an annual appraisal. This ensured the standard of their work was monitored and gave them the opportunity to raise any concerns or worries.

We observed that staff always considered people's capacity and consent when supporting them with care tasks. People were given choices when making everyday decisions. When people were being deprived of their liberty the correct processes had been followed to ensure that this was done within the current legislation.

Care staff at Firs Hall monitored people's health. Where specific healthcare needs were identified, the service liaised with health care professionals for specialist advice and support. People were supported to eat a well-balanced diet and were offered a choice and variety of good quality, home-cooked meals.

We saw that people were comfortable and well cared for. Staff interacted with people in a kind, caring and patient way, and respected their privacy and dignity.

People's care plans contained detailed information about their preferred routines, likes and dislikes and how they wished to be supported. A range of activities were available for people to take part in.

The registered manager provided good leadership of the service and were committed to maintaining and improving standards. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

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

Safe recruitment processes were followed and staff understood how to keep people safe from harm.

There were effective systems in place to manage and administer medicines.

The home was clean and well-maintained. Equipment was regularly checked and serviced.

Is the service effective?

Good

The service was effective.

Staff received an induction, regular training and supervision.

Staff helped people make choices about their everyday routines.

People were supported to maintain their nutrition, health and well-being. Staff worked with other health care professionals to meet people's health needs.

Is the service caring?

Good

The service was caring.

We received positive comments about the staff and about the care they provided.

Staff were warm, friendly and kind.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People were encouraged to take part in activities of their choice.

Care records were detailed, clear and person-centred.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place who was respected and understood their managerial responsibilities.

All the people and staff we spoke with told us they felt supported and could approach the manager when they wished.

Systems were in place to assess and monitor the quality of the service.

Firs Hall Care 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. The 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 was an unannounced inspection which took place on 6 and 7 December 2018. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information we held about the service. This helped us plan our inspection. Information included the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We reviewed the inspection report from our last inspection in May 2017 and the Provider Information Return (PIR) which was submitted to the CQC in May 2018. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We contacted the local authority, who commission the service, to ask if they had any concerns about it, which they did not.

During our visit we spoke with the registered manager, the registered provider, a director of the company and two care staff. We talked with one person who used the service and three relatives. We also observed how staff interacted and spoke with people. We looked around the home, checking on the condition of the communal areas, some bedrooms, toilets and bathrooms, laundry and kitchen. We observed the lunchtime meal and the administration of medicines.

As part of the inspection we looked in detail at four sets of care records. These included care plans, risk assessments, daily notes and monitoring charts. We also reviewed the medicine administration records (MARs). We looked at other information about the service, including training and supervision records, five staff personnel files, audits, maintenance and servicing records.

Good

Is the service safe?

Our findings

People told us Firs Hall was a safe place to live. One relative said, "It's been superb. I can't rate them highly enough and "They treat (name) as they would their family." Staff were knowledgeable about what was meant by safeguarding and whistleblowing and knew how to report any concerns they had about people's safety. Staff told us they had never seen any poor practice at the home.

We found there was a safe system of recruitment as all necessary checks were completed before staff started working at the home. We looked at three staff files. They contained the required documentation, including references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

All areas of the home were well maintained, clean and free from any unpleasant odours. Good standards of hygiene and cleanliness were evident. Toilets and bathrooms had adequate supplies of liquid soap and paper towels and hand washing posters, showing the correct hand washing method, were prominently displayed. We saw staff used personal protective equipment, such as disposable gloves and aprons, when dealing with personal hygiene or serving food. These measures helped prevent the spread of infection. All safety checks, such as for the gas supply, hoists, portable appliance testing and passenger lift were up-to-date.

The kitchen was clean and well organised. Fridge and freezer temperatures were checked daily to ensure that any perishable items were kept at the right temperature. The kitchen had achieved a rating of five stars following its last food standards agency inspection in January 2018. This meant food ordering, storage and preparation were classed as 'very good'

The home was secure. The entrance was kept locked and people could not enter the building without being let in by a member of staff. There was a 'signing in' book for visitors. This ensured staff were aware of who was in the building at any one time. Rooms which contained hazardous materials were kept locked. A hazard sign was used to indicate where oxygen was being used, as it is a potential fire hazard.

People were protected from the risk of fire. Each person who used the service had a personal emergency evacuation plan (PEEP). These explained the support they would need to leave the building safely in an emergency. Regular checks of escape routes, the fire alarm and emergency lighting were carried out. The annual service of the fire extinguishers and fire alarm was in date.

Medicines were stored and administered safely. Medicines were kept in a locked trolley which was secured to the wall when not in use. Controlled drugs were correctly stored in a locked cabinet within the treatment room. Controlled drugs are prescription medicines controlled under the Misuse of Drug legislation e.g. morphine, which require stricter controls to be applied to prevent them from being misused, obtained illegally and causing harm. However, we found some bottles of eye drops did not have the date that they were opened written on them. These medicines should be discarded within four weeks of opening to ensure they remain effective. The registered manager told us they would ensure all medicines had 'date opened'

written on them in future.

Everyone prescribed medicines had a medicines administration record (MAR). The appropriate documentation (PRN protocol) was in place for people who received medicines 'when required', such as pain relief. However, we found they did not always contain enough detail. For example, one person was prescribed two types of pain relief of different strengths. There was no information on their PRN protocols to indicate which of the two types of medicine should be used when the person experienced pain. We discussed this with the registered manager who agreed to make this guidance more detailed in future.

We looked at four care records which showed that risks to people's health and safety had been assessed and were closely monitored. Risk assessments included those for falls, choking and pressure ulcers. Where a risk had been identified, a corresponding care plan was in place which guided staff on the best way to mitigate the risk to that person. These were reviewed monthly.

There were sufficient staff to keep people safe and meet their needs. During the day, the service employed a senior care assistant and two care assistants; with one senior care assistant and one care assistant working at night. The service did not use agency staff and gaps in the weekly rotas due to sickness or staff leave were filled by the regular care team. During our inspection we saw that staff responded to people's requests for assistance quickly and although staff were busy, there was time for them to stop and chat with people.

Good

Is the service effective?

Our findings

The service supported staff to access training and there was a training matrix to show when people had completed courses, or required refresher training to keep their knowledge up to date. Most training was provided through DVDs, with fire safety, first aid and moving and handling taught face to face. The training matrix showed that staff had completed training during 2018 in a range of topics, which included, moving and handling, fire safety, medication, first aid, infection control, end of life care and dementia. This meant people were supported by staff who had up to date skills and knowledge.

All new staff received an induction to the service and completed an induction workbook which demonstrated they had achieved the required knowledge to start work at the home. Staff received supervision four times a year and an annual appraisal. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs, as well as discuss any issues in relation to their work.

During our inspection we looked around the home to see how it was decorated and furnished and to check if it had been suitably adapted for the people living there. There were several communal areas which provided pleasant environments for people to relax in. These were decorated in different ways so that they provided variety. An area of the dining room had been decorated to resemble a café and we were told that afternoon tea was often held there. A room off the main lounge had recently been re-decorated to look like a pub bar. Once or twice a week staff put on a social gathering in the 'pub', served non-alcoholic and some alcoholic drinks and had a 'sing-a-long'. The upstairs corridor had recently been painted with murals. Although the corridor was narrow and without windows, it had been painted in such a way as to brighten it and good lighting ensured it was well-lit. For those people that used the service living with dementia, there was signage available to orientate them around the premises and the environment was conducive to meeting their needs.

Bedrooms were personalised with people's furniture, photographs and personal mementoes which provided a friendly, homely atmosphere. The upstairs bedroom doors were painted in different colours to resemble terraced housing doors with large numbers to assist people to orientate themselves and easily find their rooms. The service is in the process of introducing 'memory boxes' which will be placed on the wall outside people's bedrooms. These are small displays which contain a variety of items that hold a special significance for the person. They help people with memory problems identify their room and also can be used as an aid to reminiscence about a person's life.

There were systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in people's care. When needed, advice was sought from healthcare professionals such as GPs, district nurses and physiotherapists. One relative told us, "They are quick on getting the doctor in if there have been any changes."

People were supported to eat a varied diet. Nutritional assessments, including people's likes and dislikes were included in their care files and helped identify if people were at risk of malnutrition or dehydration. On

relative commented to us that staff had been very proactive during the warm summer weather to ensure people were given extra drinks. People were weighed regularly. Where they had lost weight, they had been referred to a dietician for specialist advice.

We observed the lunchtime meal the first day of our inspection. Most people took their meal in the dining room. The food looked hot and appetising with good sized portions and people were given the choice of hot or cold drinks to accompany their meal. Second helpings were offered. Staff kept a close eye on everyone and prompted and encouraged people who did not appear to be eating. A relative told us that they had seen staff helping their loved one to eat their meal. They were patient and told them what they were eating, as they had limited sight.

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. We checked whether the service was working within the principles of the MCA. Care staff were aware of the importance of asking people for consent before undertaking any care and during our inspection we saw that this practise was always followed. For example, we saw a member of staff ask a person if they would like their mouth wiped after they had finished their lunch. From reviewing the care records, we saw that assessments for people's capacity had been completed. These related to specific decisions, such as for personal care and medicines.

People can only be deprived of their liberty so that they can 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). Records showed relevant DoLS applications had been submitted to the local authority and were awaiting authorisation.

Good

Is the service caring?

Our findings

There was a positive and happy atmosphere in the home. One person, when asked what they thought about the home, told us, "It's absolutely wonderful. I don't want for anything." A relative told us, "I think the staff are very good. They are always caring and attentive." During our inspection we saw many kind and caring interactions between staff and people living at the home. Although staff were busy, we found they took time to stop and talk with people as they were passing by, and enquire after their well-being.

People's dignity and privacy were respected. For example, during our inspection we saw that staff spoke in a quiet and tactful manner when asking people if they needed help to go to the bathroom. A relative told us, "They (staff) are discreet and respectful."

On many occasions we saw that staff were attentive to people's needs and comfort. For example, we heard one person say that they were cold and they were immediately brought a soft blanket to cover them. Staff went out of their way to indulge people. For example, on the second day of our inspection people were offered hot chocolate with a cream topping, as their afternoon drink.

Staff were patient when assisting people whose mobility was limited. Some people required help with moving and handling using mechanical aids, such as hoists or stand aids. During our inspection we saw that staff moved people correctly using this equipment and were patient and supportive during the process. One relative told us that they had watched staff move people safely using this equipment. They said, "They talk them through the movements, they explain and do it together."

Some people living at Firs Hall had a diagnosis of dementia and lacked the ability to concentrate or sit for any length of time. We saw that staff were understanding of their need to walk around and offered a guiding hand when necessary.

Staff respected people's religious and cultural needs. A priest from a local church visited every two weeks and held a service for those people who wanted to continue practicing their Christian faith. One person living at Firs Hall had another European language as their first language. We saw that their care file contained some basic phrases written in their mother tongue and heard staff saying 'hello' to them in their language.

Good

Is the service responsive?

Our findings

People who wished to move into Firs Hall had their needs assessed to ensure the service could provide the correct level of support for them. We found the registered manager and care staff were knowledgeable about people's needs. We reviewed the care records of four people living at Firs Hall. Care plans contained information on a range of aspects of people's support needs, including mobility, communication, nutrition and hydration and health. These were reviewed regularly and amended if there had been any changes in the level of support required. Care records were detailed and written in a person-centred way, focussing on people's abilities and strengths. The care records contained detailed information to guide staff on the care and support people needed. Where people required regular monitoring, charts were in place to record the actions staff had taken. For example, turn charts were used when people needed to have their position changed to reduce the risk of pressure ulcers, and nutrition charts were used to monitor the amount of food people ate.

From time to time the service provided palliative care and staff were supported by the district nursing service when people reached the end of their life. Where it was appropriate, people had information about their end of life wishes recorded in their care files.

We saw that staff communicated well with each other and passed on information in a timely fashion. Handover meetings, which took place at the start of each shift, gave staff the opportunity to discuss people's care and support needs and ensured any changes in their health or welfare were shared confidentially and understood.

The service had an up-to-date complaints policy and people we spoke with knew how to make a complaint and were confident any complaint would be dealt with promptly. The service had not received any recent complaints. The registered manager was easily available should people need to speak with her or discuss any minor concerns. One relative told us, "We have an open and honest relationship."

We reviewed the provision of activities, which were coordinated by a part-time activities coordinator. Care staff also supported people with activities. People could take part in activities such as; physical exercise, arts and crafts and sing-a-longs. One person told us, "I can do my own thing if I want to, or take part in the activities – it's up to me." During our inspection people enjoyed a sing-a-long to Christmas music.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. For example, people had communication care plans in place which explained any communication difficulties and how these could be overcome with support from staff.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager. 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.

Everyone we spoke with held the registered manager in high regard. Through our conversations with the registered manager during the inspection we found they were knowledgeable and enthusiastic. Following our last inspection in 2017, when we rated the service 'requires improvement', they had taken steps to make the necessary improvements and it was obvious through our discussions that they were keen to ensure that these were sustained in the future. The registered manager worked closely with the provider and regular meetings between them ensured there was effective oversight of the home.

There was an 'open-door' management approach which helped promote good communication between the registered manager, staff and people who used the service. People were positive about this approach and commented, "She's very approachable, always around and a really good listener"; "She will go out her way to help me" and "Anything we've asked about we have always got the answer." The service maintained a stable care team; some people had worked there for over a decade. Staff, resident and relatives' meetings were held. These provided opportunities for discussions about different issues concerning the home.

There were systems in place for monitoring the quality of the service provided. Regular audits and checks were carried out in areas including care records, infection control, accidents and incidents, medicines, dignity and care needs. Any areas highlighted for improvement had been addressed quickly. For example, one audit had identified that a person's care plan needed to be re-written and we saw evidence that action had been taken to up-date it. Audits and checks ensured that the home provided people with safe and good quality care and was compliant with the regulations of the Health and Social Care Act 2008.

The service had up to date policies and procedures in place to guide staff on their conduct and practice. There was a statement of purpose and service user guide. These described what facilities and services were available and the philosophy of care at Firs Hall. Through our observations during the inspection we saw that staff had embedded the philosophy, which included the right to choice and dignity, in their day to day care.

The service worked in partnership with other agencies, including healthcare professionals and the local authority, where the registered manager attended the provider partnership forum. The service had developed a link with a local primary school and during our inspection a group of children visited the home and helped people make Christmas cards.

The registered manager had met their regulatory responsibilities. Notifications about significant events at the service, such as accidents/incidents and deaths had been submitted to the CQC. This enabled us to see that the correct action had been taken to maintain people's safety. They had also displayed the latest CQC

inspection rating in a prominent place. This meant people visiting the home had been informed of our judgement.