

# South West Care Homes Limited

# The Firs

### **Inspection report**

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### Ratings

Overall rating for this service	Good •
Is the service safe?	Inspected but not rated
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

# Summary of findings

### Overall summary

#### About the service

The Firs is a residential care home without nursing providing personal care and support to up 22 people. The service provides support to people who are frail and some who are living with dementia. At the time of our inspection there were 20 people using the service.

People's experience of using this service and what we found

People told us they felt safe and well cared for. One person said "They (staff) are the best. They take good care of us." Most people were unable to give their views, but we observed people looking relaxed and comfortable. There were good interactions between people and staff. Staff showed kindness and patience towards people, particularly when they became distressed or needed some support to understand their surroundings. Staff explained what was happening next and encouraged people to share a lunch time experience together.

Relatives said they were confident that staff understood people's needs and supported people in a kind and caring way. One relative said "I have had personal experience of what a poor care home offers and I can honestly say The Firs offers the right care. Staff are very caring and are doing a great job."

The staff team knew people well and spoke about people in a positive way. There was a good teamwork approach to delivering care. One relative commented on this, saying "They (staff) never say oh I will get someone to do that, or that's not my job, whenever I ask them something. They say, yes I will get right onto that and they do!"

Care plans were detailed and personalised to enable staff to provide care and support in a way that ensured people's preferred routines were honoured. Where known, people's past history and things which were important to them were included within their plans. This helped staff to understand who each person was and what their experiences had been prior to coming into the service.

The provider had employed a well-being facilitator who supported the care team in developing activities and experiences for people which were meaningful and suited their interests. They had formed good links with the local community which continued through lockdown. For example, the local school children were not able to visit but became pen pals with people. People helped to make the garden look nice and the service won six awards as part of the local flower festival. They had more plans to develop these links further with a wildlife and wildflower section being developed in one part of the garden. They were redesigning one area of the home to be a vintage tearoom where people could meet with family and friends.

Systems and processes ensured quality outcomes were being measured, peoples' views and those of their families and as well staff views were listened to.

Rating at last inspection-

The last rating for this service was requires improvement (Published 9 December 2020). The last inspection did not look at caring and responsive as there were no breaches or recommendations made. The inspection prior to this had rated both these areas as requiring improvement.

At this inspection we found improvements had been made and both caring and responsive have been rated as good.

#### Why we inspected-

This inspection was prompted by a review of the information we held about this service. We undertook this focused inspection to check on two areas which were rated requires improvement. This report only covers our findings in relation to the Key Questions caring, responsive and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Firs on our website at www.cqc.org.uk.

#### Follow up-

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

# The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Inspected but not rated
At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.	
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

### **Detailed findings**

## Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector completed this inspection.

#### Service and service type

The Firs is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Firs is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was about to register with the Care Quality Commission. This meant the provider was 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 before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection-

We spoke with six staff including the manager, quality lead for the provider, domestic staff, cook and care staff. We spoke with four people living at the service. We reviewed three care plans and a variety of audits relating to infection control and cleaning. We also reviewed complaints.

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.

#### After the inspection –

We spoke with three relatives and sought feedback from the commissioning teams and healthcare teams. We asked for information to be sent to us including the staff training matrix.

### Is the service safe?

# Our findings

#### Staffing

• The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

• The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Visiting in care homes

•The service had developed a visiting pod which ensured visits from family and friends could occur even if there was an outbreak. The service were following government guidance in relation to visiting with flexibility when someone was assessed as end of life care



# Is the service caring?

# Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff were caring and kind towards them. One person said for example "Staff are lovely, they will do anything for you."
- •Relatives confirmed staff treated their family member with respect and ensured their dignity was upheld. One relative said "The staff are exceptional at The Firs in my view, nothing is too much trouble, they go out of their way to be kind to people. It's a genuine caring approach."
- Care plans showed how people's diverse needs were to be met. For example, where someone had additional needs due to sensory impairment, the plan guided staff how to work with the person to ensure they understood what was being asked.
- People were treated as equal; their views ideas and moods were fully considered by staff as part of everyday practice.

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

- •Our observations showed staff were skilled at ensuring people were offered choice in their everyday lives. Staff were patient and waited for people to respond to questions and choices they made were respected.
- •Plans detailed where people could make informed choice and where they may need support to make choices such as with their meals and being encouraged to be independent in their mobility.

Respecting and promoting people's privacy, dignity and independence

- •In a previous inspection it was noted that people's dignity may not have been fully respected because there were areas of the home which had a strong odour. At this inspection, we did not find any malodorous areas. There has been a refurbishment programme to improve the building and fabric and furnishings. This was still work in progress but people had benefitted from being in a clean homely environment.
- •Small quiet areas had been developed to allow people more privacy and enjoy time alone if they wished.
- •Staff spoke about ways they were supporting people to maintain their independence wherever possible. For example, allowing a relaxed and unhurried mealtime, encouraging people to eat at their own pace, but offering support where people might be struggling to cut their food up.



# Is the service responsive?

# Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found some people's care plans lacked detail about their past history and what was important to them. At this inspection we found this had improved. The providers quality lead said they had been really working hard to ensure plans were personalised and contained life histories which were done in collaboration with the person and/or their families wherever possible.
- Plans included people's preferred daily routines and how staff should support people to enable them to make choices.
- •Our observations showed staff asking people about when they wanted help with their personal care.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- •Plans included what support people needed to ensure they could communicate fully. For example, "(name of person) wears glasses and hearing aids, make sure they have these to hand to assist them with communication."
- •We saw one person had a talking newspaper set up to help them keep up with daily events as their sight was not good and found watching the news difficult.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- •At the last inspection we found people were not always enabled to follow their own interests and hobbies. Activities were being organised but these had been more ad hoc. At this inspection we found the well being coordinator had consulted with people and their families about the sorts of activities people enjoyed in their past and what sorts of things they would like to do.
- •Activities included group and one to one time with people. They had art sessions, reminiscence and gardening projects on the go.
- •There were future plans to have a wildlife garden involving the local school children with them building bee hotels and projects to observe and record the wildlife.
- The service had developed links with the local community which had continued through the pandemic. Local school children became pen-pals with people instead of visiting. The service had entered the local flower show and won six awards. Plans were in progress for some people living at the service to attend the

village tea dance in the coming months.

- •People were supported to maintain contact with family and friends via telephone calls, video links and when able, visits. The provider had built a visiting pod which enabled family to visit even at times of lockdown as the entrance was separate to the home and the pod was fully screened.
- Relatives said the service had gone the extra mile to ensure contacts were maintained and were grateful that visits could continue using the visitors pod.

Improving care quality in response to complaints or concerns

- A complaints log was maintained but there had been no new complaints or issues raised since the previous manager left.
- Relatives confirmed they were confident to make any concerns known and be sure these would be dealt with.

#### End of life care and support

- •Where possible people were supported to end their days at the service. Staff worked closely with the community nurse team to ensure people were kept comfortable and pain free during their final days.
- The manager explained that when people were assessed as being end of life, they were flexible with family on visiting to ensure relatives could spend quality time with their loved one during their final days.



### Is the service well-led?

# Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- •The manager, seniors, care staff and quality leads for the provider had worked together to ensure The Firs had a positive culture that put people at the heart of what they did. The manager said "The staff team have been tremendous at supporting each other and the home to keep us going through the pandemic and lockdowns. It has not been easy when we had an outbreak, but we all pulled together and kept people safe."
- •It was evident that lots of work had gone into ensuring the care plans for people were person centred and these had them helped to inform best practice was actioned. People received care and support which was personalised and ensured good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

•The manager and senior team fully understood their responsibilities to be open and honest when things go wrong. For example, by working cooperatively with the Local Authority Quality Assurance Team (QAIT) following previous inspections, to improve quality outcomes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had established a quality assurance team who supported each of their homes with quality audits and monitoring of risks both for individuals and for the building. We did not review these at this inspection because we looked at these in detail at the last inspection. We also discussed systems as part of a remote monitoring processes in December 2021.
- •Since the last inspection a new manager had been appointed and was at the time of the inspection registering with CQC to be the registered manager. They had previous experience of being a registered manager and understood their role and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- •Relatives were positive about the service keeping them informed about their relative especially during the pandemic. One said "I feel lucky that we have been able to use the visitors pod to maintain contact, I know of friends who did not have this sort of facility and had to speak to people from their bedroom windows.
- The staff team were continually looking for ways to engage people in the service with activities and keeping people active and feeling part of their local community. This was evidenced with such things as

taking part in the local flower festival, plans to go to a local tea dance and maintaining links with local school children.

•People's equality characteristics were being considered and included within their plans. Staff knew people well and this helped to ensure they worked with them giving full consideration to their wishes, beliefs and any protected characteristics.

Continuous learning and improving care; Working in partnership with others

- The training and development manager helped the manager coordinate and plan for staff training to ensure there was a full programme of ongoing learning.
- •The managers from each of the providers services met remotely each week to share best practice and learn from mistakes.
- Commissioning teams and healthcare professionals said the service did work in partnership with them.