

Anchor Hanover Group

The Firs Residential Home

Inspection report

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Date of inspection visit:
17 November 2022

Date of publication:
16 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Firs Residential Home is a residential care home providing accommodation and personal care to up to 40 people. The service provides support to older people and people living with dementia in one adapted building. At the time of our inspection there were 34 people using the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received their medicines when they needed them. Risks to people were assessed and systems in place to reduce them. Where incidents and accidents happened, lessons were learned, and actions taken to reduce future risks. There were systems in place to mitigate the risks of abuse, including staff training.

Staffing levels were kept under review and a tool was used to assist the management team to identify safe staff numbers to meet people's needs. Staff were recruited safely.

The registered manager and provider undertook a range of audits and monitoring. This assisted the management team to independently identify shortfalls and address them. The views of staff, people using the service and relatives were encouraged, valued and used to improve the service.

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

Rating at last inspection

The last rating for this service was good (published 19/09/2018)

Why we inspected

The inspection was prompted in part due to concerns received about recent safeguarding concerns. Due to the ongoing safeguarding enquiry, we did not examine the circumstances of the incidents. However, the information shared with CQC indicated potential concerns about the management of risk. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Firs

Residential Home 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.

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 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

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 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

The inspection was undertaken by one inspector.

Service and service type

The Firs Residential Home 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 Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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 visited the service on 17 October 2022. We spoke with six people who used the service and the relatives of three people. We observed the interactions between staff and people using the service, for example at lunch and evening meal and when medicines were being provided to people. We spoke with seven staff members, including the registered manager, deputy manager, regional support manager, team leaders and care staff. We reviewed records including four people's care records, medicines records, three staff member's recruitment files and records relating to health and safety and governance. The registered manager, regional support manager and the district manager sent us records, which we reviewed remotely.

Following our visit, we spoke with the district manager on the telephone. We reviewed one person's care records, investigation report, audits, tools used to assess the required staffing levels, improvement plan and incidents log. We received electronic feedback from four relatives of people using the service. We also received feedback from health and social care professionals.

We fed back our findings of the inspection to the registered manager, deputy manager, regional support manager and district manager on 6 December 2022.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection, we found there were not enough staff to ensure people's needs were met safely. Immediate action had been taken by the provider at that time.
- The registered manager told us there was ongoing recruitment taking place, with some new staff due to start. Whilst there had been some use of agency staff, this had been reduced.
- Systems were in place to calculate the numbers of staff required to meet people's needs and to keep them safe, which was kept under review. This considered the layout of the building; people's increasing dependency needs and any incidents and accidents. Since our inspection visit, there had been an increase in the staff numbers as a result of the changes in people using the service.
- We received mixed views about the staffing levels. Staff and relatives told us they felt there were enough staff and the staff were available when they needed them, which was confirmed by our observations. However, one staff member and a relative told us when incidents happened staff were called away to assist. The relative stated, "The staff work hard to meet my [family member's] needs, however occasionally staff do seem rather stretched, especially if there is an incident that needs additional personnel in another part of the care home."
- Records showed staff were recruited safely and appropriate checks were undertaken. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to prevent the risks of abuse. This included training for staff and policies and procedures.
- Where there were safeguarding concerns, these were reported to the local authority safeguarding team, as required. This included where there had been incidents between people using the service.
- The provider took action to reduce future risks, such as disciplinary action and worked alongside the local authority, where required, such as providing requested information.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments which guided staff on how to mitigate risks. People told us they felt safe and relatives we received feedback from, said they felt their family member was safe living in the service.
- One person told us they were at risk of falling and pointed out the equipment to reduce risks. They said they called for staff when they needed assistance and did not have to wait long for a response. The person's

call bell was within reach, but the person told us they worried about it. We raised this with the registered manager who took immediate action. They gave the person a choice of call bells, which included a pendant to wear around the neck or on the wrist. The person chose which they wanted.

- Systems were in place to reduce the risks of the use of equipment which was unsafe or not fit for purpose. This included safety checks and services on mobility equipment.
- Health and safety checks were undertaken in the environment to reduce risks, such as fire safety and legionella. Each person had a personal evacuation plan in place and at their bedroom doors were signs which gave quick access to staff or emergency services on the level of support they required to evacuate the building. There were also environmental risk assessments in place, including the use of stairs.
- We looked at a sample of people's bedrooms, including with one person who showed us their bedroom. Furniture such as wardrobes were attached to the wall and window restrictors were in place, which reduced the risks to people.
- Staff had received training in how to support people safely, including moving and handling, falls awareness, fire safety and health and safety.
- We had received some information from a health care professional, regarding safety concerns within the service. We discussed this with the management team and received assurances that measures were in place to reduce risks. This included the safety of people when using the garden.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA.
- DoLS applications were made, as required, and these and any approved DoLS were recorded and kept up to date.
- People's records included information of if people had capacity to make their own decisions and the arrangements for the support people required in decisions about their care when they did not have capacity, including those made in people's best interests.
- We saw staff asking for people's consent before providing any care or support. Staff had received training in MCA and DoLS.

Using medicines safely

- We observed staff providing people with their medicines. This was done safely by the staff member, including demonstrating good infection control processes. Staff responsible to supporting people with their medicines were trained to do so safely and had their competency checked.
- There were systems in place to ensure people received their medicines, where required, which was recorded. We saw risk assessments, including those for paraffin-based creams and how risks were mitigated.
- Regular audits supported the management team to quickly identify any discrepancies regarding medicines and take action to address them.
- People told us they received their medicines when needed. One relative said, "Medication is dispensed in accordance with my [family member's] prescription, in a safe and controlled manner." Another relative

commented, "They have worked hard to ease my [family member's] pain ... previous to them entering the home, they weren't on any medication. I feel that they are strong advocates for my [family member] when dealing with pain/health issues."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- During our inspection visit, we observed people receiving visits from their families.
- People told us they could have visitors when they liked, and relatives confirmed they could visit their family members and were made welcome.

Learning lessons when things go wrong

- There were incidents and accidents which happened in the service; however, we were assured the management team acted and learned lessons.
- There were systems to assess incidents and accidents and reduce future risks, such as referrals to health care professionals and the provision of technology to alert staff when people attempted to mobilise independently. The management team told us how patterns and trends identified in falls analysis assisted them to deploy staff at particular times in areas of concern.
- The management team had identified improvements were needed in how staff recorded when people were checked for their safety and support provided. This was disseminated to staff in the requirements of their role.
- The registered manager told us how they were working with a staff member within the provider's care quality team, to support staff and provide training in supporting people who were living with dementia with distress reactions.

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

- People using the service and visitors spoken with told us they felt the service was well-led and they commented on the caring nature of the staff and management team. Our observations confirmed that staff were caring and compassionate when interacting with people and visitors.
- One relative said, "I cannot fault the whole staff's dedication, they are always polite, welcoming, respectful and display exceptional kindness towards both my [family member] and myself ... [registered manager is] always available for a meeting. I feel [they] manage the establishment very effectively." Another relative commented, "I do know the manager and [they] recognise my voice when I phone, which I appreciate. I have on occasions, phoned the manager to discuss something and I have always found [them] approachable and understanding. The office staff are also very helpful."
- People told us they were satisfied with the service they received. One person said, "I give here an AA rating." One relative said, "You could not find a better home."
- The management team were a visible presence in the service, and they knew people and their needs well, as did the staff we spoke with. The registered manager and management team told us how the ethos of the provider and home was to encourage and empower staff to speak out and be involved in the running of the service. Staff confirmed they raised issues where needed.

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

- There was a duty of candour policy and procedure in place and this was understood by the management team.
- Where incidents had happened, people and relatives, where required, were written to with an account of the incident and any actions taken to reduce future risks. One relative said, "I am always kept fully informed and updated in respect of incidents or accidents."

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

- The registered manager understood their role and responsibilities. This included notifying us of specific incidents. However, we had identified that where safeguarding concerns had been raised with the local authority, but not taken forward as safeguarding, notifications had not been sent to us. We were assured this misunderstanding would be rectified.
- The registered manager and staff spoken with were committed to providing people with a good quality

service.

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

- The provider took comments raised by staff seriously and valued the feedback from staff, which was evident in a recent meeting with senior management regarding engagement of people using the service.
- There were signs posted in the service with the contact details of senior management, should people using the service, visitors or staff wish to contact them directly. This indicated an open culture where access to management was encouraged.
- Staff received one to one supervision and team meetings. These provided a forum to discuss their work and receive and feedback and information of changes. Staff surveys had recently been sent out. From the previous staff survey, there was a notice in the service with a plan of actions as a result of staff feedback.
- People's relatives told us they felt included in their family member's care and were consulted regarding any changes or concerns. One relative said, "Regular communication regarding my [family member's] care takes place, with appropriate action taken.... I have made one complaint, which was managed well and acted upon, to my satisfaction with good communication throughout the process."
- Meetings were attended by people using the service, the minutes showed they were kept updated with changes in the service and asked for their suggestion and comments, for example with activities, and food. Each meeting updated people of the actions taken as a result of their comments.
- We saw signs in the service which identified the actions taken as a result of people's comments. This included having toiletries available to buy in the existing sweet shop and providing access to more television channels.

Continuous learning and improving care

- Staff received training relevant to their role and this was kept under review to ensure staff received any updates and refreshers.
- A range of audits and monitoring activities were in place, and an action plan developed which evidenced where shortfalls were identified systems were developed to address them.
- There were plans to make some changes to the environment, including refurbishment and redecoration. In addition, the service had identified some environmental changes which could be made to improve people's current dining experience and wellbeing, plans were in place for these to be addressed. We were told people using the service were involved in choosing colour schemes.
- Provider conferences and monthly manager meetings were held where good practice and guidance was shared.

Working in partnership with others

- The registered manager told us how they felt they worked well with social and health care professionals and the registered manager was positive about the support provided. A social care professional told us, "I find the manager responsive and helpful when any queries are raised, and [they are] very well supported by the Anchor senior management team who are regular visitors to the home."
- The registered manager told us how referrals were made to health care professionals where required, such as the GP, district nurses, dietician and speech and language therapists. We saw a document which thanked the service for the breakfast that had been delivered to the community hospital nursing team. The service participated in local initiatives to improve people's wellbeing, including 'mobility matters'.
- There was an annual Christmas cake competition between the provider's services. This encouraged interactions with other homes owned by the provider.
- Activities and events were posted on social media to ensure people's relatives could see what their family members were doing. One relative said, "I like the home being on social media as it's a way to follow the

activities. It's also a way for family, further afield to keep informed and see their relative. When I went away on holiday for two weeks, I sent a postcard to my relative. A few days later there was a photo of [them] on Twitter with the card. It was nice for me to see the card had arrived, reassuring for me that someone would have explained why I wasn't visiting and of course nice for me to see my relative smiling. I found that very thoughtful."