

Omega Elifar Limited

The Firefly Club Care Home

Inspection report

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Bordon
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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

About the service:

The Firefly Club has been registered since November 2018 and is available to provide care and support for up to 8 people.

People's experience of using this service:

People and relatives told us the home was a good place to live, and that staff treated them with respect and kindness.

People's health and social care needs were identified and managed well by the management and staff team. There were positive relationships with professionals, which supported people's overall wellbeing.

The environment was safe, clean and suitable for people's needs.

People were supported to take their medicines by well trained and knowledgeable staff, who understood their preferences of how they wished to take them.

People received enough to eat and drink and were involved in choices about what they wished to eat.

People were supported by sufficient staff, and the registered manager ensured that staff were trained in all areas that were deemed necessary in order to support people's needs effectively.

The management team showed evidence of ongoing quality monitoring across all aspects of the home. Any concerns or suggestions for improvement which were raised by residents, their families or staff were addressed.

The home showed a good level of leadership, by encouraging people who use the service to be involved in their care.

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

People participated in meaningful activities, in which they were supported to be as independent as possible.

People received responsive care and support which was personalised to their individual needs and wishes.

Documentation in care plans was clear, person centred and regularly reviewed with the person and their family or advocate if appropriate.

Rating at last inspection:

The service had not previously been inspected

Why we inspected:

This was the first scheduled inspection following the homes registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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?

The service was Safe.

Please see detailed findings below.

Good ●

Is the service effective?

The service was Effective.

Please see detailed findings below.

Good ●

Is the service caring?

The service was Caring.

Please see detailed findings below.

Good ●

Is the service responsive?

The service was Responsive

Please see detailed findings below.

Good ●

Is the service well-led?

The service was well-led.

Please see detailed findings below.

Good ●

The Firefly Club Care 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced

What we did:

We reviewed information we had received about the service. This included checking incidents the provider notified us about, such as serious injuries and abuse. We sought feedback from the local authority and healthcare professionals.

During the inspection, we spoke with the registered manager, the nominated individual, the organisations

chairman, the chef, two support workers and one agency support worker.

We reviewed a range of records. This included one person's care plans and their medicine records. We reviewed the providers recruitment processes and looked at their training and supervision records. We reviewed records relating to the management of the home and a broad range of policies and procedures which had been developed and implemented by the provider.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management.

- Suitable risk assessments were in place. These included assessments of environmental risks and any risks due to the health and support needs of the person.
- Risk management was balanced and assessments were considered while trying to maintain the independence of the person.
- When a change in need was identified, risk assessments were reviewed and updated for people.
- Emergency plans were in place to ensure people were supported safely in certain events, such as fire.

Staff and recruitment.

- Appropriate checks had been conducted before staff started working the service to determine staff suitability to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.
- The registered manager had assessed the deployment of staff safely. They said, "There will always be at least two staff on shift. At the moment we have one person living here and one person is moving in this afternoon. I am here as well as two other members of staff".

Systems and processes to safeguard people from the risk of abuse.

- Staff understood their role in how to protect people from harm. They had undertaken adult safeguarding training within the last year. They understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local adult services safeguarding team should be made, in line with the provider's policy. One staff member said, "I have never seen anything bad happen here, I would be the first to report any concerns and I can tell you I am not worried".
- Comments from people and relatives included, "I am absolutely safe here. It is a joy living here, they are like my friends" and "So far so good".

Using medicines safely

- Medicine administration was safe, and medicines were stored appropriately.
- The temperature of medicines storage areas was checked regularly and maintained at safe levels.
- Medicines records were clear and accurate.
- Protocols were in place for 'as required' medicines to ensure staff had access to guidance about the administration and monitoring of these medicines.

Preventing and controlling infection

- We noted the home was clean and we did not detect any malodours during our visit. The provider had put preventative measures in place where necessary, for example, ensuring the adequate provision of personal

protective equipment (PPE) for staff, such as gowns and gloves.

- There were hand hygiene stations around the home. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean and free of litter or debris.
- Staff received regular training and updates in infection prevention and control.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed and regularly reviewed. A member of staff commented, "People have an assessment at the start before they move into the service and then we have regular reviews of their care".
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. A member of staff said, "We treat people with respect and equality. It doesn't matter where they come from or what their needs are. We have to make sure they are given a fair chance and we don't discriminate".
- Care plans included people's needs in relation to their culture, religion and diet. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience.

- People were supported by staff who had completed a range of mandatory training. Staff told us they were supported by the registered manager through regular supervision and appraisal.
- Staff told us they were encouraged to undertake additional training. All new staff were expected to undertake the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care-based roles.
- People told us they thought staff were well trained and knowledgeable. New staff were supported to learn about people's needs by familiar staff. This supported people to experience a continuity of care and minimise any distress or disruption caused by new unfamiliar staff.
- Staff told us they worked well as a team. We saw staff interactions with each other were respectful, friendly and calm. They told us the registered manager helped ensure stability and a positive working environment.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were encouraged and supported to maintain a balanced diet. A member of staff said, "[Person] can come in and out the kitchen whenever they want. They make drinks and get snacks. We encourage healthy eating but it's the person's choice at the end of the day because they have capacity to understand". There was a menu plan on the wall which had been created with input from the person. It detailed a variety of meals including healthy options.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy. A member of staff said, "We have been to see the GP and we have had support from the mental health team".

- Daily records, care reviews and the visitor logs demonstrated the registered manager and the staff worked effectively with external healthcare professionals to ensure people received appropriate care and support.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all of the principles and guidance related to the MCA and Deprivation of Liberty Safeguards (DoLS).
- Staff made sure people were involved in making decisions about their care.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported

- We saw numerous examples of staff talking with people with genuine warmth and respect. Staff showed an interest in people's welfare, stopping to ask how they were and taking practical and compassionate action to relieve people's distress or discomfort.
- People told us they liked the staff and found them kind and caring. One person said, "They are kind to me".
- Care workers could communicate with people effectively and adapt their tone of voice depending on who they were talking with. This was observed during lunch when one person became anxious.
- People's bedrooms contained personal belongings which were important to them. An audit document stated, "One bedroom checked, clothes were clean and folded neatly and stored appropriately, room contained personal effects such as photographs of family pictures".

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

- Whilst reviewing the care plans, and during our observations, we saw evidence of people being involved in all aspects of their care. Care plans were very person centred and reviewed regularly with people and their families. Evidence was seen of involvement and discussion with people about their wishes and aspirations.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and supported. Staff members respected people's wishes but observed them closely, and were available if needed. Their first response was to see if people could do things for themselves. This was an effective approach which ensured that people's independence was maintained without unnecessary staff action.
- People were supported to be independent, and to access the local community if they were able. One person told us "I can go out whenever I want".

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were encouraged to have as much involvement as possible in drawing up their support plan and when reviewing it.
- Support plans explained in sufficient detail the things people could do, and the things they needed staff to support them with.
- People were supported to participate in a number of activities. These included, keep fit sessions, scrabble, arts and crafts, singing, bingo and gardening. They also included balloon tennis and mood jar painting. The registered manager told us they wanted to develop the activities further. An audit record stated, "'The team are planning further activities to be included in the timetable to reflect people's choices and preferences'".
- We saw people and staff being treated fairly and equally. The provider had policies and procedures in place to ensure they met their responsibilities under the Equality Act.
- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The provider had an AIS policy in place and we found the principles of the Standard were followed in some areas of the home. The registered manager told us they would review AIS guidance and ensure any additional measures required were put in place. We will check that this has been progressed at the next inspection.

Improving care quality in response to complaints or concerns.

- People knew how to make a complaint and they were confident their complaints would be listened to and acted upon.
- The complaints procedure was also discussed with people during care reviews and when people moved into the home.
- One person told us they had raised several issues when they had first moved into the home at the start of moving to the home but said any concerns were dealt with. They said, "I have no complaints to make and certainly no formal complaints".

End of life care and support.

- At the time of our inspection no one was receiving end of life care.
- The provider had suitable arrangements in place should someone need end of life care.
- The registered manager provided us with an example that demonstrated staff were knowledgeable and competent to deliver safe and compassionate end of life care.

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

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

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

- The registered manager understood their responsibilities of their registration.
- There was a clear staff structure throughout the home and the registered manager had developed lines of delegation with the senior staff for the day-to-day running of the service.
- There were systems in place to monitor the safety and the quality of the service. Audits were completed on a regular basis and where shortfalls were identified, there was an action plan in place to address these. these were addressed in an action plan.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision.
- Comments from staff, relatives and people were consistently positive about the registered manager. Feedback included, "Love it here, the back up from management is great, even the managers help you, and it's not beneath them to carry a tray for you. I've only been here since January, she understands, she's a human" and "Manager is amazing, very approachable any issue in the past she has dealt with it".
- Staff understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised about the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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

- Records demonstrated the registered manager and staff engaged with the public. An audit record stated, "A coffee morning had taking place in the Hub, lovely atmosphere, all having a great time socialising and some family member's where also visiting"
- Frequent meetings took place between staff and management to share information.

Continuous learning and improving care.

- The provider had conducted a quality audit on 3 May 2019 which highlighted areas for improvement and

actions to be taken. Actions included, "Ensure that the COSHH file is expanded (HW), Staff must record temperatures daily, food must be stored as stated in the Food Safety Act 1990 and continue to monitor temperatures in Medication room and stairwell".

Working in partnership with others.

- We saw evidence that people were supported to access health and social care services as required. We saw that people had been referred appropriately to specialist health teams and that the GP visited regularly and had a good relationship with the home management team and staff.