

Only Care Limited

# The Firs Residential Care Home

## Inspection report

Tower Farm, Tower Road  
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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

The Firs Residential Care Home is registered to provide accommodation and non-nursing care for up to 29 people. At the time of our inspection there were 23 older people living in the home. Each person had their own bedroom and en-suite facilities were provided. There was a dining room, conservatory and lounge for people and their visitors to use.

This unannounced inspection took place on 12 January 2017.

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

At the last inspection on 17 March 2016 we asked the provider to take action to make improvements to the staffing levels, fire safety and complying with the requirements of the Mental Capacity Act, and these actions had been completed.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was not acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

Staff knew what actions to take if they thought that anyone had been harmed in any way. Local safeguarding procedures had been followed when necessary. Risk assessments reduced risks to people without restricting them from doing the things they enjoyed.

There were enough staff available to meet people's needs. The recruitment process was followed to ensure that people were only employed after satisfactory checks had been carried out. Staff received the training they required to meet people's needs and confirmed that they felt supported in their roles.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld. Visitors were made to feel welcome to the home and staff supported people to visit their family members when needed.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People received their medication as prescribed. Medication was stored securely.

People were provided with a choice of food and drink that they enjoyed. When needed people received the support they needed to eat and drink. This was carried out in a respectful manner.

Staff supported people to maintain their interests and their links with the local community to promote social inclusion. Measures were taken to promote people's safety if they wanted to access the community on their own.

Care plans and risk assessments gave staff the information they required to meet people's individual care and support needs. The care provided was based on people's preferences.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager.

There was an effective quality assurance process in place to identify when any improvements were needed. The registered provider obtained the views from the people, their relatives and staff about the quality of the service and took action when improvements were suggested.

## 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.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Risks to people had been assessed and reduced where possible.

People received their medication as prescribed. Medication was stored securely.

### Is the service effective?

Good ●

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. People's rights were being promoted or protected.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind and caring and knew people well.

Relationships with families and friends were promoted.

People's rights to privacy and dignity were valued.

### Is the service responsive?

Good ●

The service was responsive.

People had been involved in writing their care plans. Staff had an

good understanding of people's social and support needs and what they valued.

People's care and support needs were planned for and evaluated to ensure they met their current needs.

There was a system in place to receive and manage people's compliments, suggestions or complaints.

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### **Is the service well-led?**

The service was well-led.

Staff felt confident to discuss any concerns they had with the registered manager and were confident to question colleagues' practice if they needed to.

The service had an open culture and welcomed ideas for improvement.

Audits and action plans ensured that the quality of the service provided was being constantly reviewed and acted upon.

**Good** ●

# The Firs Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 January 2017 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners and healthcare professionals that had contact with the home to obtain their views about the service.

During our inspection we spoke with five people who lived at the home, the registered manager, and two care assistants. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We also observed how people were cared for in the communal areas.

## Is the service safe?

### Our findings

At the previous inspection in March 2016 we found that the provider was breaching two legal requirements in this area. At this inspection we found that improvements had been made to ensure the staffing levels were sufficient and that action had been taken to reduce the risk to people in the event of a fire.

A new fire risk assessment had been completed by a competent person. Where the need for improvements had been identified these had been actioned or were in the process of being completed within the appropriate timescale. Personal evacuation plans were in place for each person so that staff were aware of what support people needed in the event of a fire. Regular checks of the fire alarm system and equipment were being completed. New equipment had been purchased to help with the emergency evacuation of people on the first floor.

We saw that there was a sufficient number of staff working to meet people's needs. One person told us, "The staff always come quite quick when I need them, last night I used my call bell and they came to me within five rings. Even if it's something trivial they don't mind." The registered manager stated that they used a dependency assessment tool to record how much support people needed. This was regularly reviewed with the staff that worked with people to ensure it was accurate. Staff told us they usually had time to meet people's needs and provide them with the support they required. They also stated that staff absence was normally covered with agency staff but that this was sometimes difficult if they didn't know the people they were working with. A member of staff was absent at short notice on the day of the inspection. The deputy manager helped to provide personal care and administer medication so that people were still assisted in a timely manner. We saw that staff had time to sit and talk to people. We also saw that when staff assisted people with tasks such as eating this was not rushed and carried out at a pace that suited them.

People told us they felt safe living at the home. One person told us, "Yes I feel safe here, it's the whole environment that makes me feel safe." Another person told, "I feel safe living here because of the staff."

Risk assessments had been undertaken by an appropriately trained staff member. Any risks to the person and to the staff supporting them were assessed. Staff were able to tell us how they followed risk assessments. This helped to ensure that risks to people were minimised but they could still carry out the tasks and activities they wished to. For example, one person enjoyed going out to the local pub several times a week. A risk assessment had been completed which included providing equipment and staff support to ensure that they could still do this. This meant that the person had been able to do something that they enjoyed but the risk had been minimised to try and keep them safe. We saw that risk assessments had been reviewed and updated where necessary. For example, when people had sustained a fall their risk assessment had been reviewed to see if any action was needed to be taken to prevent another fall.

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Staff were knowledgeable about contacting the appropriate agencies responsible for safeguarding if ever they needed to report any

incidents or if they had any safeguarding concerns. The records confirmed that when there had been any concerns about people's safety the relevant agencies were contacted. The records also showed that where appropriate people's families were kept informed of any concerns.

Staff were aware of the procedure to follow if anyone had an accident or incident. One person told us, "I fell over but the staff knew what to do. They checked me over [for any injuries] and then hoisted me up into a chair. They checked afterwards that I was okay." Accident and incident forms had been completed when necessary. There was a log of accidents and incidents so any patterns or trends could be identified and action taken as necessary to prevent a reoccurrence.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. References and acceptable criminal records checks had been completed before they were employed. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in the service.

Medicines were administered by staff who were trained and assessed to be competent to do so. Staff told us and records confirmed that they had completed an administration of medicines training. Staff undertook a competency assessment to ensure that they had the required skills and knowledge to administer medicines in a safe way. Detailed information was not available about when medicines prescribed to be administered when required should be administered. However the manager took immediate action to provide the information in a suitable format. Individual medication risk assessments were not in place. The manager took immediate action to ensure that these were completed for each person. The PIR stated, "An audit is completed after each medication round by the staff member who has administered the medications. This is to ensure that the medication round is not complete until all medication trolleys and dossett boxes have been checked to ensure all residents medications have been given correctly, as well as all MAR sheets to be checked to ensure that nothing has been missed." We saw that these audits were taking place.



## Is the service effective?

### Our findings

At the previous inspection in March 2016 we found that the provider was breaching one legal requirement in this area. We found that at this inspection the provider had made significant improvements in ensuring that the requirements of the Mental Capacity Act 2005 were being complied with.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. The assessments showed that the staff member completing the assessments with people had tried to make the information accessible to them. When best interest decisions had been made these had been recorded. When needed, DoLS applications had been submitted to the local authority. The records showed that where a deprivation of liberty had been granted by the local authority regular checks were being carried out to ensure that the terms were being adhered to. Staff were aware of the requirements of the MCA and the relevant codes of practice. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures.

Staff told us that the training programme equipped them for their roles. However one member of staff told us that they would like more training on providing care to people with dementia. We discussed this with the registered manager who agreed that this would be provided. New staff completed a thorough induction. The manager stated that new staff were expected to complete the Care Certificate. The Care Certificate is a nationally recognised qualification. However as not all new staff had completed the training in the expected time the registered manager had organised for them to have further training after the forthcoming team meetings so that it could be completed. The registered manager stated that all staff are required to complete mandatory training including infection control, manual handling, safeguarding of vulnerable people, first aid and fire. The registered manager stated and records confirmed that people had attended the training or were booked to attend it.

The registered manager stated that some staff had been appointed as champions in areas such as infection control, food hygiene, medication, safeguarding, health and safety and fire. This meant that they took a lead role in promoting best practice in those areas and highlighting any issues that needed attention.

Staff told us that they felt supported. They said that they received regular meetings with a line manager when they were in their probationary period and formal supervision sessions thereafter.

Staff demonstrated to us their knowledge of people's special dietary needs and any food and drink preferences. People confirmed that they could choose what they would like to eat and drink. The PIR stated, "Each individual is offered two options for the lunch time meal, but if neither of these are to that individuals preference, we can always offer several alternatives." People confirmed this was the case. One person told us that the registered manager had told them they could choose whatever they would like for Christmas dinner. They told us, "I choose prawn curry and didn't think I would actually get it but I did." Nutritional risk assessments were in place where required people's food and drink intake were monitored. We saw action had been taken when people hadn't had consumed the expected amount. When needed people were supported to eat and drink. Staff were aware of any special dietary requirements and food allergies.

The records showed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. People also confirmed that they were supported to access any healthcare professionals when required.

## Is the service caring?

### Our findings

We found that people were being looked after in a caring way. One person told us, "The carers are good. I can express myself in various ways." Another person told us, "The staff are marvellous." Another person told us, "It's good living here, the staff really mix in, they are kind."

The registered manager stated, "The Firs Residential Care Home has a real 'home from home' feel, where our residents become part of 'The Firs Family'. I believe it speaks volumes that relatives of past residents continue to visit our home, just to 'pop in' for a coffee and a chat, and always like to keep up to date with any of our annual activities and fundraisers. The Firs staff work continuously to ensure that all care given to our residents is personal and tailored to their individual wishes."

People's care plans included information about what was important to them as an individual. Staff were aware of what made people happy. One person told us, "I think I matter to the staff, they know me well. They know what makes me happy." Another person told us, "It's great living here. The staff treat me very well. They know what support I need." One staff member at The Firs visits the home every Saturday morning, even when not on shift. Saturday's is when the local newspaper comes out for sale, and this staff member knows how much one person loves to read it first thing in the morning. The registered manager had also ordered a newspaper round satchel so that she could deliver papers to people each morning and use this time to interact with them and ask them if they were happy with the service they were receiving.

People told us they thought the care staff treated them with dignity and respect and promoted their independence. One person told us, "The girls [staff] are good. They definitely talk to me in a respectful way." One member of the care staff told us, "I ask people how they would like things done each time I help them as it can change day to day." Another member of staff told us "When carrying out personal care I make sure that doors and curtains are closed and I try to keep people covered when possible." People's care plans included information about the support they required. For example one person's care plan stated, "[Name] will need the time and patience from care staff in communicating [their] needs." We observed staff working with people and saw that they gave them time to answer questions and didn't rush them.

The registered manager told us that they viewed an important part of the role of the care worker was to promote people's relationship with their family and friends and offer any support to them when needed. For example, a care staff member escorted one person to [their] son's wedding. This was extremely important to the person as they got to see their [family member] get married. The registered manager stated, "The escorting staff member even had a photograph in the wedding album – which has encouraged a close and positive relationship between this resident and staff member, because such a special moment was shared together."

People told us that they could have visitors at any time and they were always made to feel welcome. One person told us that staff supported them in video calling and emailing their family that did not live locally. They also told us that when they wanted to purchase items online staff supported them to do so when then needed help. The registered manager stated, "A common compliment that we receive from visitors [relatives

and health professionals], is what a warm welcome The Firs offers to all. Visitors are never left thirsty or hungry and we always ensure that all staff introduce themselves and get to know our visitors when visiting The Firs. Our open culture encourages a positive atmosphere for all, and also creates a support network for relatives or visitors who may be experiencing emotional difficulties if their family member requires care." The staff took one person to visit their family member who was living in another home on a monthly basis. This showed that staff encouraged people to maintain relationships.

We saw that when staff assisted people to eat their meals this was carried out in a respectful manner. The staff member sat at the same level as the person and explained everything that was on their plate before they started their meal. The staff member checked that the food was the right temperature for them and assisted them at the pace that suited them. One person needed to leave the room whilst having their lunch. On their return a staff member got them a fresh meal so that they didn't have to eat their meal that had gone cold.

When people needed independent help to make some important decisions the manager had arranged for an advocate to support them. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

The support people received was focussed on them as an individual. The manager told us that the staff tried various ways of supporting people when they became anxious to try and avoid the need to administer medication to people to reduce their anxiety. For one person they had tried music therapy with a qualified music therapist, light and sound therapy using sound and light display boxes and staff one to one and reminiscence time. Another person became anxious when they forgot if they had spoken to their family and friends. To try and prevent this a wipe board had been placed in their room so that relatives, friends and staff could write messages on it to remind them.

The care plans were detailed and contained a lot of information for staff to enable them to meet people's needs. They were written in a positive manner and included information about the individual and what they could do for themselves. They also included information about people's history, what was important to them, their spiritual and cultural needs, communication, medication, nutrition, emotional well-being and any health issues. For example, one person's care plan stated, "[Name] can sometimes become anxious when [they] cannot do the things [they] used to do. Please support [Name] in these times." The care plan then went on to describe calming techniques that were based on the person's life history, interests and communication with their friends.

One person told us, "They [the staff] discuss my care plan every so often with me to see if anything needs changing." They also told us that although they carried out their personal care independently, "Staff ask me have you had a wash today." This showed that people's preferences were respected but staff also checked if they required any help or prompting. The care plans we looked at had been signed to say the person agreed with it. Senior care staff told us they reviewed and updated care plans to ensure they reflected people's current needs. The manager told us that people who used the service, and if they wished, their families, were invited to a more formal annual review to discuss their care and support.

Staff organised regular activities that people enjoyed. On the day of the inspection there was a church service and people could choose if they wished to take part. We also saw one member of staff giving a person a manicure, the person was smiling and talking to the member of staff. Other activities regularly available included entertainers brought into the home, bingo, reminiscence, choir, games and going out with staff members for walks and meals and drinks in the local village. One person told us, "I enjoy the music events."

There was a complaints procedure in place. One person told us, "If I was unhappy I would go to the office and talk to them (the registered manager)." We saw that a complaint received from a relative had been dealt with appropriately. Information was made available to people to encourage them to complain if they were not happy with the care they received.

## Is the service well-led?

### Our findings

There was a registered manager, supported by a deputy manager and assistant deputy manager. Staff told us that they found the management team to be approachable and could discuss any issues with them when needed.

There was a positive culture within the service. The manager and care staff explained that the values of the service included treating people with respect and dignity and as individuals. The registered manager told us, "Person centred care is at the forefront of everything we do. Each person at The Firs is cared for differently to ensure a smooth transition from home to residential care. We have no set meal times, no set bed times, no set routine. We work to our resident's individual routines, not staff routines." The records we saw and observation of staff working with people confirmed this. The minutes of a recent staff meeting showed that staff were reminded not to get people up at a certain time as a matter of routine but to ask them if they were ready to get up or wanted to stay in bed. We saw on the day of the inspection that the staff had put this into practice.

People were involved in the running of the home. Regular meetings were held for people who lived at the home so that they could discuss any issues or make recommendations for improvements. For example, the minutes of a recent meeting showed that they had discussed staffing, food and activities. People were also offered a chance to raise any other business that they wanted to. Relatives meetings had also been held and covered topics similar to meeting for people who lived in the home. People confirmed that they were asked for their views on the service and could make recommendations for improvements if needed.

There were systems in place to monitor the quality of the service being provided. The registered manager regularly worked with other staff so that they could observe how the staff worked with people. This ensured they were following people's support plans and the correct procedures and provider's policies. The manager completed regular audits including care plans, supervisions, health and safety, complaints, accidents and medication. This identified any areas for improvements.

Regular staff meetings were being held. Care staff confirmed that they could add any items to the agenda that they wished to discuss.

The registered manager maintained and monitored a training record to ensure that all staff had completed the relevant training or were booked to do so. The registered manager attended meetings with other managers to ensure they kept up to date with best practice. The registered manager stated that when staff expressed an interest in furthering their careers they were supported in this by attending management training and being given extra responsibilities.

Staff were aware of the whistle blowing procedure and, when needed, had used it. This had helped to ensure that only the right people continued to be employed in the service. This also showed that the provider had an open and honest culture.

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community regularly such as shops and, pubs. One person had been supported to forge new friendships with people from the local village and enjoyed spending time with them.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC when needed.