

Caring Homes Healthcare Group Limited

Firtree House Nursing

Home

Inspection report

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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

Firtree House Nursing Home is registered to provide nursing and residential care for 50 older people.

At this inspection there were 24 people living in the service.

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

People told us they were safe at the service and well supported by staff. A person said, "The staff are good to me and I like them." In a thank-you card a relative said, "All the staff who cared for mum were kind and compassionate and we are grateful for the care and attention she received."

People were safeguarded from the risk of abuse. Risks to health and safety had been managed and people received safe care and treatment. Medicines were managed safely in line with national guidance. Sufficient staff were deployed and safe recruitment practices were in place. Infection was prevented and controlled. Lessons were learned when things went wrong.

Quality checks monitored and evaluated the service, regulatory requirements were met and good team-working was promoted.

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 Requires Improvement (published 25 June 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 March 2019. Breaches of legal requirements were found. The registered provider completed an action plan after the last inspection to show what they would do and by when to improve the delivery of safe care and treatment and to monitor the operation of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Follow up

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

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.

Firtree House Nursing 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 registered 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Firtree House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection to check if the service had active cases of COVID-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection including submitted action plans. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

The registered provider was not asked to complete a provider information return prior to this inspection. This is information we require registered providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who lived in the service and observed some of the care two more people received in communal areas. We spoke with a nurse, four care staff, the administrator, the wellbeing and activities coordinator and head housekeeper. We also spoke with the clinical lead (head nurse) registered manager and regional manager.

We reviewed the care plans of four people. We also looked at records relating to the management of medicines, health and safety records and key policies and procedures.

After the inspection

We continued to seek clarification from the registered provider to validate evidence found. We looked at training data, audits and staff allocation records. We also spoke by telephone with three relatives who gave us their views on the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines applied by a patch on a person's skin were not managed safely increasing the chance of a patch medicine not being given at the right time. Records did not show drinks were being thickened in the right way to reduce the risk of a person choking. The sites where insulin injections were given were not recorded. This increased the risk of the same site being used resulting in skin irritation.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12. More detailed guidance ensured patch medicines were reliably given at the right time with a record being completed on each occasion. Records showed and staff confirmed drinks were being thickened in line with advice from a healthcare professional. No one living in the service was using insulin. However, nurses had been given additional guidance and knew how to correctly administer medicines by injection varying sites to reduce the risk of skin irritation.

- People were helped to keep their skin healthy. When necessary people were provided with special air mattresses and were helped to regularly reposition to reduce pressure on their skin. This made the development of pressure ulcers less likely.
- People were helped to promote their continence. They were discreetly assisted to use the bathroom and continence promotion aids were quickly changed when necessary. Nurses regularly checked to ensure people had not developed a urinary infection.
- Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. The accommodation was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Systems and processes to support staff to keep people safe from harm and abuse

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Staff had received training and knew what to do if they were concerned a person was at risk. A person said, "The staff are very nice to me and kind."
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Using medicines safely

- People were helped to safely use medicines in line with national guidelines. Medicines were reliably ordered so there were enough in stock and they were stored securely in clean, temperature-controlled conditions.
- There were written guidelines about the medicines prescribed for each person. Medicines were administered by nurses in the correct way and at the right time. A person said, "The staff sort out my tablets for me which is how I like it."
- Prescription and administration records were complete and accurate. There were additional guidelines for nurses to follow when administering as-required medicines. These medicines can be used on a discretionary basis when necessary and according to the individual protocols.
- The clinical lead regularly audited the management of medicines so they were handled in the right way.

Staffing and recruitment

- Relatives and people living in the service said there were enough staff on duty. The registered manager had worked out how many nurses and care staff needed to be on duty to meet people's care needs. A relative said, "There always seems to be plenty of staff around."
- There were enough nurses and care staff on duty. Records showed shifts were being reliably filled and no agency staff were being used. A member of care staff said, "I think we do have enough staff and we work together well as a team."
- People were promptly assisted to undertake a range of everyday activities. These included washing and dressing, using the bathroom and receiving care when in bed. Call bells were answered promptly.
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs and references were obtained. Checks from the Disclosure and Barring Service had also been obtained. These checks establish if an applicant had a relevant criminal conviction or has been included on a barring list due to professional misconduct.

Learning lessons when things go wrong

- Slips, trips and falls were analysed to see what had gone wrong and what needed to be done about it. An example was identifying the locations when people had fallen so the causes could be identified.
- When things had gone wrong suitable action was taken to reduce the chance of the same thing happening again. When necessary advice had been obtained from healthcare professionals. Practical things had been done including people being offered low-rise beds fitted with bed rails. This reduced the risk of people rolling out of bed and injuring themselves.

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 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.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable quality checks had not been completed to monitor and evaluate the running of the service. The registered provider had not promptly told us about some significant events occurring in the service. Services providing health and social care to people are required to inform the Care Quality Commission of important events happening in the service. This is so we can check that appropriate action has been taken.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 17. Quality checks had been strengthened to more closely monitor the provision of nursing and personal care. These included regular quality assessments checked by both the registered manager and area manager. There was also a more robust system to ensure significant events were quickly notified to the Care Quality Commission. The registered manager had submitted notifications to Care Quality Commission in the correct way.

- People considered the service to be well run. A person said, "I like the staff and we get all the care we need. No complaints from me."

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

- People had been invited to comment on their experience of living in the service. They had been invited to complete surveys and had given feedback to the wellbeing and activities coordinator. Relatives had also completed feedback surveys showing a high level of satisfaction with the service.
- The company running the service had corresponded with relatives to update them about how the service was keeping people safe during the COVID-19 pandemic.
- Health and social care professionals had also been invited to comment on the service by speaking with the registered manager and clinical lead.

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

- Staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.

- There was a member of the management team on call during out of office hours to give advice and assistance to support staff. There were handover meetings between shifts to update nurses and care staff about developments in the care each person needed. Staff also attended regular staff meetings to help them work together as a team.
- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves 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 registered manager had established a culture in the service emphasising the importance of providing people with person-centred care. A relative said, "I'm very confident the service is well-run and the manager is always around and very approachable. I feel welcome in the service and the staff obviously get on well with each other."
- The registered manager understood the duty of candour requiring the service to be honest with people and their representatives when things had gone wrong. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied so a prompt response could be given.
- It is a legal requirement a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. This included liaising with healthcare and other professionals.
- The registered manager had used learning and development opportunities to keep up to date with changes in health and social care. They received newsletters from the Care Quality Commission knew about important changes being made to protecting the legal rights of people who may need to be deprived of their liberty to receive care and treatment.