

West Bank Residential Home Limited

The Firs Residential Home

Inspection report

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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

This was The Firs Residential Homes first inspection since registering with the Care Quality Commission.

The inspection took place on the 28 June 2017 and was unannounced. The Firs Residential Home provides care and accommodation for up to 38 older people, some of whom are living with dementia. On the day of the inspection 35 people lived at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

One person said when asked; "Safe- of course. Why wouldn't I be?" A relative said; "Yes she is safe." Professionals spoken with all felt people were safe living in the service.

People were engaged in different activities and enjoyed the company of the staff. There was a calm and relaxed atmosphere within the service. People said they were happy living at the service.

People were satisfied with the care the staff provided. They agreed staff had the right skills and knowledge to meet their needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People were protected from harm as staff had completed 'safeguarding of vulnerable adults' training. Staff understood how to report any concerns and what action they would take to protect people.

People who did not have capacity to make decisions for themselves were supported by staff to make sure their legal rights were protected. Staff worked with other professionals in people's best interests. The registered manager worked in the service most days and had taken action where they thought people's freedom was being restricted. Applications were made and advice sought to help safeguard people and their human rights.

People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills, and staff competency was assessed. People, staff and relatives said there were sufficient staff on duty.

People had their privacy and dignity maintained. Staff were observed supporting people with patience and kindness.

People had visits from healthcare professionals. For example, speech and language therapists, to ensure they received appropriate care and treatment to meet their healthcare needs. Professionals confirmed staff

followed the guidance they provided. People received the care they needed to remain safe and well. For example, people had regular visits by district nurses to attend to dressings. People's end of life wishes were documented and respected.

People's medicines were managed safely. Medicines were stored, and disposed of safely. Senior staff administered medicines. They confirmed they had received training and understood the importance of the safe administration and management of medicines.

People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals and there was plenty of food available. We observed people, who required it, being supported at mealtimes. One person said; "The food is exceptional!"

People's risks were considered, well-managed and regularly reviewed to help keep people safe and well. Whenever possible, people had choice and control over their lives and were supported to engage in activities. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care. People's care records were of a good standard, were detailed and recorded people's preferences.

People said the registered manager was very approachable and made themselves available to them. Visiting professionals and staff confirmed the registered manager made themselves available and were very good at supporting them. Staff talked enthusiastically about their roles and took pride in their work.

The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People's opinions were sought formally and informally. There were quality assurance systems in place. Feedback was sought from people and their relatives to assess the quality of the service provided. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and where there were areas for improvement, these were shared for learning.

Audits on infection control had taken place. Staff had received training in infection control.

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.

People told us they felt safe living at the service.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

People were kept safe by staff who had a good understanding of how to recognise and report signs of abuse.

People's risks had been identified and managed appropriately. Risk assessments had been completed to help protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

People lived in a clean and hygienic environment.

Is the service effective?

Good ●

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to healthcare services in order to meet their health care needs.

People's human rights were respected. Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People were involved in decisions about their care.

People were treated with kindness and respect and were happy

with the support they received.

People's privacy and dignity was promoted by the staff.

Staff knew about the people they cared for, what people required and what was important to them.

People's end of life wishes were documented and respected.

Is the service responsive?

Good ●

The service was responsive.

People's care records were personalised reflecting their individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure and people and their families knew how to use it, if they needed to.

Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager who was approachable and who people spoke highly of.

Staff confirmed they felt supported by both the registered manager and registered provider. There was open communication within the service and staff felt comfortable discussing any concerns with both.

There were systems in place to monitor the safety and quality of the service.

Audits were completed to ensure the quality and safety of the service was maintained.

The Firs Residential 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 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.

We undertook an unannounced inspection of The Firs on 24 June 2017. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider Information Return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with 18 people, the registered manager and six members of staff. We also spoke to one health and social care professional and three relatives.

We looked around the premises, observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at five records which related to the administration of medicines, four staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said; "Safe, of course. Why wouldn't I feel safe here?" One relative said; "Yes she safe as there are plenty of staff around to help." A visiting professional said they had no concerns over people's safety. People who lived at The Firs were safe because the registered manager had arrangements in place to help make sure people were protected from abuse and avoidable harm.

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. Staff had completed safeguarding training. Policies and procedures about safeguarding and whistleblowing were made available. Staff understood what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on issues or concerns raised. Staff said they would take things further, for example they would contact the local authority's safeguarding teams, if this was required.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff received regular training and they confirmed they understood the importance of the safe administration and management of medicines. We observed a medicines round and saw the staff made sure people received their medicines at the correct times and records confirmed this.

People medicines administration records (MARs) were completed correctly. People had body maps in place showing staff where cream applications needed to be applied. Other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged, which fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs which related to medicines.

People lived in an environment that was safe, secure, clean, hygienic and regular updates to maintain the premises were carried out. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices. Evacuation drills and fire audits had been carried out. This helped ensure staff knew what to do in the event of a fire. Smoke alarms and emergency lighting were tested weekly. People had individual emergency evacuation plans in place, these, along with people's care records, detailed how staff needed to support them in the event of a fire to keep people safe.

People identified as being at risk had up to date risk assessments in place and people, or their relatives, had been involved in writing them. Risk assessments identified those at risk of falls or at risk of skin damage. They showed staff how they could support people to move around the service safely and protect people's skin. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks and when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

People, relatives and visiting professionals felt there was sufficient staff to help keep people safe. Rotas and staff confirmed the home had enough staff on duty each day. Staff were observed supporting people appropriately at all times, for example, at mealtimes and with drinks. The registered manager said staffing numbers were reviewed and calculated to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe.

People's risk of abuse was reduced because there were suitable recruitment and selection processes for new staff. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. Staff were only allowed to start work when satisfactory checks and employment references had been obtained.

Accidents were recorded and analysed to identify what had happened, and noted any actions staff could take in the future, to reduce the risk of reoccurrence.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and well supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively. Staff knew the people they supported well, and this helped ensure their needs were met. People said; "I'm only staying for a short time but I'd like to take the staff home with me!" and "Staff are excellent." A visiting professional said that the staff team were knowledgeable about the people they cared for.

New staff completed an induction and confirmed they had sufficient time to read records. These staff worked alongside experienced staff to fully understand people's care needs. Training records showed staff had completed training to effectively meet the needs of people, for example, dementia training. The registered manager confirmed new staff completed the Care Certificate (a nationally recognised set of training skills). Ongoing training was arranged to support staff members continued learning and was updated when required. Staff completed additional training in health and safety issues, such as infection control and fire safety.

Staff received appraisals and regular supervision. Team meetings were held to provide staff with the opportunity to discuss areas where support was needed. Ideas were encouraged on how the service could improve, and records showed staff discussed topics including how to meet people's needs effectively.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The 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 a care home are called the Deprivation of Liberty Safeguards (DoLS)

We spoke to the registered manager and the staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). They had completed MCA training and were aware of the process to follow if it was assessed people needed to be deprived of their liberty and freedom.

People's mental capacity had been assessed which meant care being provided by staff was in line with people's wishes. People's records recorded that best interests meetings were held when necessary.

The registered manager and records confirmed the service continually reviewed whether individuals were being deprived of their liberty in order to receive care and treatment, in order to determine if a DoLS application was required. The registered manager and staff supported and encouraged people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in the activities arranged and get up when they wanted. People's care plans showed people were involved in their care and where able, consented to the care taking place.

People's individual nutritional and hydration needs were met. People had a varied choice of what they wanted to eat and drink. People had any specific dietary needs catered for and a menu was displayed. Care records provided guidance and information to staff about how to meet individual dietary needs. Records identified what people enjoyed or disliked.

A nutritional screening tool was used when needed to identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and if required food and fluid charts were completed. People were able to access drinks and snacks at any time. People all said the food was very good or excellent. They told us there was plenty of it and that there were choices available. We observed breakfast and lunch time, and people were relaxed, not rushed, and people and staff were engaged in conversation. People who required additional support were given the assistance they needed and able to eat at their own pace.

People saw healthcare professionals when necessary. Local GP's and district nurses visited and carried out health checks. People whose health had deteriorated were referred to relevant health services for additional support. Staff consulted with external healthcare professionals when completing risk assessments for people. People identified as being at risk of pressure ulcers had guidelines produced to assist staff. Records and visiting professionals confirmed the registered manager kept them up to date with changes to people's medical needs and had contacted them for advice. This helped to ensure people's health was effectively managed.

People's care records held information on people's individual health care needs. This included information about their past and current health needs. This information was updated by staff and could be used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within the hospital environment.

Is the service caring?

Our findings

People were supported by staff who were both caring and kind. People said they were well cared for and spoke highly of the registered manager, staff and the good quality of care they received. One person said; "The staff help everyone. It's a home from home." A relative said; "Here it is excellent. The staff are kind and polite." Feedback from a quality assurance survey stated, "They (the staff) are all professional, kind, helpful and regard us as individuals."

People were involved as much as they were able to be, with the care and treatment they received. Staff asked people for their consent before they provided any support and asked if they were comfortable with the support being offered. For example, when people required assistance moving around the building. Staff were observed treating people with compassion and kindness. Staff were observed telling people what they were doing and completed tasks at people's own pace. All staff knew what was important to people, such as how they liked to have their care needs met.

People were supported by staff who knew them well, as many staff had worked at the service for a number of years. Staff were attentive and prompt to respond to people's emotional needs. For example if people became confused or upset, staff responded promptly to assist and reassure individuals. Staff interacted with people in a caring and supportive way and responded to people's needs in a dignified manner. For example, when people were assisted with their personal care, staff went over to them and supported them discreetly. This showed staff were able to recognise people's needs and respond to them in a caring manner.

People told us their privacy and dignity was respected by all the staff. Staff maintained people's privacy and dignity in particular when assisting people with personal care. For example, we saw staff knock on bedroom doors and calling out their names before entering. Staff said how important it was that people were supported to retain their dignity and independence. A visiting professional confirmed when asked that they had never seen staff being anything other than caring and respectful towards the people at all times. One thank you card returned to the service recorded; "Thank you for the amazing care, kindness and support."

People's care files held information on people's wishes for end of life care. Files also held a "treatment escalation plan." This documented people's wishes regarding resuscitation. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interests. This helped ensure people's wishes on their deteriorating health were made known and documented.

Is the service responsive?

Our findings

People were well cared for and supported by staff who were responsive to their individual needs. People had their needs assessed before moving into the service. The registered manager said this enabled them to determine if they were able to meet and respond to people's individual needs.

People, where possible, were involved with planning their care. When people's needs changed, care plans were reviewed and altered to reflect this change. For example, when people's health deteriorated, staff responded by contacting other professionals for advice and support. Professionals in attendance on the day of our visit, and spoken with after the visit, confirmed the registered manager contacted them if they had any concerns about people's care and that the service responded promptly to people's changing needs. They also said the service was responsive to people's needs when they became unwell.

People's care records contained the information staff needed to help people mobilise and safely use any specialist equipment they required. The involvement of other health professionals was documented, for example the speech and language therapist. The guidance in care records meant people had pressure relieving equipment where required, for example special mattresses to protect their skin integrity. Information was recorded on how staff could respond to people's emotional needs. For example, when people who lived with dementia required extra support if they became confused.

People's care plans included a person's lifetime history, medical history and relationships important to that person. This provided staff with information so they could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

Records showed information had been recorded about people's health and social care needs. This provided staff with up to date information about people. Records recorded any behavioural needs and how staff were to respond to people if they became upset or anxious. People had clear guidance in place to support staff in managing people.

People had access to call bells. This enabled people to call for assistance from staff when required. People told us that staff responded to these promptly.

People were provided with choices on a day to day basis, for example people had a choice of snacks and drinks throughout our visit. Activities were provided and people who wished to participate were encouraged to. The service employed a designated activities co-ordinator. They confirmed they worked with people either on a one to one basis or in small groups. The day before our visit an 'animal petting' company had visited the service. People told us how much they enjoyed that visit. Staff understood people's individual likes when arranging activities and ensured people had a variety to choose from. People said they were happy with the activities provided. In a quality assurance survey a relative commented, "You put so much effort into the entertainment."

The service had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The procedure was clearly displayed for people to access. The registered manager fully understood the complaints process. People and visiting professionals knew who to contact if they needed to raise a concern or make a complaint. They went on to say they felt the registered manager or registered provider would take appropriate action to address any issues or concerns raised. One person said; "I would speak to the manager if I had any concerns." Visitors also stated that they would speak to the registered manager if they had any concerns.

Is the service well-led?

Our findings

The Firs was well managed and well-led. The providers record in their brochure that they were; "Committed to providing the highest standard of care, delivered with respect, compassion and understanding." These values were incorporated into staff training and helped to provide a service that ensured the needs and values of people were respected.

People, staff and visiting professionals all spoke highly of the registered manager. People when asked said they saw the registered manager around the service which showed they took a very active role within the running of the service and had a good knowledge of staff and people. Professionals and visitors said the service was professionally run and a lovely place. They went on to say how closely the registered manager worked with them, and that they ran a very good service.

The registered manager and registered provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People were involved in the day to day running of the service. Residents' meetings and surveys were completed. If there had been issues highlighted, the registered manager confirmed they were addressed and that they fed back to people. This showed the service listened and acted upon people's comments. The registered manager, registered provider and staff made themselves available to meet and talk with people and visitors.

There was a clear management structure in the service. Staff were aware of the roles of the registered provider, registered manager and deputy manager. The registered manager made themselves available to us during our inspection. They demonstrated they knew the details of the care provided to people, which showed they had regular contact with the people and staff.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example, there was a programme of in-house audits, including audits on medicines and people's care records. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. They covered all aspects of the service provided. Surveys were sent to people who were able to complete them.

Staff spoke highly of the support they received. They described the management team as very supportive and told us they were; "Very approachable" and "Always available at any time." They said they were happy in their work, the registered manager motivated them to provide a good quality service and they understood what was expected of them.

Staff felt able to speak to the registered manager if they had any issues, or were unsure about any aspect of their role. Staff said the registered manager had an open door policy and often worked alongside them providing care to people. Staff said they felt their concerns were listened to and acted upon. The home had

a whistle-blowing policy to protect staff.

The service held regular staff meetings to enable open and transparent discussions about the service and people's individual needs. These meetings updated staff about any new issues and gave them the opportunity to discuss any areas of concern they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service. One said; "I am able to talk about anything."

Staff told us how learning from accidents and incidents had taken place. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.