

The Firs Care Home Limited

The Firs Residential Home

Inspection report

9 Stevens Lane
Breaston
Derby
Derbyshire
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Tel: 01332872535

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23 January 2017

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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 inspection visit was unannounced and took place on 23 January 2017. The service was registered to provide accommodation for up to 27 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 26 people were using the service.

There was a registered manager in post, who was also the provider and owner. 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 our last inspection visit on 5 April 2016 we asked the provider to make improvements to assessing people when they were unable to make decisions for themselves. The provider sent us an action plan in June 2016 to explain the actions they would take to make improvements. At this inspection, we found improvements had been made.

People were supported to make choices and when required, assessments had been completed to ensure decisions were made in people's best interest. The home had enough staff to support people's needs. Any staff who had been employed had received a range of checks to ensure they were suitable to work in the home. The manager and provider had established a range of audits to support the improvements within the home. We saw feedback was sought from people, relatives and staff and any areas raised had been considered and responded to.

We found staff had established positive relationships with people. Staff showed respect for people's choices. They ensured they maintained people's privacy and dignity at all times. People were able to choose the meals they wish to eat and alternatives were provided. We saw that medicines were managed safely and administered in line with people's prescriptions. Referrals had been made to health care professionals and any guidance provided had been followed.

Staff obtained information to ensure the care reflected people's needs and preferences. People were encouraged and supported with activities they wish to engage in. Any complaints had been addressed and resolved in a timely manner.

Staff felt supported by the manager and there was a clear process in place to cascade information about the service and the needs of people. Staff had received training and felt confident to share their knowledge to improve their role.

The previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this

meant we could check appropriate action had been taken.

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 understood their responsibilities to keep people safe from harm. Any identified risks had been completed and guidance provided. There were sufficient staff and they had been recruited ensuring the appropriate checks had been completed. People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Good ●

The service was effective

Staff received ongoing training and there was an induction package to provide new staff with the skills to support people. People enjoyed the food and were encouraged to make choices about their day to day food. Referrals were made to health professionals when needed. Peoples consent was obtained and when required assessments had been completed to support the best interests of the person.

Is the service caring?

Good ●

The service was caring

Staff knew people well and had positive caring relationships with them. They encouraged people to make choices about their day. People were supported to maintain relationships which were important to them. Staff ensured people's dignity was respected.

Is the service responsive?

Good ●

The service was responsive

Staff knew people and their preferences and these were reflected in the care plans. People had the opportunity to participate in activities they enjoyed. There was a system in place to manage concerns or complaints.

Is the service well-led?

Good ●

The service was wellled

Staff were supported by the manager and provider. The provider had effective systems in place to monitor and improve the

quality of the care people received. The manager understood the responsibilities of their registration with us.

The Firs Residential Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with ten people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with five members of care staff, the cook, the maintenance person, the activities coordinator, a volunteer and the registered manager. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for four people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People felt safe when they received care. One person said, "Yes it's lovely here, I can't find any fault." Another person said, "I feel safe here." We saw that all the staff including the maintenance person and domestic and kitchen staff had received training in safeguarding. Staff were able to tell us the different possible signs of abuse around safeguarding and how to raise a concern. One staff member said, "We need to make sure people are safe, if needed I would report without delay."

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. People were able to move around the home freely and this was encouraged. We saw there was always staff nearby to assist if required or when people became tired and needed support to rest. Where the person required support to transfer using equipment, the assessment identified the type of equipment to be used and the level of support required. One relative told us, "I have observed the staff and they know what they are doing and make the person feel comfortable when they transfer them." We saw staff using the equipment; this was carried out safely with the staff member explaining the process and they offered reassurance.

There were sufficient staff to support people's needs and when people asked for assistance it was available.. One relative said, "The home is well staffed and staff are always about." All the staff we spoke with felt there enough staff. One staff member said, "There are always staff on shift, no one struggles." Staff felt they were well organised and roles clearly allocated. One staff member said, "We do our role and help one another, you are part of a team." Another staff member said, "Everyone has equal respect here for each other." The manager used a dependency tool which reflected the varying needs of people and this was reviewed weekly. They said, "We have some staff on flexible contracts so we can have extra staff when we feel the need. This way we don't use agency staff." This meant the provider ensured the staffing levels were appropriate for the people's needs.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working, they said, "I could not start until all the checks were cleared." This demonstrated that the provider had safe recruitment practices in place.

People received support with their medicine. The staff had received training in medicine administration and the manager had completed competency checks to ensure they continued to do it in line with medicine practice and guidance. One staff member told us, "I am not able to do the medicines yet as I have not had my training." We saw that people's medicine had been reviewed when it was felt it did not meet the person's needs. For example, one person was struggling to swallow tablets; the manager discussed this with the person and the GP. They now receive tablets which are dispersed in water. The staff member said, "This is much easier for them to manage." Another person had their medicines reduced as it was impairing their

daily living skills. This was done in a planned way and in conjunction with the person, their family and the GP. The manager told us, "The person had lost all their independence; the medicine change has meant they are now able to do some aspects of their care themselves and regain some independence." We saw that checks in relation to storage were routinely updated. This meant people received the support they required with their medicines.

Is the service effective?

Our findings

On our previous inspection visit, we identified concerns with how people were able to make decisions where they lacked capacity. We also identified that people may be subject to restrictions and applications to ensure any restriction was lawful had not been made. These issues constituted a breach of Regulations 11 and 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found the required improvements had been made.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. One staff member said, "When people don't have the capacity to make a decision, we have to encourage them and guide them. Large decisions are made in their best interest through a process." When people commenced their stay at the home, if there was concern for their capacity, an assessment was completed. We saw that some people's capacity had been impaired by a short term health condition. Following their recovery the provider had revisited the capacity assessments to ensure it reflected the person's ability to make decisions. We saw that some people did not have capacity to make certain decisions for themselves; for example, around the administration of their medicines. The manager had completed a capacity assessment around these decisions. The decision for the home to administer the medicine was made following an assessments of the person capacity and a best interest meeting with relevant people such as health professionals.

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 and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. We saw the provider had made referrals to the local authority when it was relevant. Some people had received a DoLS assessments and family members told us they had been included. Staff we spoke with told us they were aware of the people where an application had been submitted. One staff member said, "[Name] is always asking to go home, we know they cannot go so we distract them. We have told the local authority and they are going to assess them." The manager had an audit of the applications so they could keep a track of the process. This demonstrated the provider was working within the principles of the Act.

The staff had received a range of training appropriate to their role. One staff member said, "There is lots of training, I am happy to do whatever for the job." Another staff member told us about the moving and handling training. They said, "I learnt about the slide sheets and how they can be used to sit people up, it was really good training." We saw that the provider maintained a system to ensure when staff required

refresher training this was arranged and any new training felt relevant to the role was made available.

Any new care staff joining the home was supported to complete the care certificate. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People enjoyed the meals. One person said, "The food is very nice and there is plenty of it. There is a good variety of sandwiches to choose from at teatime." Another person said, "The cook knows how to cook meat to perfection." After their midday meal they told us, "The meat was really good and just the right size for me." A relative we spoke with said, "The food is excellent, they often try different things." They added, "You're always welcome to stay for a meal and join your relative." We observed the midday meal. People chose where they wished to sit and we saw that friendship groups had been developed. One person told us, "I enjoy the food and the company." We saw some people were supported to be independent and equipment was provided. People could choose the food they wished to eat. Some people had requested soup and other people had a choice of the main meal. One person said, "I can eat what I like, I don't like lamb so when that is on the menu, I always get offered fish." Some people required assistance and this was provided ahead of the main meal being served. Staff told us, "This was so they could give the person focused one to one support." Staff monitored some people's food intake and their weight. Where there were concerns relating to this area of people's health referrals had been made to the speech and language team. They provided guidance and advice and we saw this was followed.

People had access to healthcare professionals when needed. One person said, "I am quite sure if anything or anyone was required the staff would arrange it." We saw that the GP visited every month and the staff prepared a list for the visit. For example, we overheard a conversation of a person expressing concern with their eye. The staff member said, "Shall we get the GP to look at that this week." The person was happy with that and thanked the staff member. The manager told us that in between visits they could request an additional visit. Other health professionals also attended the home to support wound management and other aspects to support people's wellbeing. This meant people were supported with their health care needs.

Is the service caring?

Our findings

People felt comfortable within the home. One person said, "I am being looked after." Another person said, "It's lovely and I can't find any fault, I feel very comfortable and at home." We observed people were responded to by name and when appropriate, staff bent down to eye level to encourage conversation and understanding. There was friendly banter and moments of affection which was responded to positively by the people. One staff member said, "I love the people and showing affection. If you're not caring people know."

People felt supported with their independence. One person said, "I can go to my room to watch TV whenever I want." Another person said, "I am happy I can keep my standards of looking presentable with some help." Staff understood the importance of giving choice and independent opportunities. One staff members said, "You need to give choice, no one likes being told what to do."

Relatives felt welcomed and relaxed at the home. One relative told us, "I come most days and I am always welcomed." We saw that people who mattered to the person had been included in discussions and decisions at their request. The care plans showed who should be included or notified of any concerns.

People's privacy was respected. Staff knocked on bedroom or bathroom doors before entering. We saw one person was receiving some nursing support to their leg, the person did not wish to return to their bedroom so a curtain was placed around the area to ensure their privacy was respected. One staff member told us, "You need to respect people's dignity and consider how you can give them personal time."

Is the service responsive?

Our findings

People were supported to have their needs met effectively by a staff team who knew them. An assessment was completed before they came to the home. The manager told us, "This is an initial assessment to provide us with some basics details until we get to know the person." The care plans reflected that a comprehensive assessment had been completed which was reviewed monthly or when the person's needs changed. For example, when a person required equipment to support them to transfer as they were no longer able to support their own weight safely. The care plans were person and reflected aspects about the person. For example, if a person spoke quietly or things or people that interested the person.

The staff completed a daily handover which covered any changes which occurred with people and any actions required by the next staff member who was working. One staff member said, "Every shift is different. You learn something new every day." This ensured that people received continuous care as their needs changed.

People were encouraged to be independent and had choices about how they filled their time. One person told us, "I go out regularly to clubs and for a meal. A staff member supports me. There has never been a problem with someone being available to take me." Another person said, "I enjoy having my nails done, it's a new experience and I am delighted." We observed a morning activity which involved gentle exercises. People were encouraged to be involved however if they declined this was respected. Following the exercises there were some general knowledge questions, we saw people enjoyed this and it generated the start of a discussion which involved a lot of laughter.

The home had a piano in the lounge. We saw one person sit and spontaneously play the piano. Staff told us, "We have a few people who play the piano; one person used to be a music teacher, its lovely they still play." During the afternoon a volunteer supported a small group of people to engage in crafts such as colouring and knitting, one person said "I really enjoy this." We saw all the people had a glass of sherry. One person said, "We often have a glass of sherry, it's very nice in the afternoon." This meant people were encouraged to engage in activities of interest to them.

People felt able to raise any concerns. One person said, "I have not needed to complain, you just ask and the manager or staff sort things out." A relative told us, "I have no concerns; they are always willing to do anything." The provider had not received any complaints; however they had a complaints policy which was available for people or relatives to follow if needed. The home had received some thank you cards one said, 'You reassured us and it was comforting knowing [name] was in the safest hands.' This meant the provider had a system to address any concerns raised.

Is the service well-led?

Our findings

People found the home friendly. One person said, "The Firs is lovely and I can't find any fault with it." People knew the provider and everyone's role in the home. One person said, "The manager is a very fair lady." Another person said, "You can go to anyone they are all there and willing to help." A staff member said, "Everyone is laid back and there is a positive atmosphere with everyone smiling and laughing."

Staff felt supported by the manager and there was a clear process in place to cascade information about the service. Staff received supervision. One staff member said, "We have regular meetings and discuss the people and training, its useful and I feel supported." Another staff member said, "They listen about people and let you know what's going on. The manager is hands on."

We found that systems were in place to monitor the quality of the service. Audits had been completed in relation to accidents and incidents and actions had been taken to reduce any future risks. A relative told us, "[Name] recently had a fall, the staff reacted quickly to reduce any further risks." We saw this was reflected in the audits of the accident and incidents. For example, records showed that sensor mats had been put into position to alert staff if a person had fallen. Another person had fallen on the three steps which were accessible in the reception area. A stair gate had been installed so that people could not access these steps without staff support. We saw that when equipment was considered a risk, assessments had been completed. For example, one person was considered for bed rails, the health care professional completed the assessments and felt the person was not safe to use them. The manager then put in place other safety measures and ensured the persons safety, these included equipment and regular documented checks by staff. This meant the provider ensured the ongoing safety for people when their needs changed.

We saw the provider had completed other audits related to the running of the home. These included maintenance of systems and fire checks. We saw each person had a personal evacuation plan and associated fire prevention training and equipment was available.

The provider had installed cameras into the communal areas of the home. One person told us, "I know about the cameras, they are there to keep us safe." A relative said, "The cameras have been introduced and are useful if something happens they can review it. I am happy with them being installed." We saw the provider had a sign on entering the home which alerted people to the cameras being in use. The provider said, "The cameras have provided a useful aid when something happens I can review it, I can also look at the home when I am not here or during the night to provide a monitoring check." They told us they had used the cameras which identified a potential hazard with the flooring. For example, one person had fallen in the conservatory. The provider reviewed the camera footage and although there seemed to be no reason for the fall the provider recognised the flooring changed from the conservatory to the lounge. They have now carpeted the whole area with cushion underlay to provide a continuous flow of flooring. This showed us the provider use the technology to support ongoing improvements to the home.

The provider had asked for feedback from the people who use the service, relatives and staff. From the

survey comments the provider had taken action. For example, people and their relatives had commented on missing items on the laundry. The provider now employs a laundry person which has resolved these issues. Others comments related to the level of activities, the provider now employs an activities coordinator who attends Monday to Friday each morning. Staff had requested industrial washing machines and dryers and these have been purchased. The provider told us they had just sent out this year's surveys and they would look to address any concerns which were identified. This meant the provider looked to continue to make improvements to the home.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating or offered the rating on their website