

Marston Care Limited

# Fir Villa Residential 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

Fir Villa Residential Home provides accommodation and personal care for up to 24 older people. Accommodation is provided in the main house and there is a one-bedroom cottage, known as The Owls Nest which is situated in the grounds of the home. The home is staffed 24 hours a day, at the time of the inspection there were 22 people living at the home.

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

People and their relatives told us the service was safe and people were well cared for. They told us the service was well run and staff helped them quickly when they needed it.

There were enough staff to meet people's needs and medicines were well managed. The service had assessed the risks people faced and had plans in place about how to keep them safe.

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

People or their representatives were involved in decisions about their care. People were supported to have access to health care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published on 14 November 2018).

### Why we inspected

We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The rating for the safe key question has changed from requires improvement to good. The overall rating for the service remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fir Villa nursing home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Fir Villa Residential 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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors 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.

#### Service and service type

Fir Villa Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fir Villa Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service and 5 relatives. We spoke with staff including the registered manager and care staff. We made observations at 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we made a recommendation about the management of medicine. At this inspection we found the provider had made improvements.

- Medicines were managed safely. Medicines were stored in line with requirements and people received their medicines as prescribed.
- The provider had guidance in place to guide staff about how to administer medicines prescribed on an as required basis. The guidance was detailed and personalised.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had a system to protect people from the risk of harm. Staff had assessed the risks people faced such as those associated with skin integrity and falls.
- Referrals were made to professionals and staff followed their guidance about how to keep people safe, such as around the risk of choking. For one person, the information from the speech and language therapist was recorded in the person's bedroom but not in their care file. The registered manager told us they would address this following the inspection.
- People and relatives told us staff knew how to care for their relative. A relative said, "[Family member] now has a pureed diet. There has been no problems with this."
- The provider implemented a new system to ensure pressure relieving mattresses would be set to the correct setting in accordance with people's weight in order to help prevent people developing pressure sores.

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

- The provider had systems in place to safeguard people from abuse. People and their relatives told us they felt safe. A person said, "I feel safe." A relative told us, "My [family member] is very safe."
- Staff knew how to recognise any signs of abuse and escalate them to protect people from the risk of harm.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People told us they were involved in decisions about their care. Relatives who held power of attorney for health and welfare of their family member told us they were involved in the decision making process as required by law.

#### Staffing and recruitment

- There were enough staff to keep people safe. People and staff told us there were enough staff to meet their needs. A relative said, "My [family member] is safe. I feel reassured by the care given to [them]. There is a lot more staff on duty compared to other care homes." A relative said, "There are plenty of staff and they come quickly if I need them."
- People told us there were enough staff at night. A person told us, "They check on me at night to make sure I'm OK."
- The provider's recruitment process was safe and ensured staff were safe to work with vulnerable people. Staff files contained employment history. Gaps in employment were checked as required. The provider obtained references and made Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

The provider was facilitating visits from people's family and friends.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive, person-centred culture at the service. People told us they made choices about what they did and how they spent their time.
- People and relatives told us staff knew people well and understood how to provide good quality care.
- The registered manager understood their responsibilities under the duty of candour. They discussed the point at which they needed to notify CQC of allegations of abuse and told us they would notify at the point of an allegation regardless of whether the local authority progresses any concerns to the next step of their process or not.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was an effective management structure at the home and there was a system in place to check the quality of care delivery.
- People told us the service was well run and the registered manager was approachable. A relative said, "Yes, it's well run. I know who the managers are and can ask them anything."
- People and relatives told us any concerns they had were addressed promptly. The registered manager learnt from errors and used them to drive improvements in care delivery.
- Staff were very satisfied with the management of the service and felt confident in raising any issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a process in place to engage with stakeholders including questionnaires and resident meetings. 1 person told us a large print questionnaire had been given to them which helped them give feedback.
- People and relatives told us the service worked in partnership with other health and social care professionals, such as GPs and social workers to ensure people received support they needed.