

South West Care Homes Limited

The Firs

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Firs is a residential care home that was providing personal care to 20 people aged 65 and over at the time of the inspection. Most of the people at the service were living with dementia.; The home is registered for 27 people. It is owned by South West Care Homes Ltd who own and manage eight other care homes in the South West.

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

Most people were unable to give their views about the service verbally. Two people said they enjoyed living at The Firs. One person said, "We are treated very well, its five star." Another who was being cared for in their room said they were "Quite happy." People were moving around freely and interactions between people and staff were relaxed and showed there was good rapport between them. One relative said "I find all the staff extremely competent, caring and lovely. The manager is very approachable, and I am kept well informed about my mums care."

When we last inspected in October 2019, we found the environment was in need of repair and refurbishment to ensure the safety and comfort of people living there. Despite the pandemic meaning some essential work was delayed, most of the areas identified have been completed. This included rebuilding a new conservatory. This was in the final stages of being painted and plans were being looked at to use this as a visiting area during the pandemic. This area being out of action had not impacted on people as there were other communal spaces they could use.

Previously we had identified that poor lighting may contribute to the risk of falls. Lighting in people's bedrooms had been improved using LED lighting which is brighter. Lighting checks were also now included as part of weekly checks of the environment.

At the last inspection we found checks concerning possible scalds from hot water was not robust and failed to show how people were being fully protected. At this inspection we found this had improved so where hot water was above the recommended temperature, maintenance adjusted the mixer valves. All radiators had fixed covers or were not accessible to people to help protect them from risks associated with hot surfaces.

The laundry area was in the process of being refurbished to move the sink to a better position to ensure good infection control. Where previously commode pans were being brought to the laundry area for cleaning, these had now been replaced with disposable bedpans, so the risk of cross infection was reduced.

There was a clear programme of refurbishment, some of which had been delayed due to the pandemic but was being monitored by the manager and provider quality assurance team. The provider had sent monthly quality assurance reports to CQC as part of the positive conditions we imposed following the previous inspection. These showed good oversight of the issues being addressed to ensure the environment was being maintained to a satisfactory and safe level. Some parts of the home remain in need of refurbishment,

such as worn paintwork and stained carpets. However, this did not impact on people's safety or well-being. Previously part of the home was malodorous. On this inspection we found the service was clean and fresh smelling.

At the last inspection we found training was not always up to date and staff lacked some of the essential skills to do their work effectively and safely. There had been clear improvements since the last inspection. Despite the need to reduce face to face learning due to the pandemic, staff reported their learning needs were being met. All of the 12 staff interviewed as part of this inspection said they had completed training in core areas such as infection control and Covid. One staff member said "I have done all my online training and am up-to-date with everything and all my mandatory which included infection control and safeguarding. We had a separate Covid-19 course and I just done my first-aid. We are always kept in the loop by the manager of any updates to guidance." The provider had introduced a new training matrix which made it simpler to see which staff had completed or needed updates in core training. A provider wide training manager had been employed to oversee and coordinate company training.

The manager explained that at the last inspection one or two staff had been doing more than their core hours. Each staff member had been asked to complete a declaration stating whether they were happy to do above their core hours, but that this was checked so staff did not do too many hours. In the previous inspection this had been identified as an issue. Staffing rotas showed the providers preferred numbers were rostered each day and unless in exceptional circumstances such as sickness, staff did not do cover and above their core hours.

At the previous inspection we found people had not been involved in the development or review of their own care plans. The manager explained that most people did not have capacity to understand their care plans. She had been working through a list of relatives to share plans and get their agreement/signature. This was work in progress which had been slowed due to the home having to 'lockdown.' It was also noted at the previous inspection that Deprivation of Liberty Safeguard applications had not always been updated to include restrictions such as the use of a sensor mat. At this inspection we found improvements had been made to show these applications were regularly reviewed and where needed, updated.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (report published 18 February 2020).

This service has been in Special Measures since February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures

Why we inspected

We undertook this unannounced focused inspection to check the provider 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, Effective 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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm . Please see the safe, effective and well-led sections of this full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Firs

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 Care Act 2014.

Inspection team

The inspection team consisted on one inspector who completed the site visit and an assistant inspector who completed telephone interviews as part of the inspection process.

Service and service type

The Firs 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.

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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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with four members of staff including the provider, quality lead, manager and two care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We spoke with ten further staff via video link, three healthcare professionals and three relatives.

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.

Preventing and controlling infection

At the last inspection we identified a number of improvements to ensure safe and effective infection control. As a result of this we imposed a positive condition which required the provider to send us monthly updates on what they had done to ensure good infection control measures were in place. The provider had been sending monthly reports. Some of the environmental works had been delayed due to the pandemic, but we found:

- The laundry area was in the process of being refurbished to move the sink to a better position to ensure good infection control. Where previously commode pans were being brought to the laundry area for cleaning, these had now been replaced with disposable bedpans, so the risk of cross infection was reduced.
- Staff had received updated training in infection control and Covid-19 and this had impacted positively on their everyday practice.
- Previously there were areas of the home which smelt of urine. At this inspection we found all areas including communal and bedrooms smelt fresh and clean.
- More slings had been purchased to ensure there were spare ones for each person when one needed washing. Pedal bins had been purchased to ensure people did not have to touch bin lids.

In terms of how the service had changed its practice in light of Covid-19:

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 could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

At the last inspection we identified a number of improvements needed to ensure safe and effective risk assessment and safety monitoring. As a result of this we imposed a positive condition which required the provider to send us monthly updates on what they had done to ensure risks were being managed appropriately. The provider had been sending us monthly reports.

- At this inspection we found improvements had been made to how risks to hot water were being monitored and actions taken if they found the temperature was a risk. Weekly and monthly checks were being

completed and these were then monitored by the manager and quality assurance team.

- Clear instructions and training had been given to ensure bed rail checks were completed competently.
- Lockable storage was in bathrooms and people's rooms to ensure cleaning fluids were kept safe.
- Improvements had been made to how the quality assurance team and manager monitored risks both environmentally and for individuals. This additional checking gave assurances that people were safe, and risks were being more closely monitored.
- Window restrictors were in place and fire equipment was checked at appropriate time scales.
- Risk assessments identified when people could be at risk of harm and the action to be taken by care workers to minimise the risks. Individual risk assessments in the care records covered people's physical and mental health needs. Recognised national assessment tools were used to monitor people's health risks, for example malnutrition. People's weights were monitored, and records showed the checks were increased to weekly if people were identified as at risk of malnutrition. Records showed health professionals had been contacted for advice. □
- Staff understood the risks to people's health and their safety, and supported them in ways to help reduce these risks. For example, acting on the outcomes of risk assessments to reduce people's risk of pressure damage by ensuring pressure-relieving cushions were consistently used.
- The community nurse team and GP said the staff were responsive to any risks to health and worked in conjunction with them to achieve the best outcomes for people.

Staffing and recruitment

- Staffing levels were in line with the provider's assessed number for the needs of people living at the service
- At the previous inspection we found some staff had been working long hours. This had improved, although with the pandemic and some staff needing to self-isolate there had been odd occasions when staff did do additional hours to ensure the staffing numbers remained safe. Staff had signed to say they agreed to do additional hours when needed. Staff hours were kept under review.
- Recruitment practices were safe and ensured only staff who had been checked to work with people who may be vulnerable were employed.
- Staff said there were sufficient staff for the number and needs of people living at the service. One staff member said, "I do feel we have enough staff, it is busy in the mornings but usually quieter in the afternoon and we get time to spend with people doing activities and even in the morning we try and do armchair exercises with them."

Using medicines safely

- Medicine management was safe, and people received their medicines on time.
- Staff had updated training in management and recording medicines and their competencies were checked at least twice yearly by the manager.
- There were robust medicine audits and where errors were noted, actions were taken to ensure practice remained safe.

Learning lessons when things go wrong

- The manager showed where accident and incidents were evaluated and audited to check for trends.
- The provider said any lessons learnt were shared across all their homes via managers regular meetings and email communications.
- The local safeguarding nurse team said there had been huge improvements since this manager had taken over the service. They felt lessons were being learnt and the manager and staff team had been responsive to their support and interventions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At the last inspection we identified a number of improvements to ensure a safe and homely environment. As a result of this we imposed a positive condition which required the provider to send us monthly updates on what they had done to ensure the environment was fit for purpose and met the needs of people living with dementia. The provider had been sending monthly reports.

It should be noted that due to the pandemic some of the environmental improvements had been delayed but this had not impacted on the safety or comfort of people.

- At the last inspection, we found one of the conservatories was badly leaking. This has now been replaced and was in the final stages of being painted. It was hoped this could be used for families to visit during the ongoing restrictions of Covid-19. There were other spacious communal areas for people to use.
- Flooring had been cleaned and made good in the interim of getting some replaced. Due to Covid-19 some of this work had been delayed. However, there were no malodorous smells or risks from carpet which was ripped.
- Poor lighting had been identified in some bedrooms. This had been replaced with bright LED lighting. Lighting checks were included in weekly and monthly audits.
- At the last inspection we identified issues with people not being able to identify their own rooms. This had been rectified with names and pictures people had chosen on their bedroom doors.
- There was still one gate at the bottom of the main stairs. This was reviewed and assessed as part of the ongoing monitoring and deemed necessary to keep people safe from falling, if they attempted to go upstairs without assistance.
- Although not fully refurbished, we judged the environment was clean, homely and safe for people. One relative said "Its never going to be Buckingham Palace, but we felt it had a very homely feel and my relative is very happy there."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At the last inspection we found improvements were needed to ensure people's rights were fully protected. We issued a requirement in relation to regulation 11- Consent to care and treatment.

- The manager explained that most people lacked capacity to understand and therefore agree and sign their own care plan. They had begun a programme of sharing plans with people's relatives to gain their consent. This had been more difficult to do due to restrictions in visiting but where possible plans had been shared.

Ensuring consent to care and treatment in line with law and guidance

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- At the last inspection we found one Deprivation of Liberty safeguard application had not been updated to include all restrictions being used, for example a pressure mat.
- At this inspection we saw the manager had a process to check DoLS applications, update and renew the list held in respect of applications made, as needed. None had been approved due to the backlog with the local authority.

Staff support: induction, training, skills and experience

At the last inspection we found improvements were needed to how staff were trained and supported to work effectively and safely. We issued a requirement in relation to regulation 18 – staffing.

- At this inspection we found improvements had been made to how staff were being trained and how this was being monitored.
- All staff consistently said they had been offered core training to do their job and for the most part this had been completed. One staff member said "I am up-to-date with all my training, I have done health and safety, first aid, food safety, diversity, safeguarding and some personal care ones. I cannot think of the others, but I have done 25 out of the 30 online courses available and we all did a separate one on Covid-19 awareness. The manager keeps us updated on any change in PPE and Covid-19 guidelines and we had a discussion about it at the staff meeting last week."
- A new training matrix had been introduced which helped the management team see what training had been completed and what training needed to be planned for. A training manager for the company coordinated training.
- Staff consistently said they felt well supported by the manager and had regular opportunities to discuss their learning needs and role in private.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient amounts through the day
- Where people were assessed as being at risk from poor nutrition or hydration additional measures were implemented, such as recording their daily intake.
- People's weight was monitored and where weight loss noted, people were referred to the GP for assessment and review. If needed people were supported to have supplementary drinks and snacks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives said their family members healthcare needs were closely monitored and where changes occurred they were kept fully informed. One relative said "Communication is great, if there is a problem they always ring, they never do anything without checking with us first. They recently sorted out different medications which have really helped."
- The GP confirmed staff referred people in a timely way and worked with the practice to achieve the best health outcomes for people.

- The community nurse team confirmed they sought timely advice and support from them. The community nurse team regularly visited people at the service and said they had no concerns about people's care.

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 inadequate. 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.

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

At the last inspection we found widespread issues with the lack of consistent management approach and a lack of effective oversight and governance of the service, which did not support the delivery of high-quality care. We therefore imposed a positive condition which meant the provider had to submit monthly reports to show what improvements they were making in terms of their management oversight and quality processes. The providers quality improvement team has been strengthened and they have been providing detailed reports to CQC.

- At this inspection we found there were clear and meaningful audits showing who monitored each aspect of care delivery and the environment.
- Risks were being carefully monitored and steps taken to reduce risks for people.
- Although some works to the environment have been slowed due to restrictions of visiting and lockdown, the home was safe, and refurbishment had continued where possible. This was in line with where risks were greatest. For example, updating the laundry area to ensure good infection control took precedence over updating some of the flooring which although stained did not present as any kind of risk for people.
- The quality assurance team and senior leadership worked in conjunction with the manager of the service to ensure the weekly and monthly audits were completed and the home remained safe and well maintained.
- During lockdown, people had made the most of the good weather and spent time outdoors. The manager said there had been several gardening projects and works to ensure the grounds were safe and well maintained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection we judged that the culture of the provider was not always open and transparent.

- At this inspection we found improvements had been made in the way the provider and its representatives worked with people, staff, other agencies and ourselves.
- The quality assurance team and nominated individual had met regularly with CQC and the local authority to share their audits and ways they were working to improve the service.
- The safeguarding nurse team completed a review of the service pre pandemic. They said they had noted huge improvements especially with a consistent manager in post who was engaging and passionate about

improving the service and outcomes for people.

- Throughout the pandemic and lockdown, it has been difficult for the service to remain engaged with families and the local community. They have found ways to ensure people stayed in touch using video links and calls. They had also signed up to a scheme called 'Postcards of kindness' where children and young people wrote to the service to help people stay in touch with what was happening in the local community.
- Relatives said although it had been hard not visiting during lockdown, they had been kept fully informed of how their relative was doing.
- People's equality characteristics were being considered. As one relative said "My relative is very adamant what she wants to do and that means not getting dressed and staying in her room. Staff fully respect this, and this keeps her happy, its important they know her needs and wishes."

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 manager and senior team fully understand their responsibilities to be open and honest when things go wrong. For example, by working co operatively with the Local Authority Quality Assurance Team and the Safeguarding team.

Continuous learning and improving care; Working in partnership with others

- The introduction of a training manager had helped to improve the way ongoing learning and training plans were being managed.
- All staff said training had improved and their updates in core areas were being completed.
- The GP, community nurse team and safeguarding nurse team all confirmed there was good partnership working to ensure the best outcomes for people.