

Rebjon Care Limited

The Firs Care Home

Inspection report

105 Habberley Road
Kidderminster
Worcestershire
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Tel: 01562741358

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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 took place on 3 March 2016 and was unannounced. The Firs care Home specialises in the care of people living with dementia. There were 26 people living at the home at the time of our inspection.

A registered manager was in post at the time of our inspection. 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.

Staff obtained advice from health professionals and took action so people's health needs were met. Staff arranged for people to see their GPs and other health professionals when they needed to. Staff supported people to take their medicines so they remained well.

People benefited from living in a home where staff understood their individual needs and preferences. Staff recognised when people's needs changed and took action so people continued to receive care in the best way for them. Staff knew about the things which were important to people and what things they liked to. Staff strived to assist people to keep their independence.

People's right to make decisions and their freedom was protected. Staff knew what actions to take, if they had any concerns for people's safety or well-being and was able to obtain advice from the registered manager, provider or external organisations if required. Staff were supported through regular supervision, training and meetings.

People had enough to eat and drink. Other people were supported to enjoy a range of food, drinks and snacks by staff so people would remain well.

People enjoyed being with the staff who cared for them. We saw people got on well with the registered manager and caring relationships had been built with the staff. Staff supported people to keep in touch with their families and to do the things they enjoyed doing. Relatives were welcomed into the home and encouraged to participate in the home's social activities. People were given encouragement and reassurance by staff when people when they wanted this.

People were involved in deciding what care they received and staff encouraged people and their relatives to be involved in their care reviews so they received the care which was right for them. People and their relatives knew how to raise any complaints they had and were confident staff would take action if this happened.

The registered manager and senior staff team supported care staff to provide safe and compassionate care. There was clear and open communication between the registered manager and staff, so staff knew what was expected of them. Checks were undertaken on the quality of the care provided by the registered

manager and provider and actions were taken where developments had been highlighted. The registered manager and provider made sure there was a focus on continuous development of the home.

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.

There were sufficient staff available to meet people's assessed care needs.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

People's medicines were stored and administered safely as prescribed.

Is the service effective?

Good ●

This service was effective

Staff were motivated and trained to meet the people's needs at the home.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

The established staff team knew people well and provided support discreetly and with compassion.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

The service went the extra mile to ensure people and their families were involved and supported.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs. People had been involved in developing stimulating activities of their choice.

People were encouraged and supported to stay as independent

as possible. People's individual interests were considered and supported for them to achieve their ambitions. Staff went the extra mile to help people achieve their dreams.

People's religious and cultural needs were identified and supported.

Is the service well-led?

Good ●

The service was well led.

The registered manager and the provider had provided staff with appropriate leadership and support. Staff, the provider and the registered manager worked effectively as a team to ensure people's needs were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

The Firs Care 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.

This inspection took place on 3 March 2016 and was unannounced. The inspection team consisted of one inspector and one specialist advisor who had professional experience of caring for people who live with dementia.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We also contacted the local authority and Healthwatch to see if they had any information to share with us about the service.

We saw the care and support people received from staff in the communal areas of the home. We also 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 spoke with nine people who lived at the home and four relatives. We observed how people were supported throughout the day. We spoke with the registered manager, deputy manager, six staff, the cook and visiting GP. We also looked at three care files, and three staff files. We also looked at the complaints file, staff meeting minutes and the quality assurance audit files.

Is the service safe?

Our findings

People spoke affectionately about staff and told us they felt very safe. One person told us, "The staff are brilliant, I'm definitely safe, and they help me go to bed." A relative told us, "I looked at lots of different homes but I chose this home because I felt they would keep [person's name] safe."

We spoke with staff about how they made sure people they cared for were safe. They were able to tell us how they would respond, report allegations or incidents of abuse to internal and external agencies. One staff member told us if they had concerns they would immediately report it to their manager and felt confident they would take action and report to Care Quality Commission (CQC).

People's care plans included detailed and informative risk assessments. People told us they thought they accurately reflected the way they wanted to receive care and support. These documents were individualised to people's needs such as identifying people who required extra assistance to use the stair lift due to their mobility difficulties. This provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risks. Staff were aware of risks to individual people because they had been told about them by the registered manager and had seen written risk assessments. Any changes to the risk assessments were discussed at the staff shift handover meetings to ensure all staff were aware of any changes in people's health and wellbeing.

Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations found that changes were necessary in order to protect people these issues had been addressed and resolved promptly. We saw how the registered manager monitored these for any patterns or trends and referred people for any additional support they required such as a referral to the falls clinic or a review from their doctor. Another example the registered manager gave us was how one person's health had deteriorated making them more prone to falling so the registered manager had arranged for a movement alert mat to be put in their room so staff could respond quickly to assist and prevent them from falling.

Following a recent visit from the fire officer, the provider had a fire safety policy and up-dated procedures in place. Staff knew that each person had a personal evacuation plan in place and were confident in their knowledge about keeping people safe in the event of such an emergency. Regular fire alarm, extinguisher and emergency lighting tests were carried out and recorded.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Interview records demonstrated prospective staff members' employment histories had been reviewed in detail as part of the recruitment process. Disclosure and Barring service checks had been completed before staff were appointed to positions within the home to ensure they were suitable to work in the home.

We asked people if they thought there were enough staff on duty to meet their individual needs. People told us they thought there was. One person said, "Staff come quickly when I press my buzzer; they are there on the spot." Relative's told us they thought staffing levels remained the same throughout the week days as at weekends, so people's care and support was maintained.

The manager told us staffing levels were determined on the level of people's needs. We saw call bells were answered promptly. Throughout the day we saw staff were visible in the communal areas and able to attend to people's individual needs such as personal care and position changing without unreasonable delays.

People received their medicines safely, when they needed them. We saw medicines were dispensed to each person directly from individual medicines tray, complete with the person's photograph. People were provided with appropriate drinks to aid them to take medicines. The Medication Administration Records (MAR) had been correctly completed. Where people had received "As necessary" medication the reason it was administered was recorded on the back of the MAR and its frequency was monitored by the senior staff. Regular medicines audits had been completed. All staff who dispensed medicines had received appropriate training and there were robust procedures for the investigation of medicines errors within the home, to help make sure people received their medicines as prescribed.

Is the service effective?

Our findings

People living at the home were very complimentary about the staff that cared and supported them. One person told us, "Staff are brilliant and so kind". A relative told us, "Staff are amazing they work so hard."

Relatives told us they thought all staff were well-trained and skilled to do their job. The registered manager told us all staff working in the home including the cook and domestic had undergone dementia awareness training. They felt it was important for all staff to have a knowledge of dementia in order to support and understand people's needs. We saw staff maintained eye level contact and spoke particularly clearly to people living with dementia which helped them understand. We saw staff had a good rapport with people because they took time to communicate with them in a professional and sensitive way. We saw staff utilised this training when a person showed signs of anxiety and aggression. Staff reacted in a calm relaxed manner to reassure the person and within minutes they were calm and smiling again.

We asked staff about the support they received from the registered manager. One staff member described their induction to the home and how supportive their colleagues were and felt they had "joined a good team". When coming into post they shadowed more experienced staff until they understood their role and were familiar with the people they supported. Staff told us the registered manager was approachable so were able to reflect on their performance and discuss training needs at their supervisions. They said the registered manager encouraged them with professional development and helped them access National Vocational Qualifications.

The Mental Capacity Act (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 of 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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We asked staff and the registered manager how they worked under the principles of the MCA. The registered manager and all of the staff we spoke with had completed MCA and DoLS training. The registered manager and staff had a good understanding of the safeguards that protected people's human rights and described the strategies they used to support people who potentially had their liberty restricted. We saw an example of where this had been done and where the registered manager had made a Deprivation of Liberty Safeguard (DoLS) application to the local authority. This was to ensure that restrictions on the person's ability to leave the home were suitable. Where people lacked mental capacity and decisions had been made in the person's best interest we saw this had been recorded. We also saw the provider ensured that they had obtained copies of where people had been granted power of attorney to show they had the right to deal with people's care and welfare or financial matters.

People had access to health professionals when required to promote good health and well-being. We saw

from people's care records they had accessed doctors, dentists and chiropodists as required. Records of professional visits and appointments were recorded for all staff to stay up-to-date with any treatment needed to support people.

We asked people about the food served in the home. One person told us, "It's gorgeous" and people were given a choice of menu. The cook was aware of people's likes and dislikes and any special dietary requirements. They described how they tried to help someone with diabetes adjust to their new diet. Because the person loved sweet cakes, they made them puddings out of fruit but served them in an attractive way, so they didn't feel they were missing out. Food menus were displayed in pictorial form so people could understand. We saw a notice on the dining room wall inviting people to choose a snack or drink which was available any time of day. We saw staff had a good awareness and understanding how people's food may be needed to be presented in order to prevent the risk of choking. For example some people found it easier to eat their meals using a spoon, or fingers.

Is the service caring?

Our findings

People and their relatives were extremely complimentary about the staff and management of the home and their caring nature. One person told us, "You won't find a better place than this, they (staff) are tip top." Another person told us, "They are staff are like a family, they are out of this world."

Relatives were equally complimentary about the management and staff's caring attitude towards people. One relative told us, "I love it; they are so brilliant, so kind." Another relative said, "I come here every day, they [staff] make me feel so welcome, I feel like one of the family. Staff take an interest in you and this encourages you to visit; it's become my second home. It allows me quality time with [person's name]".

We saw that health professionals also praised the care the staff and management provided. A visiting health professional told us, "Great very nice home, nice people, nice atmosphere and the residents are always treated well."

People benefited from staff that had a caring approach to their work and were totally committed to providing high quality care. A staff member told us, "We are proud to work here, I love my job." Throughout the inspection we saw staff were kind, caring and attentive to people and each other. For example at lunch time we heard a member of staff telling a person about their holiday and had remembered they loved fudge, so had brought them some back.

We heard staff calling people by the names they preferred. People told us they were supported with their choices in how they looked. For example we heard staff asking a person about their earrings and how important it was to the person they matched their outfit. They knew their favourite colour was blue. Staff understood the importance of building relationships and what was important to each individual. When staff spoke to the person about how pretty they were they responded positively with a smile.

People felt valued and involved in their care. People told us they were listened to. Staff knew when people were feeling down and how best to support them. One person told us, "If I'm down [staff name] know it and will talk to me and cheer me up."

People were encouraged to personalise their own rooms and we saw an example of this when it was suggested to one person they brought in a favourite piece of furniture for their bedroom. Staff knew that it had sentimental value for the person and would help them settle into their new home. A relative told us they had been asked to bring photographs, with names and dates for their relative's memory box.

People that could participate in the care planning process had done so. One person told us they had been involved in developing a 'life story book' about important things that had happened in their past. They told us, "It helps staff to understand us and more about people's previous occupation and life". Staff had utilised this information when a person used to work on public transport and became anxious about losing their keys. They came to a solution of giving them a bunch of keys to wear and this alleviated their anxieties.

A relative told us how impressed they were with the registered manager and staff, when their family member recently moved into the home. This included detailed information they were asked about their preferences and history. They felt this had helped them settle into the home very quickly.

Is the service responsive?

Our findings

People living at the home told us staff had an in-depth understanding of their past lives, their interests and preferences. People were supported to take part in interests and activities of their choice and to be part of a community. We saw in the Provider Return Information (PIR) the registered manager aimed to meet people within the first week. "Welcome meetings for residents and their families are organised within the first week of them moving in to the home. During the meeting individual wishes and needs, choices and preferences are discussed and recorded with a key worker." The registered manager felt this process assisted staff to support people and enable them to continue with their individual interests and hobbies. The PIR stated "Individual needs, wishes and preferences are at the heart of everything we do." We saw this happen in practice when one person liked to cook, so the registered manager had enabled them to have access to the kitchen to bake cakes.

The home demonstrated their commitment to people's preferences and proactively sought to fulfill their ambitions and dreams. This year they had introduced a "Wish upon a star" programme, where everyone living in the home was asked what they would like to do. One person had decided they wanted to go back to an old hotel they had used in the past and celebrate St Patrick's Day. We saw staff had made these arrangements and it had already been booked. When we spoke to the person about their special day they were very excited. People and staff were very proud to show us their garden which made the finals of the dementia garden awards. People and staff had worked together, fund raised and built the garden together over several months. The garden reflected people's individual needs and happy memories. We saw an old fashioned sweet shop, a caravan (for people to have tea in), a bus stop, a "wishy washy laundry" and an old car. We were told the bonnet of the car is left open during the summer months because some people liked to look and explore the engine. People told us they loved the garden as it helped bring back memories of the past experiences. The bus stop helped one person feel valued as they thought they were still employed.

Although the home was not purpose built, the provider had tried to use every space to great effect. People living at the home had a number of different areas where they could spend their day with a variety of activities. There were two communal lounges, one set aside as a quiet area for people who preferred it. A main lounge which had lots of activities, such as flower arranging, arts and crafts and old films playing on the day of our inspection. There was a small library area, with a selection of books and magazines for people to read. A 1950's room which was at the back of the property set up with an old television and radio. We noted that there was a good use of signage throughout the home to assist people move freely around the home and maintain their independence. Bathrooms were undergoing some improvements, and were themed as beach areas. There was a designated hairdressing area, for the visiting hairdresser to use.

Activities were co-ordinated by a designated activities co-ordinator who told us they try to involve everyone in activities and focused on what they could achieve. They adapted these in a way to suit the individual needs for example of how some people were happy to just sit and hold a pair of scissors whilst other people were still able to be more creative. People were encouraged to be involved in the wider community. The activities co-ordinator told us how they thought it was important for people to be given the opportunity to visit the local beauty spots and go shopping. They arranged this for people in small groups, so they felt valued. We saw staff and management were thoughtful to people and their families. They arranged family

events throughout the year as the manager felt it was easy for family carers to become isolated. They gave us examples of social events where everyone was invited, including the grandchildren. The activities co-ordinator told us about the "beach day" where sand was brought into the garden, paddling pool, music playing and fish and chips are served in newspaper, was particularly popular. Around the home we saw photographs of people enjoying the day with their relatives. Relatives told us these arranged days were lovely.

People told us the staff recognised the importance of their different cultural and religious beliefs, we were given examples of how the provider had arranged for representatives of different religions to visit, so people could practice their individual faiths.

People and relatives told us they were happy to raise any concerns with either the registered manager or staff. One person told us, "If I am not happy about anything I tell the staff". A relative said, "If anything is wrong they [registered manager] are straight on it."

There was a clear commitment from all staff to promote people's well-being and quality of life. People told us that there were regular meetings with the registered manager to discuss what was happening in the home. For example the buildings work activities, people living at the home were asked what colours they wanted the walls to be. We saw minutes of a meeting which showed that people living in the home were given the opportunity to choose the menu's. Relatives told us there had been meetings that kept them up to date with what the plans were for improvements at the home. The registered manager regularly used questionnaires to gain feedback from people, relatives and professionals. The feedback supported the registered manager to monitor the quality of the care provided. The registered manager had used comments from relatives and people, who asked to be included in communications about the home developments.

Where people or their relatives had raised concerns or complaints there was a system in place to record and showed any required actions had taken place. These were reviewed regularly with the registered manager and provider.

Is the service well-led?

Our findings

People we spoke with knew the registered manager and we saw people enjoyed talking to her. On the day of our inspection we saw the registered manager was often spending time in all areas of the home conversing with people. People told us they liked her and she was very approachable.

One relative told us, "It's well run, staff work very hard. It's so joyful here." People we spoke with felt she listened and was responsive to them.

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. We spoke with the deputy manager and they were also very knowledgeable about the people and the staff team they supported. They both had a clear understanding of their roles. Staff told us they had defined roles and responsibilities and worked as part of a team. The registered manager told us how important it was to her that the people living at the home and staff felt they were working together like a family. For example, staff told us they were happy to approach the registered manager with any ideas for improvements and they would always be listened to. The provider stated in the PIR, 'We believe that a good service provision starts with good leadership. We have invested to recruit the right leaders.' Staff we spoke with felt this was the case and many told us how they loved their job and staff turnover was low.

Staff told us the registered manager, and the deputy manager was always available when they needed to speak to them. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the telephone. Staff also told us they would raise any concerns with the registered manager or the deputy manager. They said they felt listened to and if they had an idea they could share it with the registered manager and she would listen. The PIR stated, 'We have a philosophy of a no blame culture', which encouraged staff to raise anything that concerned them.'

All staff we spoke with had regular supervisions with their line manager. They described this time as useful in their development and were given opportunities to identify further training requirements. They told us they felt valued by the registered manager and provider.

The registered manager and the management team completed regular audits to monitor how care was provided. Checks were also made regularly on the administration of medicines, staff training and supervision. The provider's checks included direct discussions with staff about the quality of the care provided to people. We also saw checks were regularly undertaken to make sure any incidents which need to be notified to CQC had been done, how staff kept people safe and if people's care plans were up to date. Actions staff had taken to support people's physical health and emotional well-being was also checked. In addition, internal audits on the quality of the service had been undertaken. We saw action plans were developed after audits and the registered manager took action, so any lessons would be learnt and the service further improved. For example, we saw the registered manager had acted upon advice on improving people's individual evacuation plans in the event of a fire in order to keep people safe.

The registered manager told us they were very supported by the provider and had regular meetings with them. We saw minutes of these meetings which included all areas of the running of the home, including

staffing, home improvements and quality assurance.