

Caldwell Care Limited

The Firs

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

The Firs is a care home, without nursing, accommodating up to 22 people. At the time of our inspection there were 16 people using the service. The accommodation is arranged over two floors with a passenger lift, and stairs, available to access the upper floor. Some rooms are ensuite. There is an accessible, mature garden surrounding the home and a patio area with seating areas. Some of the people using the service were living with dementia.

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

The assessment of risks to people's safety had improved which supported people to stay safe. Staff recruitment checks promoted safety. There were sufficient staff deployed to meet people's needs. The manager was embedding best practice guidance in relation to the safe management of medicines. We have made two recommendations about this. Improvements had been made to ensure that appropriate records were maintained of the cleaning that took place. The home continued to look visibly clean with high standards of cleanliness and hygiene throughout. The provider's approach to visiting aligned with government guidance. People told us they felt secure living at The Firs and relatives were confident that their family members were safe from abuse.

The leadership team had been working effectively with a range of external organisations to drive improvements within the service. Feedback from these organisations about progress was positive. Overall, the audits that were in place were being used more effectively to monitor the quality of care that was being provided. Further work was needed to ensure that guidance and frameworks relating to assessing mental capacity were fully implemented. People and their relatives told us that staff provided person centred support and encouraged them to have freedom of choice and control over what they did. The leadership team had created a more positive work culture where staff felt valued. The manager was visible within the service, undertaking checks and audits but also supported with the delivery of care when needed. The manager actively sought the views of people, staff and relatives about the quality of care and how the service might improve. The manager had a clear vision for the direction of the service and understood the areas where the service still needed to make improvements.

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 requires improvement (published 6 January 2022) and there were breaches of Regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 November 2021. Breaches

of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safety of recruitment procedures and the robustness of the governance arrangements.

We undertook this focused inspection to check they 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 and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

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.

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.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 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.

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post, however, they were not in day to day management of the service. A new manager had been appointed and had been managing the home for three months with the support of the registered manager. The new manager had applied to CQC to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from three health and social care professionals that had regular contact 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 five people who used the service, three members of staff, the registered manager, the new manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We carried out observations in communal areas to see how staff interacted with people and checked the premises to ensure they were clean, hygienic and a safe place for people to live. We reviewed a range of records including audits and medicines administration records and three staff files in order to check that they had been recruited safely.

After the inspection we spoke with seven relatives to gain feedback about the service. We continued to review a range of records which included four people's care records and a variety of records relating to the management of the service including policies and procedures. We continued to seek clarification from the provider to validate evidence found.

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.

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

- Our last inspection had found that risks to people's health and wellbeing had not been adequately assessed and planned for.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Relatives felt that staff helped to keep their family member safe through taking prompt action to identify and respond to risks. For example, one relative said, "Staff are very sensitive to mums needs and health and have always taken prompt action when needed" and another told us "I don't have any concerns with the measures in place for safety." A health care professional told us, "The home have clearly implemented all the advice they have been given."
- Peoples care files contained a range of risk assessments that identified and mitigated risks associated with their care and well-being.
- A person who experienced seizures now had a seizure care plan that provided key information for care staff about the nature of the person's seizures and how they should respond and when to seek emergency help.
- Another person's care plan clearly described their need for a modified diet, and we saw that this guidance was being followed in practice.
- A care plan was in place to guide and support staff in managing a person's distressed behaviours.
- Records showed that people at risk of dehydration were being offered regular fluids and this was being monitored, on a daily basis, by the manager. Where there had been occasions when the fluids offered to people had not met planned targets, we could see that this was proactively being followed up by the manager.
- Key risks to people were highlighted on the home page of people's electronic care plan, for example, whether they were on fluid watch, had poor nutrition or took medicines that increased their risk of injury in the event of a fall.
- Equipment such as alarm mats continued to be used to alert staff when people at risk of falls when mobilising and might need support. For example, a relative told us, "They [staff] have placed an alarm mat by [family members] chair so they can keep an eye on her movements."
- Following a fall, in most cases, post falls checks had been undertaken to ensure that the person's

wellbeing was not deteriorating.

- Staff were liaising with health care professionals to manage risks associated with weight loss, poor skin integrity and contractures.
- The use of RESTORE2 was now embedded within the home. This is a tool designed to support homes recognise when a person's health and wellbeing might be deteriorating through the completion of a set of physical observations which are then used to inform escalation and conversations with health professionals.
- A small number of risk assessments were less detailed and, in some instances, contained conflicting information about people's needs. One person had recently had a catheter put in place but there was no care plan in place to guide and inform staff on how to care for this. The manager has taken action to address this.
- Staff managed the safety of the living environment and of equipment within it. A detailed legionella risk assessment had been completed and a clear schedule of regular checks and water sampling was now taking place.
- There were systems in place to record and report safety related incidents or near misses.
- Recent incidents or accidents had mostly been reviewed by the manager to identify contributing factors and to ensure that actions had been taken to prevent similar incidents from happening again.

Staffing and recruitment

- Our last inspection had found that the registered manager had not risk assessed information received from the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff recruitment checks promoted safety and were aligned to those required by schedule Three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The use of agency staff was limited, but where this was the case, the service had received a profile which contained information about the agency worker. We did note that this did not include the date that training had been completed. This is important information as it demonstrates to the manager and provider that agency staff are suitably trained and skilled. We also noted that whilst the profile indicated that a DBS check had been completed, it did not clearly state the outcome of this. The manager has taken action to address this.
- People told us there were sufficient staff deployed to meet their needs. Their comments included, "If you need help, they come" and "Yes there are enough staff, they are very good."
- Relatives also felt that the staffing levels were suitable. Comments included, "There certainly seems to be enough staff around, Mum does seem to get enough to drink and is able to go to bed and get up when it suits her" and "Staff are always around."
- Due to the reduced occupancy of the home, the planned staffing levels had reduced since our last inspection and were now three care staff in the morning, three in the afternoon / evening and two staff at night.
- The manager was supernumerary to the planned staffing levels during the week but also continued to take a role in the provision of care when necessary.
- The manager used a dependency assessment as a guide to reaching decisions about staffing levels, but

they also told us how they had a good knowledge of people's individual needs and regularly reviewed these to ensure that staffing levels remained appropriate.

- Staffing levels continued to be adapted in response to people's changing needs. For example, a fourth member of staff had been introduced to provide additional support in the evenings, for a period of time, to help support a person who was experiencing emotional distress.
- Overall staff felt that the current staffing levels were adequate, but some concerns continued to be raised about the ongoing lack of a senior carer worker on a small number of night shifts. When this happened, in order to ensure that 'PRN' or 'as required' medicines could be administered a medicines trained member of staff, who lived locally, was on call. Moving forward, the manager is also training care workers to administer medicines.

Using medicines safely

- Overall, the management of people's medicines was in line with best practice guidance, but we did note a small number of areas where improvements could be made.
- One 'As required' medicine was five months past its expiry date. Records confirmed that the medicine had not been used during this period, but it not been removed to ensure it could not be used in error. The medicine has now been disposed of. To ensure this does not happen again, the manager has strengthened the auditing tools being used.
- Whilst protocols were in place to describe when people might benefit from 'as and when' or PRN medicines and prescribed creams, these only replicated the prescribers label and did not provide a personalised description of when the medicines should be used. This is helpful for people who cannot express their need for medicines. In the case of topical creams, the prescribing instructions only stated to be used 'as directed'. We were advised that prescribers were reluctant to record directions in any more detail, but staff were continuing to try and address this with local health care professionals.
- We found one example where records relating to control drugs (CDs) had not been completed in line with guidance.

We recommend that the provider review their processes for the management of medicines that they treat as CDs.

- Records relating to medicines awaiting return to the pharmacy were now being completed and retained appropriately, however, the medicines, whilst locked away in a cupboard, were not being stored in a tamper proof container.

We recommend that the provider review their processes to ensure that medicines awaiting disposal are stored securely and in line with best practice guidance.

- People and their relatives were happy with the way in which medicines were managed. For example, one relative said, "I am there quite a lot at the moment when staff are administering mum's medication. Staff wear red tabards and tell mum what meds they are giving her." Another relative said, "Staff have communicated everything that mum needs regarding medication."
- We observed staff administering medicines. They took care to explain to the person what the medicines were for and were aware of people's preferred way to take their medicines. One staff member told us, "[Person] likes to know what's he got, his [Medicine] he calls it his little one." The staff member went on to display their knowledge around how one persons' covert medicines needed to be given in a specific way, saying, "For [Medicine] we make a cup of tea, but [Different medicine] can't go in dairy so we put it in juice."
- A check of the medicines trolley indicated that people's medicines had been administered as prescribed.
- One person was receiving their medicines covertly. The correct legal framework for this had been

followed, including consultation with a pharmacist.

- Staff told us how they aimed to avoid the use of sedating medicines trying where possible to use other approaches to distressed behaviours such as distraction which meant people were protected from the adverse effects of these medicines. For example, one staff member told us, "[Person] is on lorazepam, but we haven't given it as you have to balance this with causing him to be unsteady, we carefully weigh it up... you can try and distract him from whatever is upsetting him."

Preventing and controlling infection

- Our last inspection noted concerns about the lack of cleaning schedules for rooms and communal areas, or records to evidence that 'high use' touch points such as light switches, handrails, keyboards, handsets and door handles were being regularly each day. These were now in place and were being completed appropriately.
- The home continued to look visibly clean with high standards of cleanliness and hygiene throughout. The cleanliness of the home was commented on by relatives with comments including, "The home is very clean" and "On occasions I have been in her room, it is immaculate."
- Where odour control was problematic, the provider was taking action to replace carpets with new wooden flooring."
- Overall, we observed that staff were correctly using PPE, although we did observe one occasion when this was not the case. In light of feedback from external professionals, relatives and from staff, we were assured that this was not a widespread concern. Staff were clear that the importance of wearing PPE and told us they were constantly reminded about the importance of this by the infection control lead within the service. We could also see that audits and spot checks were completed to monitor this. We were assured that the manager was addressing our observation appropriately.
- Upon arrival at the home, the inspector was not asked to show evidence of a negative Covid-19 test within the last 72 hours. This is to show that they are following the recommended testing regime for NHS staff and CQC inspectors. Feedback from other professionals again indicated that this was not a widespread concern. For example, one health care professional told us, "On arrival I observed current Covid guidelines were being followed by staff and staff were wearing PPE appropriately" and another said, "LFT (lateral flow test) results were checked on arrival and we were asked to confirm from a list that we had no symptoms of Covid, all staff were seen to be correctly wearing face masks."
- 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 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's approach to visiting aligned with government guidance. A booking system remained in place, but we were advised that this was because relatives had found this helpful. The manager confirmed that if a relative did visit without a booking, they would not be turned away.
- People were enjoying visits from their family members and there were no restrictions to people undertaking trips out of the care home into the community. Comments from relatives included, "The home have been very accommodating", "We can visit whenever we can" and "I can visit anytime and take mum out at weekends."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt secure living at The Firs and relatives were confident that their family members were safe from abuse. One relative said, "Yes Mum is very safe here and I imagine we can express our concerns if there were any."
- The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.
- Staff were confident that any concerns raised would be acted upon by the manager to ensure people's safety and records showed that safeguarding concerns continued to be appropriately reported to the local authority and to the Care Quality Commission and that action had been taken to reduce further risks to people.

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 as requires improvement. At this inspection the rating has changed 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; 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

- Our last inspection found that the governance systems in place were not being effective at identifying all of the areas where the safety and quality of the service was compromised. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Both the registered manager and manager had been appointed since our last inspection. Throughout the inspection, they both demonstrated that they had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- They had been working effectively with a range of external organisations to drive improvements within the service. Feedback from these organisations about progress was positive.
- Overall, the audits that were in place were being used more effectively to monitor the quality of care that was being provided.
- Audits monitored the prevalence of wounds, bruises and infections. It was clear from daily records that fluids were being offered regularly to people. Where the managers daily checks showed any shortfalls in fluid intake this was being followed up in a timely manner. Weight loss was being monitored and we saw examples where people's fluid and food intake had improved meaning they were able to be removed from this more intensive monitoring.
- Whilst some care plans were more detailed than others, in some of the examples seen, the information provided a personalised and holistic account of the person's individual needs, preferences and the things and people that were important to them. These were being reviewed monthly and this was helping to make sure that care records were more up to date and accurate.
- Daily notes were more task focussed and this was a missed opportunity to reflect more on people's daily wellbeing, There were also a small number of examples seen where risk assessments contained conflicting or unclear information. The manager has taken action to address this.
- Our last inspection had identified that mental capacity assessments had not been completed for specific, more complex decisions, or prior to applications for a deprivation of liberty safeguards authorisation (DoLS) being applied for. At this inspection we found some improvements. We saw examples where people had mental capacity assessments in place for a range of decisions such as the use of bed rails, covert medicines,

and in one case, the use of hand mittens to help prevent skin damage. Relevant people such as relatives and advocates had been involved in these.

- However, we found two examples, where a mental capacity assessments had not been completed before an application for a DoLS was submitted. This is important as the mental capacity assessment determines whether the person can or cannot consent to the arrangements for their care and treatment while in the home. We discussed this with the manager who explained that in principle an assessment of the person's capacity to consent to their care and placement was completed as part of the pre-admission assessment, but that in these two cases, there had been a failure to clearly document this before making the DoLS application. To ensure this did not happen again, the manager said she would be taking responsibility for the completion of all mental capacity assessments until they were fully assured that systems in place were fully embedded.
- The registered manager was aware of their responsibility to act in an honest and transparent way when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us that staff provided person centred support and encouraged them to have freedom of choice and control over what they did. One person told us, "I am very happy, they [care staff] are very kind and helpful" ... I can't fault the service here." Another person said, "I've been well looked after... There is a nice atmosphere." A third person told us how the staff had been so helpful and patient the previous night when they had been unwell.
- Comments from relatives included, "The staff are caring, kind, and very person-centred... It's a small homely place" and "Mum gets whatever she likes, they put their arm around her and make her feel better... I love the cook, when I visit, he'll be sat in the lounge chatting with people... It's such a relief she is a here... if I had all the money in the world, I would not want her to go anywhere else."
- A social care professional told us "It is a small home and it is evident that it is a caring environment. The staff and residents seem to have a good relationship. Relationships appeared to be good with families too. Personalised support and preferences were seen to be adhered to."
- There had been a number of changes within the management team at The Firs and most of the people we spoke with did not know who was currently managing the home. Despite that, they had no concerns about the organisation of the service, and all felt that they received good care.
- Whilst some of the relatives felt it was too early to provide feedback about the current manager, a number did raise concerns about the changes in leadership at the service and the impact of this on the stability of the service. Some relatives felt that the changes had not always been communicated in a clear manner and said they would value further opportunities to meet with the manager and understand their vision for the service and plan for delivering improvements.
- Staff told us that in a relatively short period of time, the registered manager and manager had created a more positive work culture where staff felt valued. For example, one staff member said, "I love it here, it's so friendly, warm, so caring, the residents get so well looked after... Morale is picking up, there used to be an atmosphere, but now it's really lovely, we have a great team." Another staff member said, "Because of the management. something has changed and settled... It feels on the right track. There was division before."
- Staff said the manager was visible within the service, undertaking checks and audits but also supported with the delivery of care when needed. One staff member said, "[Manager] has been really supportive anything you want to know she is ready to help, even if she is at home."
- A number of relatives told us how they felt the care being provided was achieving positive outcomes for their family member. For example, one said, "[Persons] health has improved since being in the home."
- Our last inspection had found that more needed to be done to ensure that each person had sufficient opportunities to be part of regular and meaningful activities, particularly those cared for in their rooms. The

provider had employed an activities coordinator to work across both of their homes, but unfortunately, they had recently left and so for the last month, people had had less access to regular activities and some people expressed a concern about this. The manager told us that they were actively recruiting again to this role and that in the meantime, staff did spend time with people in between their caring responsibilities. Staff confirmed this with one saying, "Yes we do get time to sit down and do one to one, they do like that. [Person] is quite poorly and so we spend time with her. She likes her ginger beer." A relative told us, "Staff come in and join in reminiscing and using photos as a prompt" and another said, "She has done pottery, painted a vase, had some singing and quizzes, puzzles and games." During the inspection, we observed staff freely engaging with people and providing pampering sessions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager actively sought the views of people, staff and relatives about the quality of care and how the service might improve.
- A resident's council meeting had been held in April 2022. Issues discussed included ideas for entertainment which had included gin tasting and afternoon teas along with a pop up shop. Progress with implementing these ideas had been delayed due to the departure of the activities lead.
- People had been invited to comment on the quality of food and what they would like to see on the menu. Mealtime experience audits had been completed and comments about the food were positive.
- Relatives had confidence that any issues raised would be actioned, for example, one relative told us, "We filled out a recent survey and noted that mum was always wearing the same outfit when we took her out. This has now changed."
- Staff meetings took place, and these provided a constructive forum for staff and the leadership team to share important information and learning from incidents and accidents. At a recent staff meeting, we saw that discussions were held around the importance of teamwork and good communication.
- There was evidence that staff were able to suggest different approaches and share ideas. For example, the manager had introduced daily huddles to discuss people's needs. Staff had found that this was not working due to time pressures and the information was easily shared in more informal ways and so the meeting was stopped. In a recent staff survey, a staff member had requested training in mental health and in response this was added to the training programme staff could access.

Working in partnership with others; Continuous learning and improving care

- The provider, the registered manager and manager had worked closely with other organisations to ensure people received good quality care. Weekly visits were undertaken by the frailty team to the service during which people's health care needs were reviewed. Referrals had been made for support from occupational therapists, the falls team and the community mental health team.
- The manager had a clear vision for the direction of the service and of the areas where the service still needed to make improvements. They maintained a service improvement plan to monitor their progress with this.
- Staff had also been working effectively with quality improvement teams from the local authority and community based health teams. Feedback from these organisations was that staff were delivering improvements and embedding new learning and skills. One social care professional told us the leadership team were "Very receptive and responsive to suggestions for improvement."