

The Firs Care Home (Calne) Limited

The Firs Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service responsive?

Requires Improvement 

Summary of findings

Overall summary

We carried out this unannounced focused inspection on 13 February 2017. The inspection took place to check the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Firs Care Home on our website at www.cqc.org.uk.

The last inspection of this service took place on 2 and 8 February 2016. The service was rated good overall but care plans did not clearly inform staff of each person's needs, personal preferences and the support they required. This increased the risk of inappropriate or unsafe care. We issued a requirement notice to ensure the provider made improvements. After the inspection in February 2016, the provider sent us an action plan, detailing how the identified shortfalls were to be addressed. At this inspection, we saw the provider had followed their action plan and improvements had been made.

The Firs Care Home provides accommodation and care for up to 32 older people, some of whom may be living with varying degrees and types of dementia.

There were two registered managers in post. One registered manager had undertaken the role previously but had transferred to another location, run by the same organisation. They told us they had chosen to maintain their registration, as they were still very much involved in the home. The second registered manager gained their position at the time of the last 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. Registered managers are responsible for the day to day management of the home. One registered manager was available throughout the inspection. The second registered manager was present towards the latter part. Both were involved in receiving feedback about the inspection and our findings.

Care plans had been rewritten and contained detailed information about people's needs, preferences and the support required. People and their relatives had been fully involved in the development of the plans and staff had been asked to contribute their knowledge. Care plans were being regularly updated, as people's needs changed.

There were assessments which identified potential risks to people's safety. Whilst these were up to date, not all had been completed accurately. This presented a risk that certain areas of people's care, such as malnutrition and pressure ulcer prevention, were not managed in accordance with their needs. The registered manager told us they would review this information to ensure all was accurate.

Staff knew people well and were responsive to their needs. There were many positive interactions although on one occasion, staff spoke over a person and not to them. At lunch time, one member of staff stood up to

assist a person to eat. This did not promote their dignity or ensure their safety. However, all other staff assisted people to eat in an appropriate manner. They undertook any requests and answered call bells in a timely manner.

Those people, who wanted to go out, were supported to do so. This included staff accompanying people with a walk or to the local shop. Other people enjoyed singing to the music that was playing and spending time with their visitors. The registered manager told us the home was very much part of the local community. They said they were hoping this would be further developed, as a staff member with specific responsibilities for activity provision, was being recruited.

People and their relatives were aware of how to raise a concern, if they were not happy with the service. They were confident any issue would be properly addressed. The registered manager told us they regularly spoke to people and their relatives. This enabled any complaints to be raised informally and dealt with quickly, without escalation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

Care plans had been rewritten and contained detailed information about people's individual needs, preferences and the support required.

Up to date assessments were in place to minimise potential risk although not all were accurately completed.

Staff knew people well and were aware of their needs and preferences.

People and their relatives knew how to raise a concern and were confident any issue would be properly addressed.

We could not improve the rating for responsiveness from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

The Firs Care Home

Detailed findings

Background to this inspection

We undertook this focused inspection of The Firs Care Home, on 13 February 2017. The inspection was done to check that improvements to meet legal requirements planned by the provider, after our comprehensive inspection on 2 and 8 February 2016, had been made. The team inspected the service against one of the five questions we ask about services: is the service responsive? This was because the service was not meeting a legal requirement at the time of the last inspection.

This inspection was unannounced and undertaken by two inspectors. We spoke with four people who used the service, four relatives, five staff and two registered managers. We observed interactions between staff and people who used the service and looked at five people's care records. This included care plans and assessments of risk.

Is the service responsive?

Our findings

At the last comprehensive inspection on 2 and 8 February 2016, we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all care plans were sufficiently detailed to inform staff of the person's individual's needs, personal preferences and the support they required. This presented a risk of inconsistent or unsafe care.

At this inspection, clear focus had been given to the development of people's care plans. Each document had been rewritten. The registered manager told us discussions had been held with the person and/or their relatives in order for the information to be accurate. In addition, staff had been consulted and were able to add their knowledge of the person, to the content of the plans. Staff confirmed this and said they had attended training with regard to care planning. They said care plans and their development had been regularly discussed at staff meetings. The registered manager told us this had involved taking abstracts from a selection of care plans and asking staff if they could identify the person from the information. They said this helped to ensure the care plans were sufficiently detailed and person centred. Within discussions, staff showed they were clearly aware of people's needs and the support they required.

The information within people's care plans was detailed and reflected individual needs, personal preferences and the support required. For example, one care plan detailed what the person preferred to wear which included "two layers of cardigans, one thick and one thin with a body warmer on top". This clearly informed staff of the person's wishes. Other information detailed what the person was able to do for themselves so their independence could be promoted. Within the section on nutrition, it was documented the person required a plate guard to enable them to eat more easily. If they were not eating well, staff were required to sit with them to give encouragement and prompting. Within the section regarding medicines, it was stated "you need to tell X how many tablets there are before giving them to her and she will then take them". This instruction minimised the risk of the person declining their medicines. Another care plan informed staff of what to do if a person with short term memory was looking for a family member who was no longer alive. This ensured consistency and less distress to the person.

The registered manager told us as each person's care plan was detailed and lengthy to read, personal profiles had been developed. These documents stated key information about the person and provided an "at a glance" account of their needs.

There were assessments which identified potential risks to people. These included the risk of malnutrition, pressure ulceration and falling. However, not all were accurately completed. For example, one assessment regarding malnutrition stated the person had not lost weight and was able to eat independently. However, the person's care plan showed they sometimes needed assistance or prompting to eat and they had experienced a small level of weight loss, over a period of time. The care plan did not inform staff how the slow decline in the person's weight was to be managed. This did not ensure the person's care, in this area, met their needs. The person's risk assessment regarding the prevention of pressure ulceration showed they were independently mobile. This conflicted with the information in the care plan, which stated they used equipment to help them stand safely. After the inspection, the provider confirmed both assessments had

been amended to reflect an accurate account of the person's needs.

The registered manager told us they would consider any inaccuracies within documentation and would make amendments as necessary. They said care plans were under regular review and were updated as people's needs changed. This was evidenced within documentation. For example, in one plan it was identified a person was no longer able to mobilise safely. Information showed advice had been gained from the GP and an occupational therapist had assessed the person's mobility. Amendments had been made within the care plan to show this increased need and the equipment, which had been recommended.

There were many positive interactions and staff were responsive to people's needs. However, on one occasion, staff spoke over a person and not to them. In the presence of the person, one staff member said to another, "she looks really tired. Do you want her to have bed rest or leave her up and see how she goes?" There was no acknowledgement of the person and what they wanted. At lunch time, another member of staff stood next to a person and assisted them to eat. They did not sit by the person to ensure their safety or dignity. After the inspection, the provider explained the reasons for this. They said the staff team had discussed the best ways to support the person effectively and such guidance had been amended within care documentation. Other staff supported people with their meal appropriately, in an attentive and caring manner. There was some terminology which did not promote people's dignity. This included "toileting" and "feeding". The registered manager told us they would address this type of language with staff at the next staff meeting. After the inspection, the provider told us this had been undertaken.

Other interactions were more positive. One member of staff asked a person if they wanted anything and offered a cup of tea. The person laughed and said "I've had three already". The staff member responded by also laughing and said "you can never have enough tea but you can have something else, if you'd prefer". The person replied "that's very true. I like my tea. I'll have another. Go on then". This was brought to the person quickly. The staff member said "you're very welcome" when the person thanked them. Another person was becoming agitated as the registered manager was accompanying them from the dining room. The registered manager reassured the person and said "1, 2, 3" in a quiet tone. The person continued with the rhyme and started singing, as they were walking. They became relaxed and content with no further signs of anxiety. Staff offered people choices regarding what they wanted to drink. However, two biscuits were placed on the person's saucer, rather than offering each individual a choice. People were able to make other decisions such as where to sit and what to do. One member of staff offered a person a range of seats but they declined each one. Further alternatives were given and the person chose where they would be most comfortable. Staff undertook any requests and answered call bells without delay.

During the inspection, staff accompanied some people to go for a walk or to the local shop. Other people received visitors or enjoyed singing to the music that was playing. The registered manager told us the home had close links with the local community. One person regularly went out to bingo with their family member. Another person attended a community group in a local hall. The registered manager told us they were in the process of employing a full time member of staff to organise social activities for people. They said they hoped this would enable people to go out more often to places within the town, such as the library. One person told us the hairdresser they used to use before moving to the home, now visited them regularly to do their hair.

People told us they were happy with their care. One person told us "I'm very happy here. I can please myself what I want to do and when I do it. Some of the staff are little gems". The person laughed and continued to tell us "it's like a hotel. They'll wait on you if you let them. They're very kind". Another person told us "all the staff are very good. They know what I want and help me with whatever I need". One person told us "they look after me very well".

Relatives were equally positive about their family member's care. One relative told us "I am very happy he [family member] is here. They do their utmost. He is well looked after and cared for. They really do care about him as a person. He is allowed to do the things he has always done. His spiritual and cultural needs are looked after. We can visit at any time". Another relative described the staff as "caring, always friendly and there are plenty of staff around". They said they were kept informed of changes in their family member's needs and were fully involved in reviewing their care. Other comments were "the staff really know X", "staff recognise if X is unwell or not their usual self because they know them" and "they ask him if he wants a bath or shower".

Relatives told us they had attended meetings, where they had the opportunity to share information and discuss any concerns. They said they would have no hesitation in talking to the registered manager or a member of staff, if they were not happy with any aspect of the service. One person told us "I would tell them if I wasn't happy. They would sort it. I know they would". Another person told us they had raised "minor issues" with the registered manager in the past. They said these were resolved to their satisfaction without the need to make a formal complaint. The registered manager confirmed this. They said they encouraged people to discuss any concerns they had. This enabled any issues to be quickly resolved, without escalation.