

Abbeyfield Society (The) The Firs Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected the service on 7 October 2015. The inspection was unannounced. The Firs Nursing Home is a purpose built care home. They are registered as a care home with nursing and provide accommodation for up to 31 older people. The service offers accommodation over three floors, with a lift to access the first and second floor. On the day of our inspection 31 people were using the service.

The service had a registered manager in place 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. The registered managers are also the registered providers of the service.

People felt safe in the service and staff knew how to protect people from the risk of harm. However recruitment processes were not robust and supervision of staff who needed further guidance in good practice was not consistent. Medicines were managed safely and

Summary of findings

people received their medicines as prescribed. There were enough staff deployed in the service to meet the needs of people and to ensure they received care and support when they needed it.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to maintain their nutrition and hydration and staff ensured healthcare advice was sought when people's health needs changed.

People were supported to make decisions about their care and support and where people lacked the capacity to make certain decisions, these were made in their best interests. People were supported to maintain their health needs. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

People enjoyed the activities and social stimulation they were offered. People also knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. Audits had been completed that resulted in the manager implementing action plans to improve the service.

Summary of findings

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 not always safe.

People were supported by staff who had not always undergone the checks required to ensure they were of good character and were not monitored appropriately when they displayed poor practice.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and these were managed safely. There were enough staff to provide care and support to people when they needed it.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutrition. Their health was monitored and staff responded when health needs changed.

People made decisions in relation to their care and support. Decisions made for people who lacked the capacity to make certain decisions were made in their best interest in line with the MCA.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect and staff showed compassion to them.

People were supported to make choices and to remain as independent as possible.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

People felt comfortable to approach the deputy manager with any issues and felt complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were systems in place to monitor the quality of the service and where issues were identified action was taken to address these to promote improvement.

The Firs Nursing 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 was planned to check 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.

We inspected the service on 7 October 2015. This was an unannounced inspection. The inspection team consisted of three inspectors, a specialist advisor, who was a nurse 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with 11 people who used the service, five relatives, two members of care staff, two nurses, the cook, the deputy manager (who was responsible for the day to day running of the service) and the registered manager. We observed care and support in communal areas. We looked at the care records of seven people who used the service, the medicine administration for 12 people and staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and provider.

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.

Is the service safe?

Our findings

People could not always be assured that staff recruited to work with them had the required checks needed to ensure they were safe to work with the people who used the service. We looked at the recruitment files for three staff members and we identified concerns with pre-employment checks carried out by the management team within two of the files. We looked at the recruitment file for one member of staff and the deputy manager had completed the required checks to ensure the member of staff was suitable to work in the service. This included references from their last employer and checking their employment history. However there were concerns about the other two files checked and there was no audit trail to show that the required checks had been made. For example there was a lack of employment history in both files, appropriate references were not in place for one of these staff and there were inconsistencies in the Disclosure and Barring Service (DBS) check. We pointed out the issues to the deputy manager on the day of our visit and they dealt with the shortfalls very quickly and provided us with evidence of this.

We saw that where it was identified that staff practice needed to improve due to incidents of poor practice, these were investigated and action plans to improve practice were put in place. However we did not see any evidence that these action plans had been implemented or that the staff members conduct and performance had been appropriately monitored to ensure their practice improved.

We saw the deputy manager was currently carrying out a recheck of the DBS for staff who had been in post for more than three years, to ensure they were still fit to work with older people. There were records in place to show that the registration of the nurses employed in the service were up to date and that they were fit to work with the people who used the service.

All of the people who used the service that we spoke with told us they felt safe. They told us that if they were concerned they would talk to a member of staff or the deputy manager. One person said, "It is safe. I can't see any danger." Another told us they felt safe as the staff were, "Security aware." They went on to say, "I am safe. The staff are about." Relatives also felt that their loved one was safe in the service. One relative told us, "When I go home I feel [relation] is safe"

Staff knew how to protect people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We saw that all staff had completed regular training in protecting people from the risk of abuse. One staff member told us, "It's something [deputy manager] is really hot on. If you haven't completed your training you can't go on the floor." We saw that where concerns had been raised which were of a safeguarding nature, the deputy manager had shared the information with the local authority and worked with them to investigate the concerns.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. We saw from the care records we looked at that there were risk assessments in place, which were assessed regularly and any risks identified, such as falling, had a detailed plan in place informing staff how to manage the risk. Equipment was put in place to help minimise the risk to people. For example one person who had a history of falling had a sensor mat and cushion in their bedroom to alert staff that they were walking around. Their relative told us that staff came quickly if the alarm sounded. This meant the person was being supported to help prevent further falls.

We saw there were detailed assessments carried out on the support people would need to evacuate the building in case of emergency. These took into account people's dependency on staff and understanding of what was happening. We saw these were linked to a discreet chart in the corridors and people's bedrooms so that staff would quickly know what support individuals needed.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help then staff were quick to respond. One person said, "There's always someone (staff) near you." Another person said that when they pressed their call bells staff were, "reasonably quick." A further person told us, "Help comes when I call for it."

One person told us that if they rang their call bell staff, "Immediately answered" but that if it was not an emergency then they may have to wait a short while for support if staff were busy assisting other people.

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. There

Is the service safe?

were systems in place to adjust staffing levels to meet the changing needs of people and the deputy manager told us that staffing levels were adjusted if needed. The registered manager also told us that the rota was planned to ensure there was a suitable skill mix to meet the needs of people.

We observed during our visit that there were enough staff to give people support when they needed it. Call bells were answered in a timely way and staff were able to spend time with people without being rushed.

People received their medicines as prescribed and medicines were stored and managed safely. People we spoke with told us they were given their medicines when

they were supposed to. One person told us their medicines were on time and they were happy for staff to administer these. One person said, "They (staff) are very good." A relative told us, "They are pretty good on this."

We looked at the medicines storage and administration records and we found the systems were safe and people were receiving their medicines as prescribed. The deputy manager had carried out audits on the medicines to assess if they were being managed safely. Although these had not been carried out in the two months prior to our visit we found the nurses were managing the medicines safely.

Is the service effective?

Our findings

People felt they were supported to make decisions about their care and support. However we found inconsistencies in relation to the Mental Capacity Act 2005 (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. Staff we spoke with had an understanding of the Act and how it should be applied.

We saw an example of where the MCA had been applied well for one person who had variable capacity. This person had been assessed as being at risk in relation to an aspect of their care but still wished to make the decision even though this presented a risk to their health. The deputy manager had worked with other health professionals to minimise the risk whilst still enabling the person to take that risk based on their decision. This involved continual reassessment of the person and we saw this was being managed well and worked well for the person.

The deputy manager and staff we spoke with displayed an understanding of the Deprivation of Liberty Safeguarding (DoLS) and told us they had made an application for one person who they felt may need to have a DoLS in place. A further person was being assessed to see if a DoLS application would be needed for them. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People felt that staff were well trained, knew what they were doing and knew them and their needs well. One person told us, "They are very good. They seem to know what they are doing. A relative also commented and said, "The staff seem to know what they are up to." We observed staff caring for people and saw they were confident in their role and followed good practice, for example when supporting people to move using equipment.

People were supported by staff who were given training and development to enable them to meet their needs. Staff told us they were given the training and development to enable them to do their job safely. Records confirmed staff were given training in a range of areas such as moving and handling and infection control. One member of staff told us, "We get put forward for a lot of training to develop our career, you feel, working here, that they value you."

When staff commenced working in the service they were given an induction to prepare them for the role and the deputy manager told us a new training organiser had been employed and would be rolling out a new recognised induction programme.

On the day of our inspection training was being given to staff on the management of percutaneous endoscopic gastrostomy (PEG) feed, for people who could not take food orally. The deputy manager told us that agency staff used by the service were also attending this training and that agency staff were invited to attend all training offered, to ensure they were up to date with current best practice. We saw evidence that this training was offered to agency staff.

People were supported to maintain their nutrition and hydration. People said they enjoyed the food. One person said the food was "great" and another said, "The food passes alright for me." Another said, "The food is quite nice." A relative who ate lunch with their relation on the day of our visit told us the food was "Excellent."

We observed lunch being given to people and this looked appetising and people were given a choice. People ate a healthy amount of food and where people needed support from staff this was given, whether in the dining room or in people's bedrooms where they chose to eat. We saw people were offered extra portions of food and drinks during lunch. The cook served the food and directed staff in giving people the meal they had requested. We spoke with the cook and they had a good understanding of people's special or preferred diets and we saw these were catered for on the day of our visit.

Nutritional assessments were carried out on people on a monthly basis and where a risk was identified the person's weight was regularly monitored and records kept of people's food intake.

We saw one person had lost some weight and a referral had quickly been made to the dietician to get guidance and support. Staff had followed the dietician's guidance and had supported the person to reach the weight target set for the person to achieve. The dietician was happy with the results and had discharged the person from needing any further dietician input. We found there were some gaps in the recording of people's food intake, however we did not find evidence there was an impact on people's nutrition as a result of this.

Is the service effective?

People were served drinks and snacks throughout the day. There were drink machines available for people to help themselves or for staff to access if support was needed for people to get a drink.

People's health needs were monitored and their changing needs responded to. On the day of our visit the optician and a chiropodist visited some people who used the service. One person told us they had seen their doctor that day.

People were supported with their health care. Two people had a percutaneous endoscopic gastrostomy (PEG) feed because they could not take food orally. There was detailed guidance on the support people needed with this and we found staff were managing this appropriately.

Where people were at risk of developing or had developed a pressure ulcer staff had sought appropriate advice from the district nursing team and had obtained specialist equipment to help manage the risk. We found there were some gaps in the recording of people being supported to reposition in bed, however we did not find evidence there was an impact on people's skin as a result of this.

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were kind and caring. One person told us, "I know all the staff." Another person said, "They are very kind." When we asked a relative if they felt the staff were kind they told us, "Yes definitely. Unrelentingly."

Staff displayed care and compassion for people who used the service. We observed staff speaking with people in a kind and patient manner. We observed staff responded quickly to people if they showed any distress. For example one person said they were in pain and a member of staff responded straight away and fetched the nurse to assess the person. The nurse kindly explained that pain relief had just been given and assessed the person to see if any further intervention was needed.

The registered manager told us that they felt that one of the things that was most positive about the service was that the deputy manager, "Really cares." Staff told us they enjoyed working in the service and when we asked what it was they liked, one member of staff said, "Making residents smile and lifting their spirits up."

Staff knew people well and it was clear they knew about their personalities and likes and dislikes, and who was important to them. Staff took time to talk to people when they were supporting them and we observed a member of staff speaking with a person who lived with a dementia related illness. The staff member took time to explain the day of the week with a detailed description of the outside weather."

People had good links to places of worship and on the day of our visit there was a church service. We spoke with the minister who told us the ministry was welcomed. They told us there was a link with the local Methodist Community, with ministry provided by retired pastors. People were supported to attend a nearby place of worship when they wished to.

We saw there was a constant buzz throughout the day with many relatives and friends visiting people. Relatives told us they were always made welcome and some relatives stayed and ate a meal with their relation.

People were given choices about what they did and what they ate. We saw there were two choices available for each meal and one person told us, "If you don't fancy what is on

the menu they will make you something else." We observed the cook asking people what they would like for tea and we saw people were able to choose to eat in their room if they wished. We saw staff give an explanation to people to ensure they understood what meal was being served. People were left to eat independently where they were able but there were staff available to offer support to people when they needed it.

People told us they chose when they got up in the morning and when they went to bed. They told us they could choose where to go and what to do during the day. We observed people who spent time in the adjoining sister home and vice versa. One person told us, "I get up when I want to." Another told us they chose when to get up and retire to bed and did not feel there were any restrictions on this.

The deputy manager showed us a design for a new pictorial menu board which was being designed so that people had a visual choice and reminder of what food was available. People had been involved in choosing different designs for the menu board. We saw there were care plans in place informing staff how to communicate with people who lived with a dementia related illness.

People we spoke with told us that staff respected their privacy and dignity." One person told us, "Staff knock if the door is not quite open." Another said, "Staff knock and wait." One relative told us, "I'd say privacy and dignity is quite good." They told us that if staff knocked on their relation's door they would wait to be given permission to enter.

During our inspection we observed staff talking to people in a friendly and respectful manner and ensuring they protected their privacy and dignity when they were supporting them. The deputy manager was a privacy and dignity champion and told us their role was to give training to staff on best practice. They told us they observed staff regularly and gave guidance to the staff if they felt practice could be improved. We saw this in practice on the day of the inspection when staff were reminded of how they could have given people support in a more person centred way.

We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this. They were able to give examples of what they would do to ensure people's privacy and dignity would be respected.

Is the service caring?

People were supported to access advocacy services if they wished to. We saw there were leaflets displayed in the service informing people how they could access an advocate if they wished to. Staff had supported one person to access an advocate and the person was receiving regular visits from the advocacy service. We spoke with this person

and they told us they were happy about the way they had been supported by the staff to access the advocate and that the matter had been resolved and summarised the experience by saying, "I was very pleased with this." Advocates are trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

People commented that they felt staff treated them as an individual with one person saying, "I feel known as an individual." Another said, "Staff know me as an individual." People felt they were included in planning their care and support. One person told us they knew about their care plan and let their relatives get involved. A relative who was visiting at the time said that this was the case. Another relative told us, "They always ask [relative's] preference and explain what is going on. They pick up on things and try and work out what [relation] wants, even though this is not easy to do."

We saw from records that people had been involved in discussions about their care plans and relatives had also been involved where appropriate. We observed people having care and support explained to them so that they were able to understand and make decisions. For example, we saw the nurse spend time with one person explaining what was happening in regard to a GP visit and giving her time to understand and respond.

We spoke with staff and they knew the likes, dislikes and preferences of people they were supporting and we saw this information was also recorded in people's care records. We saw that care plans contained details of people's needs and how staff should support them. These records were reviewed regularly by senior care staff and we saw changes were made when people's needs changed.

People were supported to maintain their individual hobbies and interests. We saw people were given the opportunity to get involved in activities such as pampering sessions, arts and crafts, book reading and games. On the day of our visit we observed five people enjoying the church service with staff. People were supported to join in the sing along with the volunteers who came in to do the service. We also saw people reading newspapers and we saw a person being supported to do a quiz. One person was reading a book and told us there was a good library in the service.

We saw that the activities organiser also visited people who preferred to be cared for in their bedrooms and chatted with them and found out what they would like to do. One person had requested the organiser read with them and this had been done. The organiser kept clear records of who had been involved in which activity to ensure they were involving everyone who wished to take part in an activity. We saw people had been supported to celebrate events such as the Queen's diamond jubilee with a street party. There had also been events held in the service such as concerts and fund raising events organised by the volunteer group. The activities organiser told us that there were music sessions and 'dog therapy' from external entertainers, who often visited the service. They told us they also did exercises with people and engaged them in arts and crafts.

Staff felt people had enough activities offered to them. One member of staff told us, "People and relatives are always talking about the activities and saying how much they enjoyed it, such as going to day trips or having a manicure."

People felt they could raise concerns if they needed to. One person told us that if they had any concerns they would, "Go to the top." Another person told us they would speak with the deputy manager if they had any concerns and felt they would be acted on.

One relative told us they felt they could raise concerns and would speak with the deputy manager who was, "Most helpful and gets things done." Another relative told us they had raised an issue with the deputy manager and that this had been dealt with.

The deputy manager recorded any concerns or complaints made and we saw there were had been five concerns recorded in the last 12 months. There was evidence the concerns had been investigated and resolved with the person raising the concern. We saw there was a procedure on display informing people how they could raise a concern. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them to the nurse or the deputy manager.

Is the service well-led?

Our findings

There was a registered manager in post and they oversaw the management of the service and had a deputy manager who was responsible for the day to day running of the service. The deputy manager had notified us of significant events in the service. A notification is information about important events which the provider is required to send us to assist with our on-going monitoring of the service.

People knew who was in charge of leading the service on a day to day basis and spoke positively of the deputy manager. One described the deputy manager as, “Friendly, kind, always available and on the ball.” They told us that the deputy manager was ‘hands on’ and spent time around the service. Another person described how the deputy manager had stayed in the service after their working day had ended to resolve an issue for them. We observed throughout our visit that although the service was busy, with a lot of external professionals visiting, the deputy manager still found the time to be in the communal areas of the service checking the quality of care and talking with people who used the service and supporting staff.

We asked the registered manager what she felt the deputy manager did well in the service and they said, “Staff team who work well together, accept criticism and are always open and transparent.” The deputy manager told us they felt the service was held together by a strong team of staff who ensured that, “The residents come first.”

Staff told us they would feel confident to report any concerns to the deputy manager and would have confidence that they would act on them. One member of staff said, “[Deputy manager] has acted on things if [deputy] sees poor practice, [deputy] is really approachable and helpful.” One member of staff told us, “All the managers are good; if they are not available we can speak to the nurse in charge. There is always someone here to support you.” Another member of staff gave us an example of when they had reported to the deputy manager that a person’s support needed changes and this had been listened to and acted on with improvements made.

Staff were aware of the whistleblowing policy and told us they would not hesitate to use it. One staff member told us, “If I felt I needed to use it then I would. I’m here for the residents, not to make friends or for the staff. I’m here to do my job”.

We observed the nurses and the management team leading the staff team and giving guidance where needed. Staff worked well as a team and were organised and efficient in their role. We observed a nurse arriving for duty and saw they made it clear they were now leading the staff and went around and said hello to the people using the service so they knew the nurse who was on duty. The nurse also held a discussion with staff to check that people had received the care and support they should have.

The registered manager and deputy manager were told us they were committed to providing people with a quality service and had a membership with the National Activity Providers Association (NAPA) which commits the provider to uphold the vision and values of NAPA and together, support front line care teams to enable older people to live life to the full, in the way they choose, with meaning and purpose. Following an annual survey completed by Abbeyfield Society the service had achieved a ‘gold award’ for the quality of care people received.

People were given the opportunity to attend meetings to give their views of the service and make suggestions for changes. We saw the record of the most recent meeting and saw that there had been a good attendance of people at the meeting and people had held a range of discussions relating to how the service was run. Volunteers also visited the service monthly to speak with people and ask them for their views on the quality of the service.

People were also given the opportunity to have a say on what they thought about the quality of the service they received by completing an annual survey. We looked at the last surveys completed and the results were positive overall. Comments people had made included, “Everybody does their best. We have the best deputy manager.” and “we are very well looked after. The home is lovely.”

We saw the provider kept a record of compliments received from relatives of people who used the service. We saw some of the written compliments and comments included, “Will never forget the wonderful care you gave to my [relation]” and “Would like to thank you and all of your colleagues for the kindness and care afforded to [relative].”

There were systems in place to monitor the quality of the service provided. The deputy manager undertook medicines audits to assess the safety of medicines. Although these had fallen behind recently due to other pressures, we found that medicines were being managed

Is the service well-led?

safely by the nurses. The deputy manager carried out an annual infection control audit and told us that daily checks were made of the cleanliness of the service. We saw these were effective and the service was very clean and hygienic.

A lead volunteer undertook an audit in the service once a month and this involved speaking with people to get their views of the service and checking they were receiving the care they should. They also did mealtime observations and looked at the menus and the cleanliness of the service. Following the audit the volunteer gave the deputy manager a list of recommendations and we saw that these recommendations were acted on. For example the

volunteer had recommended an orientation board designed for older people with the date and time and an indication of the weather. This had been designed and displayed in the main lounge.

The regional manager for Abbeyfields also carried out a monthly visit in the service and looked at a sample of care plans, the environment, cleanliness and spoke with people who used the service and staff. They also assessed how complaints were being handled and at the staffing levels being used. Following the visits feedback was given to the deputy manager and registered manager with a written plan containing recommendations for improvement.