South West Care Homes Limited

The Firs

Inspection report

27 Fore Street
Witheridge
Devon
EX16 8AH

Tel: 01884860679
Website: www.southwestcarehomes.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: The Firs Care Home is a residential care home that was providing personal care to 21 people aged 65 and over at the time of the inspection; some of whom were living with dementia. Five people were on short stays. The home is registered for 28 people.

People's experience of using this service:

There had been three managers in less than a year. However, staff and people living and visiting the home were positive about the new manager, who was already known to them. The new manager was praised by people, their relatives and staff, for their positive and supportive approach. They have not yet registered with the Care Quality Commission but have started the process.

Systems were in place to monitor the quality of care provided. Improvements had been put in place but needed time to be imbedded and sustained.

Communication within the staff group was improving, new systems had been introduced but needed to be embedded and sustained.

Work had started to improve meeting people's individual interests and hobbies but this also needed to be embedded and sustained.

Improvements had been made to assessing the care needs and health risks for people who came to the home for a respite or short stay.

The manager worked closely with staff, spending time on the floor and ensuring the whole staff team was updated with people's changing health and emotional needs. Staff commented on the improvements at the home in staffing levels and support to carry out their role. This included improved systems to update staff when people's care needs changed.

People were cared for by staff who were kind and attentive. Staff were friendly and welcoming.

People's privacy was respected and their dignity maintained. Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person.

People and their relatives were positive about their experiences and the care provided.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm.

Sufficient staff were available to meet people's needs and people told us they were generally available when they needed assistance, staff responded promptly. Care was delivered by staff who were trained and

knowledgeable about people's care and support needs.

People received their medicines regularly. Systems were in place for the safe management and supply of medicines, although work was being instigated to address some areas of practice. For example, the time taken to administer medicines in the morning.

Incidents and accidents were investigated and actions were taken to prevent recurrence.

The premises were clean and staff followed infection control and prevention procedures. Work was planned to improve the layout of the laundry room and the downstairs toilet and shower room.

People's needs were assessed, including people receiving respite care. Care was planned and contained personalised information.

People were provided with a nutritious and varied diet. They were complimentary about the quality and choice of food offered.

Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Rating at last inspection: Requires Improvement (report published in September 2018).

In July 2018, a comprehensive inspection took place following the service becoming part of a whole service safeguarding and an individual safeguarding process. This meant the local authority safeguarding team, commissioners, CQC inspectors, police and other professionals had met to discuss the safety and well-being of the people living at the service. The provider, their operations team and the registered manager had been part of these discussions. Both of these alerts were closed based on the improvements and actions taken to address concerns identified. CQC are continuing to look at the circumstances surrounding an incident involving one individual.

In July 2018, we found staff spent time with people and there was a low risk of social isolation. However, people were not always enabled to take part in meaningful activities on a regular basis. There were no audits about how people were spending their day. Activities offered by staff and external entertainers, did not ensure each person had their social and leisure needs met. However, we found people's care plans were detailed and identified risks, safeguarding issues were identified and shared with the local authority, we received notifications as legally required and audits, other than for activities, were good. The overall rating was requires improvement with one breach.

On this inspection in March 2019, the service was rated as requires improvement for a second time but this time there were no breaches.

Why we inspected: This was a scheduled inspection based on the previous rating of requires improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. As this is the second time the service has been rated as requires improvement we will meet with the provider.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by an inspector, an assistant 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. Their area of expertise is dementia care.

Service and service type:
The Firs Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on 7 March 2019 and the second day on 8 March 2019 was announced.

What we did:
Prior to the inspection we reviewed the information we held about the service. We reviewed notifications we had received from the service. A notification is information about important events which the service is required to send us by law.

Some people using the service were living with dementia or illnesses that limited their ability to communicate and tell us about their experience of living there. 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 speak with us and share their experience fully.

During the inspection, we looked at:

- Notifications we received from the service
- Four people's care records, including their records of social activities
- Medicine records
- Written staff handovers and staff communication books
- Staff recruitment and training records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Pressure care policy
- We spoke 14 people using the service; three relatives
- We spoke with seven members of staff
- Met with a health professional visiting the service.
- Spent time in communal areas and visited people's individual rooms.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines
- Medicines records were mostly accurate and showed that people received their medicines as prescribed. However, handwritten entries on records were not always double signed by two members of staff, which is not in line with best practice guidance. The manager said this would be addressed with the staff member.
- Following feedback during the inspection regarding the length of time to administer morning medicines, the manager took action so the team leader had protected time to administer medicines. They worked with staff to ensure medicines, which were time specific, were prioritised at the beginning of the medicine round.
- Protocols were in place for medicines prescribed 'when required' to guide staff; these were due to be reviewed which the manager had identified through checking and auditing medicines.

We recommend that the provider update their practice in relation to medicines management to incorporate current best practice.

Preventing and controlling infection
- Measures were in place to control and prevent the spread of infection. Work was planned to improve the laundry arrangements to address the current layout to ease cleaning the area and promote better infection control measures.
- Staff completed relevant training and their practice showed awareness of good infection control practice.
- Housekeeping staff followed cleaning schedules to ensure areas were regularly cleaned.

Learning lessons when things go wrong
- The manager and staff recognised the importance of effective communication so they were up to date with people's changing needs. The electronic care system handover was supplemented by a communication book, which we saw staff checking when they arrived to start their shift. Handovers took place between shifts.
- Assessments for people on respite stays were thorough and contained a good level of individual information, including risks to people's health and well-being. The manager confirmed people were assessed before they moved to the home for respite care.
- The manager worked closely with staff, spending time on the floor and ensuring everyone was updated with people's changing health and emotional needs. Staff commented on the improvements at the home in staffing levels and support to carry out their role.
- The manager explained how they identified themes and learning from incidents and accidents. For example, if incidents were occurring at a specific time of day or in one place.

Systems and processes to safeguard people from the risk of abuse

•□14 people said they felt safe in their room and communal areas. Three people said people had wandered into their bedrooms. For example, one said, "The person next door wanders in, not so much now, they have fitted a sensor mat." However, people said because they were able to press their call bell and staff responded promptly, they were not left feeling unsafe. One person said, "The staff are lovely, I'm not wanting for anything, I just press my bell and they are here."

•□People had call bells available in their bedrooms. However, on one occasion a person's bell had been placed out of reach, which the manager said they would address with staff. In the conservatory area, there was only one call bell available. Consequently, a person with mobility issues who could not reach it, had to shout, and then ask their daughter to intervene. The manager said they would review this to ensure people had access to call bells in all areas.

•□Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority. The manager was aware of their responsibilities for reporting concerns to the CQC. Appropriate safeguarding action had been taken when one person's behaviour impacted on the safety and well-being of others living at the home.

Assessing risk, safety monitoring and management

•□Systems were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or risk of choking. These were reviewed and updated where necessary. For example, ensuring a person was provided with an appropriate diet.

•□Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. These were up to date and had been reviewed. Care plans gave clear instructions to monitor people's skin integrity, how to check their mattress suitability, and when to report changes.

•□After the inspection, the manager confirmed there were five specialist pressure care mattresses currently available at the home with four in use. They advised the other standard mattresses in the home were designed to help reduce the risk of pressure damage. One person had brought in their own mattress; the manager confirmed they were not at risk of pressure damage, which they said had been assessed.

•□When people had pressure relieving equipment in place this was checked regularly. People were assisted to move safely by staff and were gently reminded to use walking aids where necessary.

•□Comprehensive risk assessments were completed in relation to the environment of the home and the outside space. Risks in the garden had been identified and work carried out to mitigate them. Weekly and monthly maintenance checks were in place to monitor health and safety in the home including checking window restrictors, bed rails, hot water temperatures and fire tests.

•□An emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency evacuation of the building. These were up to date and reflective of people's current needs.

Staffing and recruitment

•□People said there were enough staff available, although one person needed constant reassurance, which impacted on staff time. The manager supported staff to meet this person's emotional needs but had also requested health professionals to review the person's mental and physical health needs. A review took place during the inspection.

•□Staff absences were normally covered by other members of the permanent staff. The manager said there were no care staff vacancies and most staff were full-time. They were in the process if recruiting more domestic staff and training night staff.

•□Staff rotas showed planned staffing levels were being achieved. Staff said there were enough staff to meet people's needs and said this was an improvement.

• The manager said they would ensure new admissions were staggered and staffing arrangements reviewed to reflect people's changing needs.

Good

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed and documented people's needs and preferences in relation to their care. Some people said they would prefer more showers or would like to be offered a bath, although others were happy with the level of support. For example, three showers a week. Records were unclear if people had been offered their preferred option, which a staff member had recently highlighted to the manager. They were reviewing the current system.
- Prior to coming to the service people had a pre-admission assessment which looked at their needs and wishes to ensure the service could meet these needs.
- Staff understood the importance of giving people choice in their everyday life. We observed staff listening to people's opinions and choices and acting upon them.
- Care plans included important detail of how staff should support people in line with best practice and with consideration of individuals' preferred routines.

Staff support: induction, training, skills and experience

- Staff benefited from ongoing training and development relevant to their role. For example, some staff were due to become trainers in moving and handling practice. A group of ten staff had begun specialist dementia training in 2018. The manager had completed the course and planned to support staff with this training.
- Some staff had not yet completed training in dignity, respect and equality and diversity which the service identified as key training. This had been identified by the manager and plans were in place to deliver this training over the coming weeks.
- Staff practice showed they understood how to support people in a person-centred manner. People were positive about the skills of the staff group, for example "The care is so good, you can talk to them, they are very receptive to any ideas, they are lovely people in the right job, caring. I have a laugh, they are like my friends."
- Staff were supported by regular support through team meetings and supervision.
- Staff worked well as a team, sharing information, to ensure people received consistent care and risks were monitored.
- There was a planned 12-week staff induction which was overseen by the manager and senior staff with a four-week review to assess a new staff member's progress. Staff new to care completed a nationally recognised induction qualification.
- Training was both and external, including the support of the care homes nurse educator scheme.

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

•□People said they enjoyed the food they were served; they confirmed there were choices and alternatives available. One person said, "Before my admission here I had lost my appetite, now it is much better."
•□People were supported to eat a varied and nutritious diet based on their individual preferences. Staff were attentive and offered support in a discreet and gentle manner.
•□A relative said "Staff make sure that he is able to manage his food, they monitor how much he eats. They keep him hydrated…"
•□Staff were observant and encouraged people to eat and drink, particularly people living with dementia who needed extra support. For example, staff recognised when people needed help recognising food and provide cutlery suited to their individual needs.
•□Staff ate at the same time as the people they supported, which is good practice. A person said, "It's a friendly feeling and I like the way they sit down with us at lunchtime."
•□Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and monitored the amount they ate and drank.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care
•□People had access to health professionals to meet their health care needs. The service made referrals in a timely way.
•□Written and verbal handovers between shifts showed staff updated each other on people's changing health needs. They contacted external health professionals for advice and requests for assessments. Staff sought the advice of health professionals when risks to people's health were identified. For example, during the inspection, staff were quick to recognise a problem with a person's catheter and arranged for a community nurse to visit.
•□A health professional said staff were quick to recognise changes in people's health and followed health professionals' advice. They told us staff were very good at communicating with them about issues and concerns.

Adapting service, design, decoration to meet people's needs
•□Since our last inspection, people had been consulted about changes to the décor and work had begun to instigate their wishes. For example, brightening the main hall and changing the colours of people's bedroom doors.
•□The manager recognised the importance of balancing the needs of people living with dementia being able to orientate themselves around the building and the personal taste of others living at the home.
•□The manager was in the process of reviewing some current safety features. For example, gates at the stairs. For some people, they provided an inconvenience rather than aid and a person who had been assessed as being at risk on the stairs had moved.
•□Work was planned to improve people's experience when they used the large downstairs shower room and toilets. The manager had plans to make the environment less institutional and more welcoming, including an improved hairdressing area. Staff said some people did not like having showers at the home. Staff said the shower facilities needed improving and there were plans in place to address this.
•□On the day of the inspection one person told us that they were unhappy that one of the stairlifts had not worked the previous evening and they found the steps difficult. We informed the manager and contractors arrived to repair the stairlift within an hour.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on
people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- When people could not make a decision, staff completed a mental capacity assessment and the best interest decision making process was followed and documented.
- Appropriate DoLS applications had been made, which included the use of sensor mats.
- A relative said, "They were really good at getting him settled in, introducing themselves, making sure he was orientated and understood how to use his buzzer. I have no concerns about the care, staff are very approachable…They have the right ethos, taking time to understand residents and their needs and finding ways to keep communication going."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff assisted people with their drinks and meals with kindness and compassion. They checked with people when they were ready for the next mouthful and ensuring they knew what they were eating. They considered the experience of the person being assisted with their meal. For example, making a meaningful connection with them as they sat beside them. A person said the staff were "so kind and helpful – they treat me like their grandma."
- People said their privacy and personal dignity was respected by staff. People said they had a good relationship with staff. They said, "The staff are lovely, all you have to do is ask, the best thing is their friendliness."
- Staff considered a person's fear and anxiety. They encouraged them to open their eyes, saying "I'm here" and reassuring them they were not alone.

Ensuring people are well treated and supported; respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care

- People said staff were kind and friendly and treated them as individuals. For example, staff supported a person whose behaviour was causing distress to them and those around. Staff were aware of the need to protect everyone and worked hard to provide sensitive interactions and interventions throughout the day to relieve the person's distress and reassure others. However, one person said, "I was happy when I first came here but the noise of the person shouting is getting worse and worse, it is very noisy in the dining room, sometimes you can't speak to neighbours because of the noise."
- Staff considered how their intonation, tone of voice and their body language impacted on people living with dementia. We saw staff change their approach to individuals, making a judgment as to how to support them in a way which would reassure them.
- Good planning at mealtimes meant people's personal choices were met. For example, people were not kept waiting and staff were quick to respond to people's requests so they stayed in the dining room and ate a nutritious meal.
- Staff were responsive to people's individual needs and recognised what topics of conversation met their personal interests and emotional needs. Staff provided person centred care and confident role models. They were affectionate and caring in their interactions with people. One person said, "the staff are extraordinarily kind."
- Relatives could visit the home without restriction. This supported people to maintain contact with those who mattered to them. Visitors commented on the skills of the staff "…they are made for the job, they are polite, genuine, they mean what they say."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection the rating remained at 'requires improvement'.

Responsive – this means we looked for evidence that the service met people's needs

RI:People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The manager said people's mobility was assessed before being allocated a room. However, one person had moved to an inappropriate upstairs room. When they arrived to move in, there was a delay because they needed additional support from healthcare professionals to access it. The person said staff had been kind and reassuring during the wait but they had been restricted to their upstairs room because of mobility issues. On the second day of the inspection, they moved to a newly vacated room on the ground floor. They had lived at the home for approximately two months.
- Continued work was needed to address people's individual social needs as highlighted in feedback from people's satisfaction surveys. Audits were not available to show how people's social needs were addressed to meet their individual interests and hobbies.
- A person told us, "I am perfectly OK, this is a very nice home, staff will sort out anything I need. But what worries me is there is nothing to do. I would like my hands and brain to be occupied, this is my only grumble, even a game of cards would be good." The new manager had already begun to introduce additional social events and said it was work in progress. They outlined the improvements that would be made, including making the garden a more attractive and accessible space to spend time, and more links with the community.
- Records showed people's individual interests were discussed with them but were not consistently addressed. For example, one person said they had enjoyed an art session which took place during our visit but records showed this was not a regular event. However, another person who had lived at the home for a short period of time enjoyed flower arranging and this took place during the inspection.
- On the first day, there were a number of social events taking place. A staff member commented "It's all or nothing!" Staff took time to chat with people to reduce social isolation.
- People were unsure whether they had been involved in their care plans. However, care plans were personalised, including documenting significant or meaningful events in people's lives, and were up to date. They had recently been reviewed.
- Information in care plans matched our conversations with individual people, their families and the staff who supported them.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. For example, supporting a person with profound hearing difficulties by staff using written information to understand choices available to them.

Improving care quality in response to complaints or concerns

•□The new manager ensured the complaints information was updated to include their name. Complaints were addressed and action taken to address concerns.
•□People said they felt comfortable talking to the staff and the manager if there was anything they were unhappy about.

End of life care and support
•□Handover information kept staff up to date with the changing condition of a person who was dying. Risks were highlighted to staff, for example, pressure damage. Staff recognised when different equipment was needed to move the person as they became weaker. Health professionals were contacted and visited to help monitor pain relief.
•□Staff practice showed they were conscientious, ensuring a person, whose friend had recently died, was emotionally supported and helped with practical arrangements.
•□ Information was available regarding people's decisions relating to being resuscitated.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager left the service in July 2018 after working for ten months at the service. A new manager started in September 2018; they moved to another of the provider's services in February 2019.
- The current manager started at the home in March 2019. They have provided management cover in the past at the home and worked as part of the provider's quality assurance team so knew the home well.
- There has been no registered manager working at the home for nine months. This has been monitored by CQC as the home's registration includes a registered manager being in post. The new manager showed us the work they had undertaken to start their registration process with the CQC.
- Staff told us they were delighted with the new manager's appointment, and had confidence in their leadership skills. They said there had been several changes in management which had been disruptive, and they were looking forward to a settled period under the new manager.
- There were systems in place to manage poor performance. Disciplinary processes were used to ensure staff were clear about what was expected of them.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- Communication within the staff group was improving, new systems had been introduced but needed to be embedded and sustained.
- Work had started to improve meeting people's individual interests and hobbies but this also needed to be embedded and sustained.
- Staff were focused in developing their skills. Supervisions included how to support staff with their continuous learning.
- In February 2019, following discussions with the previous manager, we contacted the provider. This was to request reassurance as to how an individual was supported at the home and to ensure the staffing levels met their needs and kept others safe. The provider explained how their staffing arrangements had been made. The person's needs were reassessed and they moved to another a service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People living and visiting at the home were positive about the manager's new appointment.

•□There were regular meetings for people living at the home and minutes showed they were encouraged to voice their opinions which were listened to and acted upon. Our conversations with people and their families showed they were kept up to date with how the home was run, which increased their confidence in how care was delivered.
•□Minutes from staff meetings and our conversations with staff showed they were committed to provide person centred care and to make improvements to the service. Staff said they were supported and communication between the staff group had improved.
•□Staff meetings showed staff were encouraged to contribute their ideas to respond to people's changing needs and were reminded to ensure improved ways of working became embedded in their practice.