

Rebjon Care Limited

The Firs Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 providing accommodation and personal care to up to 26 people. The service provides support to older people some who may be living with dementia. At the time of our inspection there were 20 people using the service.

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

Medicines administration was not carried out safely or in line with the provider's policy. Medicines open dates were not always recorded and protocols for 'as and when required' medicines were not always reviewed in a timely manner. Medicine trolleys were not stored securely. Risk assessments were not always sufficient to mitigate identified risks to people.

The provider could not always be assured robust recruitment checks had been carried out. Incidents and accidents were recorded though analysis of these to identify patterns and trends was not in place. Infection control practices were followed, and a new decorating programme had begun to address environmental areas needing a refresh.

The provider and registered manager did not have sufficient oversight of service delivery; audits of the service delivery were not effective or robust. The registered manager and staff worked with other professionals and families.

Staff had not all received sufficient and suitable training. Assessments of people's needs were not always sufficiently detailed or addressed in their care plans. Staff supported people to eat and drink, though records of this did not reflect the practice of staff. People were asked for their consent when being supported by staff and had access to health care services when needed.

Care plans were not always person-centred. While no-one was receiving end of life care, there were end of life care plans in place. Complaints about the service were recorded and investigated where required.

The staff and registered manager were caring. They considered people's equality, dignity and respect in every aspect necessary. People's views were actively sought by the service and these were listened to and actioned.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 03 April 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment of people, records not being person-centred and oversight of service delivery at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 Care Home

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

This inspection was completed by 1 inspector.

Service and service type

The Firs Care Home a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Firs Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work 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 3 people who lived at the home and 3 people's relatives. We also spoke with the registered manager, deputy manager, the cook, 5 care assistants, a volunteer, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at the care records for 3 people and multiple medicines records for people living in the home. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits and recruitment checks carried out within service.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine administration was not always carried out safely. A senior staff member dispensed the medicine, and a second staff member administered the medicine to the person. Therefore, no one staff member oversaw the whole process from preparation to administration of medicines. The senior member of staff signing the medicine administration record could not be sure the medicines were administered. This placed people at risk of not receiving their medicine as prescribed. The registered manager took action and changed the home's medicines administration practice to be consistent with their policy and NICE guidance.
- People's medicines were not always managed safely. Boxed and liquid medicines, including 'as and when required' medicines, were not always labelled with the date they were opened. This placed people at risk of harm from the administration of medicines that had been opened longer than recommended. We confirmed these medicines were in date and safe to use. The registered manager took immediate action to ensure medicines were dated when opened.
- Protocols for people's 'as and when required' medicines had not been reviewed for over 12 months. Protocols for as and when medicines should be regularly reviewed to ensure there is a continued need for them and they remain effective. This placed people at risk of receiving ineffective medicines or medicines they did not need. The registered manager arranged for people's 'as and when required' medicines to be reviewed.
- People's medicines were not always stored safely. For example, neither of the 2 medicines trolleys were secured to the wall when stored in the medicine room. The registered manager instructed the maintenance team to anchor the medicines trolleys to the wall to ensure medicines were stored safely.

We found no evidence people had been harmed. However, the provider had failed to ensure medicines were always safely managed, stored, and administered which placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's risk assessments were not sufficient to mitigate identified risks to them which placed people at risk of harm.
- One person's risk assessment did not include that they walked with purpose in the path they chose, irrespective of people in their way, and did not identify the potential associated trip hazards. The person's risk assessment stated, 'staff to keep [person] as safe as possible' and failed to identify the mitigation needed to achieve this. Staff knew how to keep the person safe though the assessment of risk was

insufficient and placed the person at risk of harm.

- Bowel records were not consistently maintained. The care plan for a person who was prescribed medicine to maintain their bowel health stated the GP was to be contacted if there was no bowel movement for 3 days. The staff and registered manager could not be sure if the GP needed to be contacted because the person's bowel records were inconsistently maintained. This placed the person at risk of harm through poor management of their bowel health. The registered manager took immediate action to ensure records were consistently completed.
- People living with diabetes did not have support to safely manage their condition. One person's diabetes risk assessment was not sufficiently detailed to identify foods and fluids which could affect the person's diabetes and did not identify the signs, symptoms, and actions to take should a person experience hyperglycemia or hypoglycemia. The deputy manager completed a new risk assessment which included this information and the actions to take.
- None of the wardrobes in people's rooms were secured to the wall. This placed people at risk of harm should a wardrobe fall over on them. The registered manager took immediate action, and the maintenance team secured all the wardrobes.

We found no evidence people had been harmed. However, the provider failed to ensure risks to people's safety were effectively managed exposing them to harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had not implemented a procedure to review and analyse accident and incident records for reportable incidents as well as identify any trends so action could be taken to reduce the risk of harm.
- The provider and registered manager were in the process of updating and reviewing risk assessments for all people receiving the service.
- The registered manager and deputy manager took immediate action to ensure staff consistently used monitoring records such as bowel records.

Staffing and recruitment

- The provider had a system in place to recruit staff safely, however this required improvements as they were not retaining records following recruitment. One person's identification documents had not been retained and another person's Disclosure and Barring Service (DBS) checks had not been retained. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment. The staff members told us these checks had been completed by the provider at the time of their employment and provided copies of the documents. The deputy manager took immediate action to place a copy of these records in the staff members' files.
- The registered manager used a dependency tool to identify the home's staffing requirements. We found there were sufficient staff on duty to meet people's individual needs. The registered manager stepped in to supported staff when managing staff sickness. The registered manager also made use of agency staff when needed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe in their home. One person told us, "I feel safe here because the staff are lovely, and I am really happy here."
- The provider had clear safeguarding and whistleblowing systems which the staff knew how to effectively use to keep people safe. A staff member said, "Safeguarding is keeping people safe from abuse. I would report any concerns to my manager, and I know [registered manager] would deal with it. If not, I will report to local authority or CQC."

- The provider and manager had reported safeguarding concerns to the local authority, when necessary, in line with their policy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- In line with current government guidance there were no restriction placed on visiting and visitors could access the home freely.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always received training to carry out their duties in line with the provider's training requirements however staff understood how to meet people's individual needs. The provider's training matrix showed 48% of staff had not completed safeguarding training, only 1 staff member had received equality training and no staff had completed training in understanding the requirement of the Mental Capacity Act 2005.
- Staff told us they received an induction including shadowing colleagues and were required to complete some training. One staff member said, "I had a week of shadowing then I worked on my own. I had first aid training, manual handling and did online medication administration training. I have not had safeguarding or dementia training."

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

- Mealtime management plans did not provide sufficient information regarding how to manage conditions such as diabetes. Staff were aware of and knew how to meet people's nutritional needs. For example, staff knew what foods were high in sugar and the suitable alternatives people liked.
- Monitoring of people's food and fluid intake was not sufficient to ensure they maintained a healthy balanced diet. Staff noted in people's daily records that people had eaten at mealtimes. However, the records were not sufficiently detailed to record what and how much people had eaten or drank during the day.
- However, people's weight was consistently monitored and body weight records indicated people's weight was stable. A relative said, "[Person] wasn't eating before they moved in and since being here it has been amazing and [person] is eating well and very well cared for."

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Not all staff had training in or understood the principles of the MCA; however, people were supported wherever possible to make their own decisions. A staff member said, "I've not had any training in this, I'd love to do this. I know some people here have a DoLS in place." Another staff member said, "It is the person's ability to make decisions. If I had any concerns, I could raise to the manager to carry out an assessment."
- The registered manager completed required applications where people were being deprived of their liberty. These were reviewed as required to ensure any recommendations were met.

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

- The registered manager completed an initial assessment of people's needs before the service began to provide support. The outcome of the initial assessment, combined with people's input, formed the basis of care plans and risk assessments to ensure their needs and protected characteristics, as required by the Equality Act 2010 were met as soon as they began receiving the service.
- People and their relatives confirmed staff knew them well and knew how to support them. A relative said, "This home is a weight off our shoulders. The home is fabulous, and the staff are amazing."

Adapting service, design, decoration to meet people's needs

- The home was undergoing improvement and redecoration work to modernise and adapt the environment to be safer and more suitable to the needs of people.
- People personalised their rooms how they liked and were able to add their own furniture if they wished. For example, every room was different, and some people preferred to display their possessions more than others.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with people's GP's and district nurses to ensure people's healthcare needs were met. Advice and input from healthcare professionals was included in people's care plans.
- People were supported to access healthcare services and activities to promote their wellbeing. People attended annual health checks, screening and primary care services. Staff recorded and followed any advice given.
- Staff identified when people's health deteriorated and informed relatives and sought medical advice from relevant health professionals. Information about people's care was recorded on an emergency grab sheet which reflected their current needs. This was available for health professionals to use in an emergency.
- People had health passports which were used by health and social care professionals to support them in the way they needed. For example, when people needed to visit hospital, they had information with them that hospital staff used to better understand their needs.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and respected by the staff. One person said, "The staff are lovely, they know me well and look after me."
- Relatives told us that staff were caring, empathetic and compassionate in their approach and managers could be contacted at any time of the day. People using the service shared these views and felt reassured that they could have assistance if needed.
- We observed positive interactions between staff and people, and we saw staff getting down on the same level as people they were interacting with. For example, we saw staff recognise people's needs and provide the support or reassurance they required.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to share their views and be involved in their care. They were supported to have choice in their daily lives including the meals they ate, activities they enjoyed and when to get up and went to bed.
- People and their relative's confirmed people were involved in their care. A relative told us, "I have been involved in all the care plans and visit very regularly. The place is superb I have no complaints and cannot fault it."
- We observed people choosing how to spend their day and their care notes documented their involvement in everyday decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted.
- The provider had processes in place to ensure privacy and dignity were maintained. A staff member told us, "We ask for consent during personal care, telling people what we are doing and involving them in it. [It's about] covering their dignity and respecting people as people and treating them how I would like to be treated."
- Staff treated information about people confidentially. Staff had received training in data protection and all records relating to people were kept safely locked away. Records could only be accessed by those who had permission to do so.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were limited in information and there was not enough detail in care plans to provide the guidance for staff to meet people's individual needs or preferences.
- Care plans were not person centred and did not include details of how people preferred to receive care in line with their needs. For example, one person's care plan noted they needed support from 2 carers for personal care though did not detail the specific support needed from the carers or the person's preferences when receiving personal care. Another person's care plan stated, 'ensure [person] is wearing the correct footwear.' Their care plan did not identify what the correct footwear for the person was to meet their need.
- The registered manager failed to ensure people's care plans included specific information about their needs. A person's care plan did not refer to them living with diabetes and information about safe foods and quantities was not included in their care plan. The person's care plan did not clarify that they understood their condition and were able to choose appropriate foods though may need some staff support.
- Care plans were not always consistent with other records. For example, a person's care plan identified they occasionally needed help to stand while their risk assessment made no reference for the need to occasionally support the person to stand and neither record identified how to support the person to stand when needed.

People were not receiving appropriate person-centred care based on their needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager were in the process of introducing a new care plan format and planned to review and update all care plans. This process had begun with 1 person's records involving relatives and staff who knew people well in this review.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management team were aware of the accessible communication standards, and there was clear direction for staff about people's communication needs.

- The registered manager and staff demonstrated they knew how to interpret people's communication where people could not express their needs verbally. For example, staff knew when people were communicating they were in pain or needed personal care from their gestures, vocalisations and behaviour.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to develop and maintain relationships with others such as family and friends to avoid social isolation. We saw people had family visit them in the home.
- Staff spent time with people and a volunteer visited the home to spend time with people undertaking activities of interest to them such as bingo. A volunteer said, "There is a fabulous atmosphere here. I love coming here because it is friendly, and the staff are good with the residents. There is lots of smiling and laughing."

Improving care quality in response to complaints or concerns

- Information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record, investigate and respond to any complaints raised with them. We reviewed a complaint and found this had been investigated and actions had been taken to reduce the risk of reoccurrence of the issue raised.

End of life care and support

- At the time of inspection, staff were not supporting anyone receiving end of life care. The plans for this care placed the person at the centre of their care, ensuring their wishes, and family's wishes, were at the forefront of the service provided.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider failed to ensure oversight systems to monitor service delivery were robust.
- The nominated individual carried out a bi-annual audit; however, this was insufficient and not robust. The nominated individual's audit failed to oversee the registered managers audits and did not identify any of the concerns we found during inspection.
- The provider's medicine audits failed to identify any of the medicine concerns we found during inspection. For example, the registered manager and staff were failing to follow the provider's medicines policy in relation to the safe medicine administration process.
- The provider failed to ensure they had established systems and processes to audit daily records to ensure sufficiently detailed records were maintained for people. The registered manager had not identified daily records were not always completed. For example, bowel records, and food and fluid intake records were not always completed.
- The registered manager failed to ensure people's care plans were up to date with person-centred information and care records were consistent.
- The registered manager's training matrix had not enabled them to maintain effective oversight of training completed by staff. For example, the date training was completed was not recorded on the matrix and there were no plans in place to address identified gaps in staffing training, such as safeguarding and mental capacity training.
- The registered manager had not maintained effective oversight of the daily environmental checks carried out by staff to ensure the environment remained safe. There was no record that regular maintenance checks had been carried out.
- The provider had failed to maintain effective oversight of prospective staff's pre-employment checks to ensure staff were suitable to work with vulnerable people.
- The provider failed to establish robust oversight of accidents and incidents to identify learning to mitigate future accidents and incidents.

The provider failed to implement robust systems to monitor and improve the quality of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took immediate action to ensure the provider's policies and procedures relating to safe medicines administration were followed and oversight of medicines was improved.

- The registered manager acquired the relevant evidence recruitment checks had taken place and was in the process of improving their processes.
- The provider and registered manager had begun to develop an action plan to re-establish and improve oversight of all aspects of service delivery.

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

- People and relatives were positive about the service they received. A person said, "I've been here years, they (staff) know me and what I need." A relative said, "The Firs has been a massive relief. [Person] is very safe here and very well looked after."
- The registered manager promoted a positive culture where they supported and empowered the staff team. A staff member told us, "The staff are treated well by [registered manager], they are absolutely amazing and very supportive."
- Staff felt able to raise concerns with the registered manager without fear of what might happen as a result. One staff member said, "If I had any concerns I would report to the senior and the manager."

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

- The registered manager and provider understood their responsibilities under the Duty of Candour. The Duty of Candour requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.
- Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault.

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

- We found the staff and registered manager involved people in their care. For example, regular meetings were held with people for their views to be heard.
- Regular meetings and supervisions with staff were held where they were updated on developments and received feedback. Staff were encouraged to be involved in the development of service delivery.
- People and relatives were encouraged to input to the development of the service through residents' meetings and surveys.

Working in partnership with others

- People and relatives told us appropriate health and social care professionals were involved in their care.
- The deputy manager told us they had contacted relevant professionals when people's needs changed and when their package of care needed reviewing.
- The provider liaised with health care professionals and the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not receiving appropriate person-centred care based on their needs and preferences. |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure medicines were always safely managed, stored and administered which placed people at risk of harm. |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to implement robust systems to monitor and improve the quality of the service. The provider failed to ensure risks to people's safety were effectively managed exposing them to harm. |