

The Firs Care Home Limited

The Firs Residential Home

Inspection report

9 Stevens Lane
Breaston
Derby
Derbyshire
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Tel: 01332872535

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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 ●

Summary of findings

Overall summary

About the service:

The Firs is a residential care home that provides personal care for up to 28 people, some of whom are living with dementia. The accommodation is split over 3 floors, with a chair lift to the second floor. There are several communal areas with 3 lounges, a central foyer and a dining room. People's bedrooms are on all three levels. There are several bathrooms and toilets throughout the building. At the time of inspection 24 people were using the service.

People's experience of using this service:

People's safety was not always recognised in relation to storage of COSHH (Control of Substances Hazardous to Health) products.

Systems of oversight were not sufficiently robust to have identified the issues we found in relation to storage of COSHH products and Medicines.

Medicines were not always being managed in line with current best practice. People received their medicines regularly; some systems were in place for administration of medication management.

People were given choice and staff supported them in the least restrictive way possible. Staff engaged well with people and responded to their individual needs promptly. People were positive about the staff and told us their privacy and dignity were respected.

People's needs had been assessed, plans developed, and care delivered, in line with good practice. Care was delivered by staff who were well trained and knowledgeable about people's support needs. People said they felt involved in their care, supported in decision making and were supported to have maximum choice and control of their lives. People were provided with a choice of varied diet and were complimentary about the food.

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 staff responded promptly when they called them. Incidents and accidents were investigated, and actions taken to prevent re-occurrence. The premises were clean, and staff followed infection control and cleaning procedures.

There was a friendly, welcoming atmosphere for people using the service and they gave positive comments about the staff and care provided. People, relatives and staff spoke positively about the registered manager, felt able to raise concerns and were confident that they would be addressed.

Systems were in place to drive and improve the level of service. Staff had developed good positive working relationships with other services. Staff were safely recruited and received the training and support needed

to undertake their role.

The previous rating had been displayed in the foyer of the home, however had been removed at the time of our inspection. The registered manager printed another copy and assured us, they would find a way to secure this for display. The manager understood their responsibility of registration with us and notified us of important events that occurred which meant we could check that appropriate actions had been taken.

Rating at last inspection: Good (report published 10/02/2017). The overall rating has remained the same.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always safe

Details are in our Safe findings below

Requires Improvement 

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 responsive

Details are in our Responsive findings below

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good 

The Firs Residential 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. 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:

Two inspectors conducted the inspection over one day.

Service and service type:

The Firs is a 'care home'. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit took place on the 8th May 2019.

What we did:

On this occasion we had not asked the service to complete a Provider Information Return, however, information was gathered during our inspection. This included key information about the service, what the service does well and any improvements they plan to make. We took this into account when making our judgements about this service. We reviewed the information we already held, including notifications sent by the service. Notifications are changes, events and incidents the service must inform us about.

We reviewed information we had received about the service since the last inspection, this included details about incidents the provider must tell us about, such as abuse. We sought feedback from the local authority,

clinical commissioning group (CCG) and other health professionals who work with the service.

During the inspection we spoke with five people and four relatives, to ask about their experience of their care. Some people were unable to tell us about their experience of living at The Firs, so we observed how the staff interacted with people in communal areas. We reviewed a range of records. This included four people's care and medicine records.

We spoke with three members of care staff, the activities co-ordinator, the cook and assistant cook, the maintenance manager and the deputy and registered manager. After our inspection we spoke with two external health professionals whose comments have been reflected in the report.

We also reviewed the staff recruitment process, training and supervision records and a variety of policies and procedures, including auditing tools developed by the provider.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management.

- People's safety was not always recognised in regard to the storage of cleaning products. Guidance in relation to COSHH had not always been followed. This meant people were at risk of having access to these products which if used inappropriately could cause them harm. Management systems we reviewed, had not identified these issues. We raised these with the registered manager and they were addressed immediately. Further actions to cascade information to all staff in relation to the safe storage of these products was completed.
- When people were at risk of falls, or had fallen, further measures were considered to reduce the risk. For example, falls sensors were provided and used to support staff to be able to respond promptly if needed.
- Risks to people's personal safety had been considered. Assessments had been completed to promote independence and provision of care where support was required, these were individual to the person. Some people had been assessed by a professional when equipment was required, and any changes had been updated. One person told us, they required the use of the hoist, they said, "Always two staff support and reassure me."
- When people were at risk with poor diet and nutrition, we saw referrals had been made appropriately to health professionals and staff supported them to have fortified meals which were prepared by the kitchen and they also had regular weight monitoring checks, so any weight loss or gain could be recorded.
- Emergency plans were in place to ensure people were supported in the event of a fire. Regular checks and tests were made of fire-fighting equipment.

Using medicines safely.

- People did not always receive their medicines as prescribed. Relevant national guidelines about storing and administering of medicines were not always followed. For example, medicines prescribed 'as required' (PRN) was not always recorded correctly, and the PRN protocol guidance was not sufficient to support staff to know when this would be needed.
- We saw one person with medicine which had been left with them, without the staff knowing if they had taken this. Although this person was able to tell staff when they had taken this medication this is not in accordance with best practice and protocol. We discussed our findings with the registered manager on the day and they told us they would ensure updated training in medication administration is completed, update their best practice policy for medicines and complete ongoing competency checks for staff. We will review these processes at our next inspection.
- Medicine was stored safely. Some medicines which were required to be kept in a fridge were and temperatures were recorded to ensure safe levels, however no key was available to secure the fridge. The registered manager was informed at the time of our inspection and will ensure this issue is resolved.

- We saw other medicines were administered safely. Staff took time with people to explain what their medicines were for.

Systems and processes to safeguard people from the risk of abuse.

- People were protected from discrimination, abuse and neglect. Staff had a consistent approach to safeguarding and were able to tell us of actions they would take to protect people and report any concerns they had.
- We saw that all staff including kitchen and maintenance staff had received training in safeguarding and knew how to raise a concern. One staff member said, "I would have no problem reporting my concerns and if nothing was done I would go to the local authority." Staff we spoke with, were also aware of the location of the whistle blowing number in the office. This meant that the staff demonstrated understanding and could act to protect people from any risk of harm.

Preventing and controlling infection.

- The home was clean and hygienic which reduced the risk of infection.
- Staff understood the importance of the correct use of personal protective equipment (PPE) in managing cross infection risks. We saw staff wearing PPE and that it was readily available.
- There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation for food.

Staffing and recruitment.

- Our observations during the inspection indicated that staff were quick to respond to people's needs.
- People and relatives, we spoke to, all said there were enough staff. People told us, "I feel safe because they [staff] always come quickly." One relative said, "The staff always have time to speak with me when I come." Staff told us, "There is no rushing, it's quite relaxed which means people get the time they require."
- The provider had a process for ensuring staff were recruited safely and that pre-employment checks were in place prior to staff starting work. Staff had Disclosure and Barring Service (DBS) checks in place and 2 references were obtained. The DBS is a national agency that keeps records of any criminal convictions.
- Staffing levels at the home were enough to meet people's needs. We saw the rota for the day of inspection and of previous weeks, which demonstrated levels of staffing to meet people's needs. We were told that many staff had flexible contracts and lived locally. this meant extra staff could be accessed if required.

Learning lessons when things go wrong.

- The registered manager was committed to driving improvement and learning from accidents and incidents and feedback given. Action was taken to identify solutions to address any risks identified.
- The registered manager and team were quick to respond to any concerns raised and feedback given. For example, the ratings poster had been removed from its usual place, another was immediately downloaded, and a discussion took place as to how to safely secure it to the wall.

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.

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

- The provider has cameras in the communal areas of the home and these have been proven useful to be able to review footage when an incident occurred. On first installation of the system consent had been sought from people who lived there. There is signage in the foyer, but we asked that the use of these cameras could be more clearly highlighted to new people and visitors to the home, the registered manager was going to make sure that this was addressed.
- People's bedrooms were personalised and reflected people's preferences and choices.
- There was an ongoing program of improvement in place, new windows to the ground floor had been recently installed and a new wet room was being provided to support people's needs.
- Stair gates had been installed on stairs so that people could not access these without staff support and door locks were in place to promote people's safety.
- There were several communal rooms, including a quiet lounge and some of the bedrooms had space for sitting, when people preferred to stay in their room.

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

- People's healthcare was monitored, care plans contained clear information about this and care staff demonstrated good knowledge about people's conditions. We saw one person return from hospital during our inspection, and this information was included in the afternoon handover with an update for the staff around their changed needs.
- People's care plans showed regular support from healthcare providers, with a local GP visiting as well as other professionals such as district nurses, social workers and community psychiatric nurses. One professional said, "They are quick to respond to any changes in people's needs and any actions we suggest, are acted on immediately."

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, 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.

- People were supported to have choice and control of their care and support, their care plans reflected the principles of the Mental Capacity Act 2005 (MCA). Assessments had been completed when people lacked capacity to make decisions and best interest meetings were held with professionals and significant others. Where people did not have capacity, staff supported them in the least restrictive way possible.
- People's decisions and choices were listened to and respected. People we spoke with told us they could choose how to spend their day. One person told us, 'I can go to bed when I like and get up when I like' another said, 'They know I prefer to sit here, and they don't fuss if I don't want to join in with activities.' This demonstrated that staff supported people to have increased choice and control over how they spent their time.

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

- People had a 'This is me' document which contained important points about their life history and gave staff information about people's choices and preferences.
- Assessments of people's needs were in place and care and support was reviewed regularly and updated when required.

Staff support: induction, training, skills and experience

- Staff completed an induction prior to working independently and were supported in their roles by the manager and her deputy.
- Staff told us they felt very supported in their role. They said, "We have supervision, it helps to talk about stuff", and "I feel listened to by the manager, we only have to ask, things get actioned."
- We saw records of staff training and plans in place for future sessions. One staff said, "I enjoy training, it means I can provide the best care for people to be safe and looked after."

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

- People were positive about the food available and told us, "Nice meals here, they seem to give you just enough, they don't over face you." Another person said, "They do nice cakes here, they know I have a sweet tooth."
- People's nutritional and dietary needs were catered for and clearly recorded in their care records. The cook had a good understanding of people's needs and preferences, such as those on modified diets, or a softer diet due to swallowing difficulties.
- Our observation of mealtimes indicated that staff were patient when supporting people to eat and drink.

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

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 positive about the care and support they received from staff. One person told us, "Staff were really supportive when I had to visit the hospital." Another person told us how the staff encouraged them, "They [staff] are always saying to me, if you don't use, it you'll lose it, I like them to have banter with me, it's friendly."
- Relatives confirmed staff were caring towards their relatives and told us, "I can walk in any time and they are always welcoming and easy to talk to."
- Staff spoke with affection about the people they were supporting and told us, "We are just like a big family here." One staff member told us that, "all staff have basic training, so if needed they can support in any situation when additional support is required which is reassuring."
- We observed many positive interactions between people and staff which demonstrated a consistent approach.
- We looked at how the service complied with the Equality Act 2010, and how they ensured people were protected from discrimination because of any characteristics protected under the legislation. Our observations during the inspection, demonstrated that staff understood the importance of equality and how they could meet people's individual needs.

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

- People told us they had choice in their daily lives. They said, "I like living here, it's homely." Another person said, "I can make my own choices. No one tells me to do things."
- Care records were seen to involve people in their care planning and reviews, where possible. We could see this had involved contributions from both people, and those who were important to them.

Respecting and promoting people's privacy, dignity and independence.

- People told us their privacy was respected and we saw staff supported people to maintain their dignity by knocking and awaiting a response, before entering a room.
- Staff had good knowledge of people's needs, we saw people being discreetly supported away from communal areas to further attend to their needs in private.
- We saw positive feedback from people in the questionnaires from the provider sent out. One response read, "People are treated with 100% respect here."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People were given opportunities to engage in activities and pursue their own interests. The provider had a wide range of activities for people to engage with and an activity co-ordinator to support with activities and events. People told us they had different activities every day. We saw people supported and encouraged to join in activities, and large print was offered as an option for those who wished to join in word searches and quizzes.
- On the day of the inspection, the hairdresser attended, and people were excited and told us they looked forward to this as part of their routine. In another area, staff were supporting people with their nail care.
- We saw staff were knowledgeable about people and their likes and dislikes, this meant they were able to use this information when communicating or making choices with people.
- Care plans were sufficiently detailed and person-centred, giving members of staff and external professionals relevant information when providing care to people who used the service. Information was reviewed and updated to ensure staff could deliver responsive support as people's needs changed. Information was stored securely.

Improving care quality in response to complaints or concerns.

- People told us they knew who to go to with a complaint and one person told us "If there is a problem, you just say, and it is dealt with very quickly." This demonstrates improvements are considered and addressed by the registered manager.
- Relatives told us they were aware of the complaint's procedure. One relative told us, "The manager is always around, and she makes time to speak to me – nothing is too much trouble."
- The provider had a complaints procedure in the porch and we could see that when concerns, or complaints had been raised, the registered manager had been quick to address the issue.

End of life care and support.

- At the time of the inspection the service was not supporting anyone at the end of their life. We spoke to the registered manager about developing plans for end of life when people are first admitted to the service. The registered manager told us they would be developing further plans into this area.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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.

- People told us that the service was well run, one person told us "I think it is well organised and that comes from the manager."
- Staff demonstrated a commitment to provide good quality care and spoke about the satisfaction they gained from working in a positive atmosphere. One staff member said, "We are like one big friendly family here."
- The registered manager had an open-door policy and people came directly with their individual matters. Staff and relatives told us they felt well supported by the registered manager.

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

- The registered manager was approachable and responsive and committed to driving improvement. There were effective procedures in place to raise concerns or complaints and the registered manager responded promptly and effectively.
- There was a clear line of organisation; staff were clear about their roles and could tell us what their roles and responsibilities were.
- The provider completed a full range of audits monthly, to identify and manage risks to the quality of the service. We saw that when required actions were identified, they were addressed to bring about improvements.

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

- People, relatives and staff were encouraged to contribute their views on an ongoing basis through surveys or informally. This meant that people's voices could be heard, and any feedback could be considered and responded to.
- We saw that the registered manager was well respected and well known to people and their relatives. She was engaging towards new people who arrived during our inspection, to look around the home.
- We saw staff meeting minutes were held regularly, minutes shared and staff we spoke with told us they felt listened to and were comfortable to speak up freely in those meetings which supported a strong staff culture.

Continuous learning and improving care.

- All staff we spoke to were committed to improving the quality of the service for the benefit of people using it. There is a strong focus on continuous learning and the provider told us that those staff who needed any additional support with their learning, would receive it.

Working in partnership with others.

- Professionals we spoke with following our inspection, told us the provider was quick to respond to any concerns and alerted them directly with any concerns they had about people's care. They told us when they had visited and requested follow up information this was done promptly, and any actions were completed at the time.
- On the day of our inspection, we saw staff were made aware of the readmission of one person, this was communicated verbally and with written information in the handover communication. This meant the person was readmitted with minimal disruption and welcomed back to their home by all staff.