Only Care Limited

The Firs Residential 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?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The Firs Residential Care Home is registered to provide accommodation and non-nursing care for up to 29 people. At the time of this inspection there were 26 people living in the home. Each person had their own bedroom and en suite facilities were provided. There was a dining room, conservatory and lounge for people and their visitors to use.

This unannounced inspection took place on 17 March 2016.

At the time of the inspection the manager was in the process of applying to the Care Quality Commission [CQC] to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The CQC is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was not acting in accordance with the requirements of the MCA including the DoLS. The provider could demonstrate how they supported people to make decisions about their care but not how the requirements of the MCA were being followed. Where people were unable to do so, there were no records showing that decisions were being taken in their best interests. This also meant that people were potentially being deprived of their liberty without the protection of the law.

There were not always enough staff on shift to ensure that people were kept safe. In addition, staff told us and our observation confirmed that care was sometimes task lead. This meant that people were at risk of receiving care and support that did not meet all of their needs.

Action had not been taken to ensure that the risks to people from a fire had been adequately reduced. An action plan had been written in 2014 about how to reduce fire risks: however,this had not been completed. This placed people at risk of avoidable harm in the event of a fire.

Staff knew what actions to take if they thought that anyone had been harmed in any way.

The recruitment process was followed to ensure that staff were only employed after satisfactory checks had been carried out. Staff received the training they required to meet people's needs and confirmed that they felt supported in their roles.

Staff were kind and caring when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People received their medication as prescribed.

People were provided with a choice of food and drink that they enjoyed. Staff supported people to maintain their interests and their links with the local community to promote social inclusion.

Care plans and risk assessments gave staff the information they required to meet people's care and support needs.

There was a complaints procedure in place and people and their relatives felt confident to raise any concerns either with the staff or manager.

People's views about the quality of the service had been obtained and action had been taken when improvements were identified.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Action had not been taken in a timely manner to reduce the risks to people in the event of a fire.

The staffing levels did not always ensure that people were safe.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. This meant that people's rights were potentially not being promoted or protected.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Is the service caring?

Good

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind and caring.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good

The service was responsive.

People and their relatives were invited to be involved in the

planning of their care.

Support plans contained up to date information about the support that people needed.

People were aware of how to make a complaint or raise any concerns

Is the service well-led?

Good

The service was well-led.

Staff felt confident to discuss any concerns they had with the manager and were confident to question colleagues' practice if they needed to.

The service had an open culture and welcomed ideas for improvement.

An effective quality assurance process was in place.

The Firs Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March 2016 and was unannounced. The inspection was carried out by one 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.

Before we carried out this inspection we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During our inspection we spoke with three people living at The Firs Residential Care Home, three relatives, the deputy manager, one assistant manager and one member of care staff and the manager. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records. We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

Requires Improvement

Is the service safe?

Our findings

The relative of one person told us they had, "No concerns about [their relatives] safety". Three people also told us that they felt safe living in the home.

The most recent fire risk assessment had been completed in December 2014 and showed that it was due to be reviewed in December 2015. The risk assessment had not been reviewed at the time of our inspection and there were several actions still outstanding on the action plan. This included providing a suitable fire extinguisher in the office and kitchen, for the boiler to be enclosed, and an automatic closure to be fitted to the upstairs bathroom door. The personal evacuation plans for people living in the home did not contain enough detail so that people could be evacuated safely in the case of a fire and were not available for all people living in the home. The fire alarms had been tested weekly apart from when the maintenance person was on leave. This meant that they hadn't been tested since the 24 February 2016 up until we inspected on the 17 March 2016, as no alternative arrangement had been made for someone to test the alarms. The manager stated that a fire drill was overdue. Evidence of the fire drill taking place the day after the inspection was supplied by the manager.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that there was not always a sufficient number of staff working on shift on the day of the inspection. Staff did not have time to sit and talk to people and engage them in activities. One person told us, "They're a bit busy sometimes." Another person told us, "They're excellent carers but are often short-handed." The relatives of people living at The Firs Residential Care Home also told us that they thought that there were not always enough staff on shift to meet their relatives' care and support needs in a timely manner.

One relative told us, "They do seem a bit rushed off their feet – they could do with a few more staff." On the day of the inspection, due to unplanned staff absence, the staffing levels had been reduced to three members of care staff to provide care for 26 people; extra staff arrived during the morning. However, the manager stated that 22 people had a diagnosis of dementia or suffered with undiagnosed long-term confusion or cognitive impairment and therefore needed extra time and support from staff when completing tasks. Staff told us that eight people needed two members of care staff when they were being supported with personal care. This meant that if the other member of care staff was administering medicines people had been left on their own for long periods of time. Care staff told us that they were concerned that people had to wait longer than normal for assistance (up to 30 minutes) and that they were at a greater risk of falls because they were left unsupervised.

Staff were also concerned that when people were left unsupervised in the communal areas for long periods of time this could cause problems if people had any disagreements. We observed one member of staff responding to a call bell and asking other staff to take over making refreshments for people as they had already "had four attempts at it" as they kept getting interrupted. The manager told us that they had not been responsible for setting the staffing levels in the home and that they were not aware of how staffing

levels had been decided. All staff spoken to during the inspection felt that the staffing levels were insufficient and had resulted in the care provided being "task driven" rather than being able to spend quality time with people. They said this meant they were doing the basics for people such as helping them to toilet or providing food and drink but they didn't get time to do any activities with them. A risk assessment had been completed which included the possible risks to people if the staffing levels remained the same such as increased risks of falls, accidents, safeguarding issues, medication errors and staff sickness levels rising. The risk assessment identified the need for extra care staff to be on shift.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments had been undertaken by the manager or deputy manager. Any risks to the person and to the staff supporting them were assessed. The risk assessments included information about the action to be taken to minimise the chance of harm occurring. For example, a risk assessment was in place to reduce the risk of harm to a person when they went to a local pub unaccompanied. The person had agreed to take a tracking device with them when they went out so that if they did not return home when expected staff could easily locate them and check on their welfare. When the person returned home in the dark staff went to meet them to help them on the way home. This meant that the person could still enjoy going out on their own but risks to their safety were reduced. Risk assessments had been updated when required. For example, when someone had fallen their falls risk assessment had been updated and the necessary action taken to prevent further falls.

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Information about how to raise a safeguarding concern was visible on a noticeboard in the home for people and visitors to the home to refer to. The manager had followed the correct reporting procedures when dealing with allegations that a person had been harmed. The appropriate action had been taken to prevent people being placed at risk of the harm reoccurring.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. References and criminal records checks had been completed before they were employed. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in home.

Staff told us and records confirmed that they had completed an annual administration of medicines training with the supplying pharmacy. All staff also had to complete a competency assessment before they could administer medicines unsupervised. As the pharmacy training was only provided once a year new staff were trained by the deputy manager. The stock of medication and records of medication administered were accurate and showed that people were receiving their medication as prescribed.

Requires Improvement

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager told us that they were aware that they needed to apply for DoLs for several people living at the home but they had not completed them. They also confirmed that capacity assessments and best interest decisions were needed to be completed and recorded where appropriate and that these had not been completed. Not all staff were aware of the principles of the MCA or how these should be put into practice in the home.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that the training programme equipped them for their roles. New staff completed an induction and the training record showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. The manager stated that new staff had started to complete the care certificate (a nationally recognised qualification for staff new to the care field). There was evidence that staff had the opportunity to undertake additional relevant training from time to time. One member of staff told us that they had attended training about Parkinson's Disease and this had helped them to understand more about one person's needs and how they could meet them.

Staff told us that they felt supported. They told us they had received supervisions and had attended staff meetings. A schedule of planned supervisions, appraisals and team meetings was available.

During the day people were offered drinks, biscuits, snacks and yoghurts. We saw that lunch time was pleasant and relaxed experience. People were offered choices of food and a choice of where they wanted to eat it. A person told us, "The food is very good" and that they had plenty to eat. Another person told us "The food is excellent". Staff offered people support when it was needed and also ensured that, when needed, people had adapted plates and cutlery.

Staff told us about people's special dietary needs and their food and drink preferences. A member of the kitchen staff went round each person in the morning to ask them to choose what they would like for lunch. Due to the very high number of people living with dementia at the home, people were not being offered visual prompts such as photographs or pictures to help them make a more informed choice. The manager stated that pictures of food were available and she would remind staff to use them. The meals looked appetising and were well-presented although staff did not explain to people what was on their plate. We

saw that people were enjoying their meals and many plates were cleared of food.

People told us and records confirmed that when they needed to see a doctor or other healthcare professionals this was always organised for them in a timely manner. One relative told us, "They're very good at calling for the doctor. If there's any problem they always let me know". This was also confirmed by another relative. Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. Discussion with staff showed that when they had any concerns about a person's health they responded quickly to this. For example, one person had been unsettled so they requested a GP visit to as the person was prone to urine infections.

Good

Is the service caring?

Our findings

Everyone we talked with was very positive about the care they received from the staff at the home. One relative told us, "They're very good and I like the fact that it's always the same girls [care staff]". One person said, "They're [staff] all very good" and another commented, "They [staff look after us very well". Another relative said, "They're all so very helpful. In all the time I've been coming I've never seen any of them showing any impatience with anyone."

Staff confirmed that people's relatives and friends were welcomed to visit at any time. Relatives confirmed this. One relative said they had visited at 10am and 7pm and there had been no problems seeing their family member. Another relative told us, "It's a small home with a family atmosphere and the carers seem to be genuinely concerned about people here."

Staff told us that they ensured people received any personal care in private. However, on the day of the inspection, we saw that one person was having their hair styled in the lounge in front of other people. One relative also told us that their family member had received treatment from the chiropodist in the lounge. The manager stated that this was not acceptable and would ensure it did not happen again.

The staff that we talked to told us they really enjoyed working at The Firs Residential Care Home. They could tell us about people's life histories, their preferences and what made them happy. This demonstrated to us that they had taken the time to get to know people well. One member of staff told us that they enjoyed the role of being a keyworker for someone. They stated that this meant that they had a weekly meeting with the person to ask, "If they are happy with the care they are receiving." They also told us that they liked the, "Friendly and warm atmosphere" that the staff helped to create at the home. We observed staff working with people in a calm and caring manner. When staff walked through the home they always greeted people and asked how they were. If anyone was asking for support staff responded appropriately to this.

Care plans included information about promoting people's independence. For example, "Staff should encourage [name] to remain as independent as possible, and only assist with tasks that [name] can no longer manage on their own." Staff confirmed that they assisted people with tasks when needed but also found ways of promoting their independence. For example, the staff told us that one person with a visual impairment liked to have items set out on their table in a certain way; this was so they knew where things were rather than having to ask for support from staff.

The manager stated that although no one was using advocacy services at the time of the inspection information was available about advocacy services if they needed it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Staff were able to tell us how they supported people to make choices. People confirmed that they could make decisions about what time they wanted to get up and go to bed, what they had to eat and how they choose to spend their time. However the staffing levels sometimes meant that people had to wait for assistance until a member of staff was available. This showed us that people were able to make choices about things that affected them.

Care plans were in place for each person which included information about what areas of their lives people needed support with. The care plans we looked at were detailed and included the information that staff required so that they knew how to meet people's individual needs. The care plans described the different areas that people needed support with to manage their health conditions. For example, for one person who had diabetes the support they needed was highlighted in the different areas of the care plan; this included guidance for staff in relation to the person's medication, eating and drinking and skin integrity. The care plans included information about people's personal history, likes and dislikes and interests. The records showed that people, and where appropriate their relatives, had been involved in the writing of their care plans. One relative told us they had been involved in the initial care plan but had not been involved in any reviews of it. Staff told us and the records confirmed that the care plans had been regularly reviewed and any changes had been made as needed.

There was a part time activities worker in post. Several people were very complimentary about this worker. One relative told us, "The activities lady is lovely, really good. She plays the harp and gets people involved in games." Another relative told us that the worker had often gone up to see her family member who mainly stays in their room and involved them in an activity. During the inspection many people were sat in the lounges downstairs though some had chosen to stay in their rooms. Two people had a newspaper to read and the television was on but no-one was watching it. There was no sound coming from the television and no sub titles so it would have been difficult for people to gain much satisfaction from watching it. Activities regularly offered included bingo, baking, crafts, quizzes and manicures.

People and their relatives told us they were aware of how to make a complaint and were confident they could express any concerns. A complaints procedure was displayed in the entrance to the home and people's bedrooms. No complaints had been received since the previous inspection. Staff were aware of the procedures to follow if anyone raised any concerns with them.

Good

Is the service well-led?

Our findings

The previous registered manager had left the home in November 2015 and a new manager had been appointed. The new manager was in the process of applying to the Care Quality Commission to become the registered manager. All of the people and staff that we talked to were complimentary about the new manager. Staff told us that the manager always supported them and they thought she was approachable. They also told us that she regularly had worked "on the floor" to provide care and support to people when they needed extra help.

There was a good atmosphere at The Firs Residential Care Home and staff took pride in their work. Staff understood their lines of accountability. They confirmed that they received regular supervision and training to carry out their job. Staff told us they enjoyed working in the home and that they would be happy for a relative to live there. The manager told us, "I expect staff to treat people as individuals. It's the small details that are so important." The manager stated that they observed how staff worked and gave them constructive feedback. For example, the manager had noticed during the day previous to our inspection that someone had not received adequate mouth care. They discussed this with the staff member responsible to ensure it was completed correctly.

The manager told us that she ensured that staff had the training they required. The manager and the deputy manager also attended training. The deputy manager stated that the manager was, "Really good at suggesting ideas to make improvements to the care being provided." Staff meetings were held regularly. The minutes of the previous staff meeting showed that anyone could add items to the agenda and issues such as respect, dignity and appropriate support with personal care had been discussed.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

The manager carried out monthly audits on the quality of the service provided. Audits looked at a wide number of areas including medication, health and safety, food hygiene and infection control. We saw that accidents and incidents had been analysed to identify any trends so that any necessary action could be taken.

Meetings with the people living in the home and their relatives were held so that they could make decisions about things that affected them such as the menus, activities and trips out. The meetings also provided people with the opportunity to raise any concerns they may have. The dates of the meetings were advertised in the entrance to the home.

Questionnaires had been sent out to people for feedback on the quality of the service in March 2015. A report had been collated showing what improvements had been suggested and who was responsible for completing them. For example, people had requested cups without stains. The action taken had been to provide new cups and this had been completed in April 2015. The manager stated that she would be

sending out the questionnaires again the following month.

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community regularly such as shops and pubs. They were also supported on trips out such as to local towns or the garden centre.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People were not protected against the risks associated with a lack of consent, application of the Mental Capacity Act 2005 and associated code of practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Action had not been taken to reduce the risks to people in the event of a fire.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of staff at all times.