Anchor Trust

The Firs Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

We inspected this service on 12 January 2016 and the inspection was unannounced. The Firs Residential Home provides personal care for up to 40 older people, some living with dementia. One the day of the inspection there were 38 people living in the service.

There was a registered manager in post. 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.

There were enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Staff were clear about their roles. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People have enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's needs and preferences so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and staff offered activities on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that any complaints they made would be addressed by the manager.

The service had consistent leadership. The manager was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service and asked people for their views so that improvements identified were made where possible. The organisation also carried out quality assurance

visits and supported the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in how to recognise abuse and report any concerns. The provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Is the service effective?

Good

The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were

important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive.

People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to respond to any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

Good

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

The Firs Residential 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 12 January 2016 and was unannounced. The inspection was carried out by two inspectors.

Before we carried out our inspection we reviewed the information we held about the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service, including during lunch. We spoke to some people who used the service. Some people were unable speak with us directly because of their communication needs relating to their living with dementia. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service, two people's relatives, the manager, the care manager, two senior care staff and five care staff.

We also looked at six people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt safe living in the service. One person told us, "I'm well looked after, I can't get into too much trouble." Many people were not able to talk to us because they had limited capacity due to their living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety.

A relative told us that they felt their family member was safe and well cared for. They said, "I haven't had to worry since my [relative] moved in here." Another relative told us, "They [my relative] always look safe and sound when I visit."

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns. There was a whistleblowing policy in place. All of the staff that we spoke to told us that they would not hesitate to raise a concern if they were concerned about how care was being provided.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example, the risk of falling. There was guidance for staff on what support people required to reduce the risk.

Records showed us that people who had developed pressure areas and those that had been assessed as being at risk of developing them were receiving the care they needed to prevent deterioration and to aid recovery. Specialist equipment was being used, such as pressure reliving mattresses and seat cushions.

A staff member told us, "We try and manage the risk as best we can and try not to make people's lives smaller and smaller."

People had free access to the garden. The doors to the gardens were unlocked and we saw that people were able to open the doors to let the cat out or to go for a cigarette. Staff were highlighted to the door being opened by an alarm system. This helped people stay safe, because staff were able to support people who were potentially at risk if they went into the garden.

There were policies and procedures in place to manage risks to the service and untoward events or emergencies. For example, fire drills were carried so that staff understood how to respond in the event of a

fire. The service was kept clean and proper procedures were carried out to maintain infection control, which helped keep people safe from the risk of infections.

The manager explained how they managed risks to people's health and welfare such as accidental falls or the risk of pressure ulcers. Incidents were managed promptly and actions were taken to prevent or reduce the risk of further occurrences. If people were assessed as being in danger of developing pressure areas specialist equipment such as pressure reliving mattresses and cushions were obtained.

There were sufficient staff on duty to keep people safe and protect them from harm. One relative told us, "It doesn't take long to find someone if my [relative] needs help."

We found that appropriate checks were undertaken before staff begun employment. Staff explained that new members of staff were required to complete training in a number of subjects and to complete a number of shadow shifts before commencing work. Staffing levels were calculated using a dependency tool and additional staff had been added to this. These numbers were reflected on rotas and in the units during our inspection. During our visit no agency staff were on duty and we observed that staff were able to respond promptly to call bells. However, some of the staff that we spoke to felt that there were not always enough staff on duty to meet the needs of the people using the service, particularly in the afternoon when one less member of staff was rostered on.

Medicines, including controlled drugs, were managed safely by the service. We observed staff supporting people to take their medicines in a patient and caring manner. While administrating medicines, we saw the team leader ask people how they were feeling, explaining what people's medicines were and asking if they need any pain relief medicine. Where people needed medicines only occasionally (PRN), there were protocols to inform staff when to use them.

We observed two team leaders administering medicines to people who used the service. They both ensured that once they had taken the medicines out of the trolley that they locked the doors and took the keys with them when they went to give people their medicines.

Records showed that staff had received the appropriate training to enable them to administer medicines and were assessed to check they were capable of doing the task safely. Spot checks were carried out by the manager and senior staff to check practice. Regular audits were carried out by the management team and action was taken if necessary. For example, if the medicines records were completed as expected. Investigations were carried out to make sure the medicine had been given and the staff responsible was reminded to ensure the records were completed properly. The providers also carried out audits of the medicines to identify any errors and observations on how they were administered.

Good

Is the service effective?

Our findings

People told us that they were supported well and that staff made sure that they got what they needed. One person told us, "I get everything I need; they [the staff] are good people." Another person said, "They [the staff] know what they are doing." A relative told us, "My [relative] is well looked after, [they] get what they need, when they need it."

Records showed that staff received training and support to enable them to do their jobs effectively. Staff confirmed that they had access to a range of training. Staff told us that they received regular supervision and that appraisals were undertaken annually. Training was recorded on a database to ensure that core training was kept up to date. The system highlighted when training was due to go out of date, and staff were given this information to ensure that they booked onto relevant training. One member of staff told us "They are on the ball with it, as soon as you are due something they come and tell you." Staff told us that when people have entered the service with conditions that staff were unfamiliar with they were supported to gain additional training. An example was given of training provided by the stoma nurse to enable staff to care for a person with a stoma in situ. Some staff had achieved vocational qualifications including National Vocational Qualification level 2 and 3. New staff were also supported to complete the Care Certificate. The Care Certificate sets out competencies and standards of care that are expected, which enabled them to develop the skills they need to carry out their roles and responsibilities.

Staff were expected to complete competency checks once they had undertaken their training. On speaking with staff we found them to be knowledgeable and skilled in their role. This meant people were cared for by skilled staff, trained to meet their care needs.

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had a good understanding of both the MCA and DoLs and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. The manager had completed a number of DoLs referrals to the local authority in accordance with new guidance to ensure that restrictions on people's ability to leave the home were appropriate.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. Records showed that people were supported to attend hospital and other healthcare professionals away from the service. For example, specialist diabetic clinics and diagnostic tests.

People told us that they enjoyed the food offered to them, had enough to eat and they were able to make choices between two different main meals offered at dinnertime. We were told, "The food very good, top class meals." Another person told us, "I get enough to eat, I like the puddings"

We saw that staff supported and encouraged people to eat and drink. For example, people who had not finished their breakfast were asked by staff if they had not enjoyed it and an alternative was offered. Staff were able to accurately record how much fluid people had consumed because drinks were kept in jugs with measures on the side and fluid intake was recorded in the care plans that we looked at. People who chose to remain in their rooms had jugs of drink placed on tables in front of them so that they were able to get a drink when they wanted one.

We sat with people during lunch. We observed that staff showed people both meal choices. This meant they could smell and see the food which was particularly beneficial to people who had dementia related conditions. During the meal staff were vigilant about what people were doing and how they were managing and prompted people as needed to eat and drink. For example, one person's care plan identified them as being at risk of weight loss and advised staff to provide encouragement and reassurance during meal times. We observed staff putting this into practice at lunch time.

Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. Each unit had a combined lounge and dining area with a kitchenette. Staff were able to offer people snacks and drinks without leaving the room. People also told us that they were able to have snacks in between meals if they were hungry and we saw staff making toast for one person who said they were hungry. People who were too distracted to be able to sit and finish their meal were offered finger food that they could eat on the move and snacks were available for people to help themselves to. This helped to ensure that people got the food they needed to stay well.

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool, were used to identify people at risk nutritionally and care plans reflected the support people needed. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight or referrer them to the dietician for specialist advice.

Good

Is the service caring?

Our findings

People said that staff treated them well and were kind. One person said, "I'm happy here, everyone is very kind to me." Another said, "They look after me well here." Relatives were complimentary about how staff treated their family members. One relative said, "I think that they [the staff] are very nice people here, they are just like they should be."

Without exception, we observed staff engaging with people respectfully, calmly and with a warm and friendly manner. Staff provided the right support when people were distressed or agitated in situations they did not fully understand and used distraction techniques to calm situations. We observed that staff consistently maintained people's dignity and always knocked on people's doors before entering their rooms. One member of staff told us "I like working here; it feels as though everyone really cares about what they are doing."

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. Staff were aware of people who were requiring analgesia. We observed staff regularly checked people's pain levels and promptly accessed analgesia if required. For example one person had recently injured their arm, a member of staff asked if they were in pain, checked with the team leader when they had last had analgesia and it was then given in a timely manner.

People were offered alternatives drinks or snacks if they were unable to voice a preference. We saw genial banter and laughs between people and staff. Staff were able to tell us about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

One person told us "They [the staff] look out for me, but there's no nagging." Another told us, "It's good to see a friendly face in the morning." One staff member told us "I love my lounge, I call it the family room." Another told us "I hate being rushed, after all we are here for the people."

The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member's care. One relative said, "Care plans are there if you want to see them, they [the staff] know [their relative's] needs inside out."

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Any personal care was provided promptly and in private to maintain the person's dignity. A relative told us, "Staff attends quickly if my [relative] asks to go to the loo, they are busy at times but [my relative] doesn't miss out." We observed staff knocking on people's doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people's dignity and we regularly observed staff discreetly and sensitively asking people if they wished to use the toilet.

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, "It's good here, my [relative] looks better contented and thinks the world of the girls [staff]." People told us that they thought the service responded to their needs. One person who used the service said, "I never have to wait too long if I need something." And "If I'm feeling unwell they get the doctor in."

Relatives also told us that they had been provided with the information they needed during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in. Such as choosing their own clothes and maintaining personal care when they could. One person said, "I like to stay smart look, I'm doing OK so far." We found that people's care plans did not consistently contain information about people's life history. However, the care staff that we spoke to demonstrated a good knowledge of significant people and events in people's lives and an understanding of people's current needs, likes and daily routines.

Staff told us that they always consulted with people to ask their views when care plans were reviewed or updated. Care plans were clearly written and there was evidence that they had been regularly reviewed and updated. A relative told us that they visited every day and said, "Care plans are there if you want to see them, they [the staff] know [my relative's] needs inside out."

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper, playing cards or joining in a planned group activity. For example, in one person's care plan it sated that they enjoyed doing jigsaw puzzles and in the afternoon we saw them completing one.

Social outings to the local pub and meals out had taken place for small groups and individuals. Entertainers came to the service regularly and people were supported to maintain their religion if they wanted to. Church services were held monthly at the service.

We saw an activity timetable which showed that there were activities planned throughout the week. During our visit we observed a small group of people seated around a table making cakes. Staff encouraged everyone to participate; one person spread out the cake cases, another put in the mixture and another decorated them. Within the activities timetable staff allocated time for one to one sessions with people who stayed needed to stay in their rooms or those who chose to.

There were areas that were roomy where activities could be done away from the lounges, where people may not want to participate. The service contained memorabilia, older familiar objects and pictures in different areas of the service that people could immerse themselves in. There was a quite relaxation lounge

that was furnished attractively in a retro style with the dining tables that were set as if for 'high tea' with tablecloths, tea services and cake stands. The manager told us this was a room relatives like to use while visiting their family member.

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited.

A relative told us that they did not have any complaints and said, "I have no worries, if I have any niggles I speak to the staff and they make changes." Another relative said, "The manager listens me, passes on the message and things get better." People told us that if they had a problem they would speak with the staff or the manager.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed in the Lobby. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service. The complaints did not have any complaints recorded since our last visit, but there were many compliments and thank you cards for us to see.

Good

Is the service well-led?

Our findings

The service was well led. Relatives told us that the manager was approachable and made themselves available if they wanted to speak to them. One relative told us, "The manager is normally around if I need her, if not she will give me a call."

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would listen to their concerns. Staff reported that they felt that management were responsive to any concerns that they raised. One member of staff gave an example of management suggesting that care staff took allocated break times. However, when staff feedback to them, that in practice this did not work they were not imposed. Staff also told us that they felt able to feedback to managers if new starters required additional shifts before being included on the rota.

The manager had instigated a 'come to manager' scheme , which meant that two care staff had been nominated to as the 'go to' people if staff wanted to raise work related issues with the management team. If the nominated people could not get the staff to work out a resolution to issues and disputes amongst themselves, they would meet with the management team and discuss the issues

A member of staff said, "The manager is good at listening and lets us have our say." There were regularly staff meetings, which enabled staff to exchange ideas and be offered direction in a safe, open environment where confidentiality would be respected. The manager was knowledgeable about the people in the service and they spent time in all areas of the service daily and monitored staff and the delivery of care closely.

People were asked their views about the way the home was run through annual surveys and were given the opportunity to attend 'customer and family' meetings to give their comments about the running of the home and to ask questions. We saw that they discussed topics like future events at the service and proposed new identification signs that would make it easier for people to find their own room. A copy of the latest meeting minutes were available for people and visitors to see along with other information of interest about the service by the front door. A Relative told us, "We have regular meetings, we get to ask questions about what's happening and the like."

We saw a notice posted on the wall titled, 'You said – We did.' Some of the achievements were; people had said that too many agency staff were on duty at weekends, the notice stated that they service had not used any agency staff since May 2015. Another topic covered was the need for better menus that people could better understand, they had been put in place and they had been received well.

The origination continues to look for ways to improve the service it offers people. We were told that there is a plan for the service to take part in 'Anchor Inspires', which is an internal accreditation scheme during which a dementia improvement team observes the people using the service and staff with the aim of making suggestions and improvements to the home. This results in the creation of dementia champions within the home.

Health and safety records showed that safety checks such as fire drills and essential maintenance checks, the lift and hoists for example, were up to date and regularly scheduled.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, medication, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

The manager was supported by their line manager and the organisation carried out an extensive programme of quality assurance audits. Records showed that provider visits were regularly carried out when the person carrying out the visit talked with people who used the service and staff, and also carried out quality assurance audits, checking that care and personnel files were up to date and had been reviewed regularly by the manager.