

Care West Country Limited

The Firs Nursing Home

Inspection report

251 Staplegrove Road
Taunton
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Tel: 01823275927

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

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 Nursing Home is registered to provide accommodation and nursing care to up to 40 people. The home specialises in the care of older people. At the time of this inspection there were 34 people living at the home.

At the last inspection, the service was rated Good

At this inspection we found some minor improvements could be made to make sure people received effective care but the overall rating for the service remained Good.

Why the service is rated Good.

People received safe care because the provider made sure there were enough staff available to meet people's needs and ensure their safety. People's medicines were safely administered by registered nurses and staff knew how to report any concerns or suspicions of abuse.

People were at risk of not being supported to have maximum choice and control of their lives because staff did not all have a clear understanding of people's legal rights in relation to the Mental Capacity Act 2005. People's health and well-being was monitored and staff sought appropriate advice and support to meet people's healthcare needs.

People were cared for by kind and compassionate staff. One person said "I don't think you would find better or more caring staff anywhere." Care was provided to people in a way that respected their privacy and dignity.

People received care that was responsive to their needs and took account of their wishes and preferences. Staff made sure people received the right level of care and support when their needs changed. People said they would be comfortable to make a complaint if they were unhappy.

People lived in a home that was well led by the registered manager and provider. The provider was committed to continually improving the service and facilities for people. People were kept informed of changes and there were opportunities to share their views.

Further information is in the detailed findings below

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 remains Good.

Good ●

Is the service effective?

Minor improvements were needed to make sure the service was effective.

Requires Improvement ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

The Firs Nursing 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 checked 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 was a comprehensive unannounced inspection. The inspection took place on 5 April 2017. It was carried out by one adult social care inspector.

The provider completed a Provider Information Return (PIR) in September 2016. 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in March 2015 we did not identify any concerns with the care provided to people.

During this inspection we spoke with nine people who lived at the home. We also spoke with five members of staff. The registered manager was available throughout the inspection. The compliance manager, who was the nominated individual for the provider, was also available during the day.

We observed care practices in communal areas and looked at a number of records relating to individual care and the running of the home. Records seen included four care and support plans, three staff personal files and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care to people.

People told us they felt safe living at the home and were comfortable with the staff who supported them. One person said "I feel safe here. I have no worries anymore." Another person told us "I feel very comfortable with all the staff. Every one of them is kind and friendly."

There were enough staff to make sure people were safe and their needs were met. Each person had a call bell which enabled them to request help whenever they required it. People told us staff came quickly if they rang their bell. One person said "They always tell you to ring the bell if you need anything. They come quickly to sort you out. The night staff are excellent." A number of people chose to remain in their rooms and there was a system in place to make sure each person was seen at least once an hour to maintain their comfort and safety. One person said "There's always someone dropping in for a check-up and a chat."

The risks of abuse to people was minimised because the provider had a robust recruitment procedure which included seeking references from previous employers and checking their suitability to work with vulnerable adults. All staff also received training in how to recognise and report any suspicions of abuse. Where concerns had been raised with the registered manager these had been investigated to make sure people remained safe.

Risks to people's health and well-being were assessed and action was taken to minimise risks to people. For example where people were assessed as being at high risk of pressure damage appropriate equipment and care practices were in place. One person who was being cared for in bed said "They move me around to stop me getting sores. They are very good really." The registered manager made other professionals aware when they felt they were unable to safely manage people's care. This helped to ensure people received the correct support in the most suitable environment.

People's medicines were safely administered by trained nurses. We observed medicines being administered at lunch time and noted people were always asked if they were happy to take their prescribed medicines. Some people were prescribed medicines, such as pain relief, on an 'as required' basis. We heard people being offered these medicines to maintain their comfort. One person said "They are pretty good with tablets. Usually on time and they always apologise if they are late for any reason."

Is the service effective?

Our findings

Some minor improvements were needed to make sure the service provided effective care and support to people.

People had their nutritional needs assessed and people received a diet in accordance with their needs and wishes. Views about the food served in the home were varied with one person telling us "Food is very good" and another saying "The food varies a great deal. Sometimes it can be awful."

On the day of the inspection we observed lunch being served. The main meal for most people was well presented and appeared to be enjoyed. Some people required a soft diet and the meal served to these people could have been improved. For people who ate their meal on the first floor soft diets were served without vegetables which meant they only received softened meat and mashed potato which resulted in a 'beige' lunch. We immediately spoke with the cook about this who assured us vegetables had been available but had not been served. The cook and nominated individual told us they would take action to make sure this issue was addressed. The cook also told us they were booked to attend a training course which would include the presentation of soft and pureed meals.

People told us there was always a choice of meals and they were able to make requests for snacks. People who chose to remain in their room all had drinks within easy reach to make sure they could help themselves throughout the day. Where there were concerns about people's fluid intake staff monitored and recorded the drinks they had each day. Charts recording the amount of fluid taken all had target intakes. We looked at the charts for one person and saw that they consistently exceeded their daily target which helped to promote their well-being.

People were always asked for their consent before care was provided. The registered nurses we spoke with told us everyone who lived at the home was able to consent to their care and make choices.

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. Staff had received specific training in this legislation but some we spoke with were unclear about how this should be put into practice in their day to day work. For example some staff had asked relatives to sign documents on a person's behalf although there was no suggestion that the person lacked the capacity to make a decision or that the relative had the legal authority to sign these. We fed this back at the end of the inspection and the registered manager said they would make further training available so staff knew what to do if they cared for anyone who lacked the capacity to make a decision for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The

registered manager had made appropriate applications where people required this level of protection to keep them safe.

People had their health needs monitored and received effective treatment from registered nurses who were available throughout the day and night. People could talk with staff if they had any concerns about their health. One person said "The nurses are quite good. You can talk to them if you're worried." Registered nurses ensured people were referred to more specialist healthcare professionals when required. People had access to visiting healthcare professionals such as GP's, opticians and chiropodists.

A physiotherapist visited the home every fortnight to support people with their mobility and help them to maximise their independence. The provider told us in their Provider Information Return (PIR) that everyone was seen by a physiotherapist when they first moved in. This helped to promote people's independence by making sure people had the equipment and support they required to enhance their physical abilities.

All staff received regular training to make sure they were kept up to date with safe and good practice. Registered nurses said there were opportunities to maintain their clinical skills to make sure they were competent in their roles and able to provide good nursing care to people.

Is the service caring?

Our findings

The home continues to provide a caring service to people. Everyone we spoke with told us staff were extremely kind and caring with them. One person said "You just can't fault the staff. It doesn't matter what you ask for they will do their best to get it for you." Another person said "I don't think you would find better or more caring staff anywhere."

Throughout the day we heard and saw kind and caring interactions between people and staff. Where people required assistance this was provided in a way that promoted people's dignity. For example when two members of staff helped a person to move using a mechanical hoist they offered reassurance to the person and made sure their bare legs were covered with a blanket. When someone required physical support to eat a member of staff sat with them and chatted making sure the person was not rushed with their meal. One person told us "They are gentle and kind when they help you wash."

Some people we spoke with had lived at the home for a number of years and several staff had worked there for many years. This had enabled people to build good relationships and provided a consistent level of care and support. One person said "It's nice to see familiar staff. They have become like family." Another person told us "I definitely feel at home here."

Staff had a good knowledge of the people they supported and were able to tell us about people's preferences and how they communicated. Some people enjoyed friendly banter with staff and we saw people laughing with staff. One person said "When you are in this predicament you need to have a laugh. They are a good bunch and like to raise your spirits." Another person told us "The staff all seem happy to work here. They're a cheerful bunch."

The home was able to provide care to people at the end of their lives and was accredited to the Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. One registered nurse took a lead responsibility for this area of work and they were passionate about providing high quality compassionate care to people at the end of their life. Staff discussed people's wishes with them and care plans showed where and how people wished to be cared for. On the day of the inspection a registered nurse met with a person and their relative to discuss and record their wishes for the care they would like to receive when they approached the end of their life. One person said "I wouldn't want to go anywhere else. I know I will be well cared for here."

Is the service responsive?

Our findings

The service continues to be responsive.

People felt the service they received was personalised to them and enabled them to follow their own routines. One person said "I have my own little ways. They humour me." One care plan showed the person chose not to comply with some recommendations regarding their care and staff respected their decision. A member of staff said "If people have the capacity to make a choice it's their choice just like it would be mine or yours."

Senior staff carried out pre admission assessments when people wished to move to the home. This was to make sure they were able to meet the person's needs and expectations. People were able to visit the home before deciding to move in and one person was visiting on the day of the inspection. This enabled people to see the home and talk to staff and other people to help them to make a decision.

From the initial assessments care plans were created to show how people's individual needs would be met. Care plans we read gave staff enough detail to be able to meet people's needs. There was also further information stored in each person's room giving additional information about the person. Care plans we saw gave evidence they had been discussed with the person concerned or their representative. At the time of the inspection the provider was in the process of changing their care plan format and they hoped this would lead to more person centred care planning.

Care and support was adjusted to meet people's changing needs. There was a handover meeting each day which enabled staff to pass on any information about changes in people's health, mood or abilities. This made sure staff could monitor changes and seek advice or support if required. Care plans were reviewed to make sure care was adapted to meet people's changing needs. For example if someone required additional support due to an infection or illness a care plan was in place to make sure all staff knew how to support the person.

People were able to take part in organised activities or pursue their own hobbies and interests. There was an activity programme which included trips out and visiting entertainers. People said they joined in with activities that interested them. One person said "I don't do much but I go to some things that interest me." Another person told us they preferred their own company and were looking forward to the summer when they could spend time in the garden. In the afternoon of the inspection there was a visiting singer who entertained people in the main lounge.

People did not have any complaints about the service they received but all said they would talk with the registered manager if they were unhappy. One person said "No complaints but if I had any problems or wanted a chat I would go to [registered manager's name.]" Another person said "I would happily make a complaint, but I have nothing to complain about."

Is the service well-led?

Our findings

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.

The nominated individual for the provider visited the home on a regular basis and was present on the day of the inspection. We saw that people and staff were very comfortable and relaxed with the nominated individual and the registered manager.

The registered manager had been in post for a number of years and had a good knowledge of the people who used the service. People knew who the registered manager was and said they were easy to talk to. One person said "You can talk to her and she listens."

The registered manager told us in their Provider Information Return (PIR) they kept themselves up to date by reading alerts and publications. The home was a member of the Registered Care Providers Association in Somerset which helped the registered manager to keep up to date with local developments to make sure people were benefitting from any local initiatives.

There were quality assurance systems which included regular audits of records and the environment and seeking people's views through satisfaction surveys. Returned surveys showed a high level of satisfaction with all areas of the care provided. One registered nurse carried out regular audits of medicines and the home had recently been audited by the dispensing pharmacy who found no major concerns with practice within the home.

The provider had an action plan in place to make sure improvements were made within the home. The actions included changing the care plan format and regular management meetings. Improvements to the building included an extension and the installation of ceiling tracking in bedrooms for hoists to promote people's dignity and safety. People were kept informed about changes and were able to ask questions at regular meetings for them and their relatives.

As part of continually improving the service the provider had strengthened their management team since the last inspection. A deputy manager and a clinical skills nurse had been employed to make sure there was a robust management team which was able to monitor the quality of people's care. At the time of the inspection the new management roles were still developing but it was hoped the additional staff would ensure enhanced monitoring of the service, on-site training and increased supervision for staff.