

Care West Country Limited

# The Firs Nursing Home

## Inspection report

251 Staplegrove Road  
Taunton  
Somerset  
TA2 6AQ  
Tel: 01823 275927  
Website: [www.thefirsnursinghome.co.uk](http://www.thefirsnursinghome.co.uk)

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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 

### Overall summary

This inspection was unannounced and took place on 10 March 2015.

There is 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 Firs Nursing Home is registered to provide nursing care and accommodation to up to 40 people. The home specialises in the care of older people. At the time of the inspection there were 36 people living at the home.

The home had a team of skilled and experienced staff who were well supported and received on-going training. People had confidence in the staff who supported them and felt well looked after. Comments included; "Staff are very good. We are well looked after there is no doubt

# Summary of findings

about that,” “I need to be hoisted to move and the staff who help are really good at that” and “You can always talk with a nurse if you want advice or you aren’t feeling too good. They are all very good.”

Staff were kind and caring and people said they responded to all requests for help promptly and politely. People received care and support in a relaxed unhurried manner.

There was a varied activity programme which took account of people’s interests. People were able to take part in group and one to one activities. People told us staff spent time chatting and socialising with them. Staff had a good knowledge of the people they cared for and helped them to celebrate special occasions such as birthdays and wedding anniversaries.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person told us “The cook comes to speak with me to make sure I get what I like and what suits me.” People were very complimentary about the food at the home and said they always got a choice. Comments included; “Food here is good,” “There’s plenty to eat and drink” and “You couldn’t get better food.”

There were good relationships between people and staff which led to a happy and relaxed atmosphere. More than

one person said they thought the home had a family type atmosphere and they felt part of a group. One person said “The staff are like friends.” A member of staff said “It’s a lovely place to work. The staff and residents are wonderful. We treat everyone as if they are part of our family.”

Care was personalised to people’s individual needs and wishes. People continued to make choices about all aspects of their life. One person told us “I’m certainly still in charge of things.” People said they were free to decide what time they got up, when they went to bed and how they spent their day. Some people enjoyed their own company and others socialised in the communal lounges. People said they were able to make choices on a day to day basis.

There were systems in place to minimise risks to people. Staff were thoroughly checked before they began work and knew how to recognise and report any suspicions of abuse. Medicines were administered by trained nurses who had received specific training and risk assessments were in place to promote people’s health and well-being.

The registered manager and provider carried out audits and checks to make sure standards were maintained and to gauge people’s satisfaction with the service and facilities.

# Summary of findings

## 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 safe.

There were sufficient staff to meet people's needs in a relaxed and unhurried manner.

There was a robust recruitment procedure which made sure all staff were thoroughly checked before they started work which minimised the risks of abuse to people.

People received their medicines safely from registered nurses who had received training in this area.

Good



### Is the service effective?

The service was effective.

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People's nutritional needs were assessed to make sure they received a diet which met their needs and took account of their preferences.

People's healthcare needs were monitored by registered nurses and they had access to other healthcare professionals.

Good



### Is the service caring?

The service was caring.

Staff who supported people were kind and caring.

People's privacy was respected and they were able to choose how and where they spent their time.

Visitors were always made welcome to enable people to maintain relationships with friends and family.

Good



### Is the service responsive?

The service was responsive.

People received care that was personalised to their individual needs and preferences.

There was a comprehensive activity programme to make sure people received social stimulation and had an opportunity pursue their interests.

People knew how to make a complaint and felt confident any issues raised would be addressed.

Good



### Is the service well-led?

The service was well led.

There was a registered manager in place who had the skills and knowledge to manage the home.

Staff felt well supported and were competent in their roles which led to a happy atmosphere for people.

There were effective systems in place to monitor the quality of the service and the safety of people.

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 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 10 March 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 27 November 2013 the service was meeting the essential standards of quality and safety and no concerns were identified.

During the inspection we spoke with 11 people who lived at the home, one visitor and six members of staff. Staff spoken with included trained nurses, care and ancillary staff. We attended a staff handover meeting between staff working in the morning and those working in the afternoon which gave us an opportunity to observe staff discussions. We also spoke with the registered manager who was available throughout the day.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We looked at a selection of records which related to individual care and the running of the home. These included four care and support plans, three staff personal files, records relating to the quality monitoring of the home and complaints investigations. We received feedback from one district nurse and were able to speak with a pharmacist who was auditing the home's medication practices on the day of the inspection.

# Is the service safe?

## Our findings

People felt safe at the home and said they were treated well by the staff who supported them. One person said “All the staff are kind and polite.” A person who was being cared for in bed told us “I am very comfortable and certainly well treated. I definitely feel safe here.”

Risks of abuse to people were minimised because the provider carried out checks to make sure new staff were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults. Staff personal records showed staff did not begin work until references and checks had been received by the registered manager. One member of staff told us “All the checks were done before I started. I couldn’t start before they had them all back.”

There were posters around the home stating that a zero tolerance policy was in operation and abusive language and behaviour from visitors towards staff or people who lived at the home would not be tolerated. Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us “I have never seen anything I felt uncomfortable about but if I did I would go straight to the management. I have every confidence that action would be taken.”

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff responded to people promptly when they required assistance. People who chose to spend time in their rooms, or were being nursed in bed, had access to a call bell to make sure they could summon help when needed. People told us staff responded very quickly to requests for help. The call bell system recorded how long people waited for assistance when they rang their bell. On the morning of the inspection we saw that calls were answered in one to five minutes which showed requests for help were responded to quickly.

In addition to having access to a call bell each person was visited on an hourly basis and records were kept of this.

One person told us “They pop in to see if there’s anything you want. They will get you anything and they always stop for a chat.” Another person said “There’s always someone about day or night. It makes you feel safe and cared about.”

Care plans contained risks assessments which outlined measures in place to make sure people received care safely. Risk assessments in respect of people’s mobility showed the equipment and staff needed to make sure risks were minimised. One person who was at risk of falls had a pressure mat in place. This was a mat which was linked to the call bell system and alerted staff when the person was moving around their room. The care plan showed this had been discussed with the person and their relative. It had been agreed by all as an appropriate method to minimise risks whilst allowing the person independence to move around.

People’s medicines were administered by registered nurses who had received specific training to ensure their practice was safe. A medication audit was carried out by the dispensing pharmacy and no major concerns were identified in the systems or practices in place to administer medicines. People told us they received their medicines from staff at the correct times of day. One person said “The nurses are always on time with the medicines.” We observed people being given their mid-day medicines and noted people were told what the tablets were for. Some people received their medicines whilst they were still eating their lunch. This meant it disturbed their enjoyment of their meal or that people left their tablets in pots on the table to take once they had finished eating. This meant that registered nurses administering the medicines did not always witness they had been taken.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The temperature of the fridge was checked daily to make sure medicines were kept at the right temperature to maintain their effectiveness. The home used a blister pack system with printed medication administration records. Medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very complimentary about the staff who supported them and said they had confidence in their ability to care for them. One person told us “Staff are very good. We are well looked after there is no doubt about that.” Another person said “I need to be hoisted to move and the staff who help are really good at that.”

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. Staff told us the induction programme gave them lots of information about the home and how to care for people. Each new member of staff was allocated an experienced staff member as a mentor when they began work. One member of staff told us “I spent time shadowing my mentor and they assessed how competent I was with everything. It was really good.”

There were always registered nurses on duty to make sure people’s clinical needs were monitored and met. Registered nurses told us there were lots of opportunities to attend training which kept their clinical skills up to date. Care staff said they always spoke with registered nurses if they had any concerns about a person’s health. During the inspection a member of the care staff team informed a registered nurse about a change in a person’s health and the registered nurse immediately went to see the person to assess their medical needs. This made sure people received prompt care and treatment for their healthcare needs. One person said “You can always talk with a nurse if you want advice or you aren’t feeling too good. They are all very good.”

The registered manager arranged a variety of training for all staff to make sure they were able to effectively meet people’s needs. One member of staff said “I’ve learnt lots since I’ve been here. One course I did about Parkinson’s has been really helpful in how I care for people.” Another member of staff said they had attended training at the local hospice which had been really informative and also helped them build relationships with other professionals locally.

The home arranged for people to see health care professionals according to their individual needs. In addition to registered nurses and care staff people also had access to a physiotherapist who visited the home on a

fortnightly basis. Where a person had a number of falls they were seen by the physiotherapist to offer advice and support about their mobility and how to maintain their independence. Records showed people accessed other healthcare professionals such as GP’s, opticians, chiropodists and dentists according to their specific requirements. One person said “No worries about anything, they get you seen by the right people.”

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person told us “The cook comes to speak with me to make sure I get what I like and what suits me.” Staff weighed people on a regular basis to make sure they were aware of any changes in weight. Where concerns about a person’s weight or food intake were identified close monitoring was put in place. Staff recorded what people had been offered to eat and what they had accepted. This enabled their well-being to be assessed and monitored. Where concerns persisted the person was referred to an appropriate professional such as a GP or speech and language therapist. One person had been prescribed food supplements and we saw the person received this. Where people had swallowing difficulties and required a diet at a specific consistency this was provided.

People were very complimentary about the food at the home and said they always got a choice. Comments included; “Food here is good,” “There’s plenty to eat and drink” and “You couldn’t get better food.” At lunch time people were able to choose where they ate their meal. The majority of people chose to eat in the main dining room and this was a pleasant and sociable occasion with lots of chatter. The meal was well presented and appeared to be enjoyed by everyone. Where people required assistance or prompting to eat this was provided in dignified and unhurried manner.

Most people who lived in the home were able to make decisions about what care or treatment they received. Care plans contained information about people’s ability to consent to their care and people had signed to say they agreed to receive care from staff at the home. People told us that in addition to signing their agreement they were always asked for their consent. One person said “They never do anything you’re not happy with.” Another person told us “Everything is your choice.”

Staff had received training and had an understanding of the Mental Capacity Act 2005 (the MCA) and how to support

## Is the service effective?

people to make decisions when they lacked the mental capacity to make a decision for themselves. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One person told us staff always took time to help them to make choices for themselves and sometimes discussed things with them and their family members. Staff knew people well and were able to tell us about how they helped

people with decision making. One registered nurse said "We assess everyone before they move in and establish the best ways to give them choice. We know who to involve if a best interests decision needs to be made."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. No one living at the home was being cared for under this legislation but the registered manager was aware of the procedure to follow if anyone required this level of protection.

# Is the service caring?

## Our findings

People spoke very highly of the staff who supported them. We were told that staff were kind and always treated them with respect. The interactions we observed between people and staff were warm and friendly. We heard staff complimenting people on their appearance and chatting about their lives and families. This led to a relaxed and happy atmosphere for people.

People said staff were always happy to assist them and never grumbled. One person told us “This morning I had to call them three times. They arrived each time with a smile. You never feel you are a burden.” Another person said “Staff give 110%. You couldn’t find better, everyone here is so nice.”

At lunch time staff moved around the dining room making sure people were enjoying their meal and offering assistance to people who required it without the need for anyone to ask. One person was celebrating a wedding anniversary and their spouse had been invited to join everyone for lunch. Their table was decorated with flowers and cards and after the meal staff presented them with a cake. Another person had a birthday on the day of the inspection and again staff presented them with a cake to celebrate their day.

At the handover meeting staff spoke about each person as an individual. They discussed people with warmth and kindness. Staff talked about a person who was being assessed for a specialist wheelchair to enable them to spend time outside the home and “Enjoy time with their family.”

There was chatter and laughter throughout the day which demonstrated good relationships between people and staff. More than one person said they thought the home had a family type atmosphere and they felt part of a group. One person told us “There’s friendly banter but they certainly don’t neglect their job.” Another person said “The staff are like friends.” A member of staff said “It’s a lovely place to work. The staff and residents are wonderful. We treat everyone as if they are part of our family.”

Everyone had a single room where they were able to spend time alone or with visitors. People told us their privacy was respected but staff also visited them in their rooms to offer assistance and company. We asked one person who was being nursed in bed if there was anything the home could do better. They replied “There’s nothing. I want them to just keep doing what they do because they do it very well.”

People had been able to personalise their rooms with pictures and ornaments to give them a homely feel. All personal care was provided to people behind closed doors to maintain their privacy and dignity.

People said they were able to have visitors at any time and they were always made welcome by staff. One person told us a member of their family came every day to help them have a shower which was their choice. A visitor said “I come whenever I like and there’s always a warm welcome.”

There were ways for people to express their views about their care. Throughout the day staff continually interacted with people asking them if they needed any help and asking how they would like things done. One person said “I have a care plan that I helped to write but they still always ask about how I want to be helped.”

Staff had received training to enable them to provide compassionate care to people at the end of their lives. The Firs Nursing Home was accredited to the ‘National 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. The home had been awarded ‘commended’ status which demonstrated the high standard of care provided to people. Letters and cards from relatives who had died at the home praised staff for the care their relative had received. One card thanked staff for their ‘care, patience and devotion.’ Another said the person had been cared for ‘with love and kindness’ and thanked the home for the support given to the family.

# Is the service responsive?

## Our findings

People told us their care was personalised to their individual needs and wishes. People said they continued to make choices about all aspects of their life. One person said “You can do what you like as long as you respect other people.” Another person told us “I’m certainly still in charge of things.” Two people who were sitting in a bedroom together said “No one bothers us, which is how we like it. They come in and out for a chat and to make sure we’re alright but they let us get on with things.”

People were able to make choices about all aspects of their day to day lives. One person told us “Today I’m enjoying a lie in. The staff work around me.” Other people told us they were free to decide what time they got up, when they went to bed and how they spent their day. Some people enjoyed their own company and other socialised in the communal lounges. People said they were able to make choices on a day to day basis.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. One registered nurse told us although they assessed everyone before they moved in the assessment was on-going to make sure it was responsive to their changing needs. One person told us “The attention to detail is good. They change things as you change.”

People received care and support which was responsive to their level of need. Assessments were carried out regarding people’s mobility, nutritional needs and the risk of pressure damage to their skin. Assessments were regularly reviewed and changes to care were made accordingly. Where someone’s assessment showed they were at high risk of pressure damage appropriate equipment was in place to maintain their well-being and comfort. This included pressure relieving mattresses and cushions. Where someone was nearing the end of their life staff made sure arrangements were made according to their wishes. The staff also ensured medicines were available in the home to make sure people were kept comfortable and pain free at the end of their lives.

Staff had a good knowledge of people’s likes and dislikes which enabled them to provide care that was personal to each individual. Staff were able to tell us about how different people liked to be supported. One member of staff

said “Everyone is different. Some people like a laugh and a joke and others prefer a quieter approach. We try to accommodate everyone and hopefully we get it right.” People we saw, and spoke with, were very relaxed with staff which indicated they felt comfortable with the way staff supported and interacted with them.

People were able to take part in activities according to their interests. The home employed three activity workers which enabled them to provide a range of different activities in groups and on a one to one basis. One activity worker said “Every couple of months we ask people what they would like to do and we do our best to accommodate all interests.”

Throughout the day we saw people in the lounge area were animated and occupied. In addition to activities workers care staff spent time with people reading magazines and chatting. Some people liked to knit and knitted items were available for sale in the reception. One person said “I like my knitting. It makes me smile if someone buys something I knitted.” Another person said “I’d recommend it to anyone. There’s always plenty to keep you busy.”

On the afternoon of our visit a singer came to the home. People who had been in their rooms in the morning came down to listen and the session was very well attended which created a very lively atmosphere. The music was thoroughly enjoyed by everyone with people making requests and singing along. One person said “I always make an effort to come down when we have this singer and I’m never disappointed.” The registered manager told us they booked the singer every fortnight because of their popularity with people.

People told us they had opportunities to speak with the registered manager and make suggestions about their care and the running of the home. One person said “They come up to see me regularly to make sure I’m happy with everything.” For anyone who wished to make an anonymous suggestion there was a suggestion box in the main reception area.

The registered manager sent out satisfaction surveys on an annual basis. Results of the last survey were included in the service user guide and demonstrated a high level of satisfaction with all aspects of the home. The registered manager told us there had been some negative comments about the food and they had discussed this with people. As

## Is the service responsive?

a result of this some changes had been made to the menu. At this inspection people were very complimentary about the food which demonstrated changes had effectively addressed people's concerns.

People were aware of the complaints procedure and said they would be comfortable to make a complaint if they needed to. One person told us "I would complain to the boss. They would listen and sort it out." Another person said "I'd be the first to complain if anything was wrong."

The registered manager kept a copy of complaints made. Records showed that all complaints were fully investigated and responses were provided to the complainant telling them of the outcome.

# Is the service well-led?

## Our findings

There was a registered manager who displayed a good knowledge of the people who used the service and the staff. At the time of the inspection the deputy manager post was vacant and this had been advertised.

People had access to skilled and experienced staff throughout the day and night because of the staffing structure in the home. There were always registered nurses on duty who led each shift and ensured care staff were deployed in a way that appropriately supported people. One registered nurse told us “We have a good mix of skills among the care staff. One of our roles is to allocate staff at each shift to make sure people get the right level of care.”

The registered manager told us their aim was to create a homely environment where people felt happy and settled. They said staff worked around people to make sure their needs were met in a way that suited them not the staff. Comments from people during the inspection confirmed that people were receiving care in line with this aim. One person told us “Nothing could be better. I am comfortable and well looked after. I still make choices about the things I do.”

Staff were well motivated and competent in their roles. Staff told us there was a stable staff team and they felt they all worked well together. This led to a happy and relaxed atmosphere for people.

There were effective quality monitoring systems in place to make sure high standards of care and satisfaction were maintained. These included internal audits carried out by the registered manager and regular audits undertaken by a representative of the provider. Audits carried out included reviewing care plans, medication and food. The provider’s monitoring visits to the home involved looking at records, speaking to people, sampling food and observing care practices. Records of the last monitoring visit by the provider showed they were satisfied that the home was providing a good standard of care and people were happy with the support they received.

In order to maintain the safety of people the registered manager analysed all falls on a monthly basis. The analysis

included looking at times of day that falls occurred to establish if any staffing levels or care practices needed to be adjusted. The analysis for this year showed no clear patterns, however we noted that some people had been seen by the physiotherapist to offer advice and support with their mobility needs.

People told us they had confidence in the registered manager and felt they led the home well. One person said “She keeps an eye on everything. She knows what’s going on all the time. She certainly knows what’s she’s doing.”

Staff told us they felt well supported by senior staff and the registered manager. One member of staff said “If I had a problem I could go to the manager or any of the nurses.” Another member of staff told us “There’s always someone to get advice from. Support is really good you never feel you’re on your own.” In addition to on-going advice and support all staff also received regular formal supervision. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

The registered manager was a qualified nurse and also had a National Vocational Qualification (NVQ) in management which meant they had the skills and knowledge to manage the home. They kept up to date by regular training and reading. We heard how they used social care and nursing websites to make sure they, and staff, were up to date with current best practice and new initiatives in the care field. The registered manager was also part of Somerset’s Learning Exchange Network which gives care service managers opportunities to meet together to share good practice.

The home was a member of the local Registered Care Providers Association (RCPA) and the Registered Nursing Home Association (RNHA.) Both organisations provide support to registered providers and offer information and guidance on current issues.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.