

Aria Healthcare Group LTD

Firtree House Nursing 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Firtree House Nursing Home is a care home providing accommodation with nursing and personal care for up to 50 people across two adjoining wings. People had varying needs, including people with nursing needs and people living with dementia. At the time of our inspection there were 31 people using the service.

People's experience of using this service and what we found

Risks to people's health and welfare had been assessed but some risk assessments lacked detail. Checks and audits had been completed on all aspects of the service, but they had not identified some of the shortfalls found during the inspection.

People were supported by staff who knew them very well. Staff understood risks and how to manage these safely. Staff were described by people and relatives as kind, caring and friendly. One relative said, "The staff are amazing, so caring and cheerful, they do a wonderful job. I am confident [relative] has the best care. They are so kind to me too."

People told us they were happy and felt safe living in Firtree House and relatives agreed. One relative said, "Oh yes, they are definitely safe. They are well looked after, and they deal with issues very quickly." Staff had been trained in safeguarding and knew how to report any signs of abuse.

Staff were recruited safely and there were enough staff to meet people's needs. Staff had training appropriate to their role and regular supervision. Checks had been made on the environment in line with health and safety requirements. Medicines were managed safely, and staff followed appropriate infection control guidance.

People's needs were assessed before they moved into the home to ensure the service could meet their needs and preferences. People were supported to maintain good health and had access to doctors and other healthcare professionals when they needed them.

People had been asked their opinion about the care and service they received, and their suggestions had been acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 October 2020).

Why we inspected

We received concerns in relation to the management of people's nursing care needs and the escalation of concerns to healthcare professionals. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective section of this full report. We have found evidence that the provider needs to make improvements in other areas. Please see the safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Firtree House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Firtree House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors. An Expert by Experience contacted relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Firtree House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Firtree House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was a registered manager in post. The registered manager was not available during our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 11 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We spoke with 10 members of staff including the regional manager, acting deputy manager, nurses, care staff and a range of support staff. We looked at records relating to people's care and support including risk assessments, care plans and medicine administration records. We looked at 4 staff recruitment files. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, training records and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had risk assessments in place for risks, such as choking, falls or skin damage, but records were not always completed accurately. Staff knew people well and understood their risks and how to manage them safely.
- The provider had a system in place for regularly reviewing the care plans and risk assessments and these were up to date. Any changes in a person's needs were shared with staff during handover meetings which were documented. Relatives told us they were updated if there were any changes to their loved one's care. One relative said, "They would let me know if they were unwell."
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. There was a maintenance folder which was checked daily so that faults could be rectified without delay. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded. The service had a trained fire marshal on duty every day.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident that actions would be taken if they were to report something. Staff told us and records confirmed that safeguarding training was up to date.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations.
- People and their relatives told us they felt safe living in Firtree House. One person said, "Staff are nice, they look after me." Another person told us, "It's very good. I like living here." A relative said, "Yes, [relative] is safe because I know she has people looking after her 24 hours a day if she needs something." Another relative said, "Yes, definitely safe. I think it's wonderful, the staff are so caring and kind."

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The service used a dependency tool, which helped calculate the number of staff needed. Rotas showed that planned shifts were filled.
- The service used regular agency staff to cover any absences. There were processes in place to ensure agency staff were recruited safely by the agency and had the necessary skills and training to undertake their role.
- People and relatives thought there were enough staff. One relative said, "Yes, there seems to be enough staff. Staff are in and out of the lounge." Another relative told us, "I never have a problem getting a member of staff."
- Staff were recruited safely to the service. Records were maintained to show that checks had been made on

employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status.

Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. Medicine administration records were completed accurately.
- Medicines were administered by nurses who had been trained and assessed as competent. Training and competency records were up to date.
- Medicines were audited regularly by the registered manager or clinical lead. Medicine errors were documented, investigated and lessons learned shared during clinical meetings.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visiting and visitors were provided with personal protective equipment, for example, masks, if necessary. Visitors were coming and going freely during the inspection.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.
- Accidents and incidents were investigated. Investigation records were thorough and included actions plans and lessons learned. Actions were taken to prevent recurrence, such as low-rise beds, crash mats and reassessments of risks. Staff wrote reflective accounts which were used as a learning tool after serious incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to Firtree House to ensure the service was able to meet their care requirements and preferences. Assessments were clear and comprehensive. Clinical measurements were recorded when people arrived, for example, pulse, temperature and blood pressure. These acted as a baseline against which any changes could be compared. People's care plans contained enough information for staff to understand their individual choices and wishes.
- Peoples' assessments included needs relating to their culture and spiritual needs. A relative told us their loved one was supported to watch 'Songs of Praise' regularly. Staff had a good knowledge of people and their individual preferences and choices. Staff understood risks, for example, choking or falls, and knew what to do to keep people safe.
- People had comprehensive oral health care plans and staff supported people to maintain good oral hygiene.

Staff support: induction, training, skills and experience

- Nurses and care staff received training and had the knowledge and skills they needed to safely provide care. Staff told us they received training and records confirmed this was up to date. People and their relatives agreed staff were well trained. One relative said, "They seem to be well trained, certainly the ones I've come in contact with" Another relative told us they thought staff were well trained, "but some more than others".
- Staff told us they received supervisions regularly and said this gave them an opportunity to express their opinions. Staff felt well supported by the nurses and the management team.
- Nurses attended clinical meetings and had regular clinical supervision. Nurses worked within the Nursing and Midwifery Council's Code of Conduct and revalidated every three years in accordance with regulations.

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

- People were supported to eat and drink enough. The menus on display outside the dining room were not displaying the current day's choices, but people and their relatives told us they had a choice of food and staff confirmed this. People who were at risk of choking had been assessed by speech and language therapists and were protected from risks with modified food and fluids. Staff knew about these risks. Recommendations from dieticians were being followed.
- Food preferences, allergies and intolerances were documented and respected. One relative told us, "[Relative] has a particular diet and there are lots of things they can't eat, but they have managed it well. There is plenty of varied foods."
- Most people chose to eat in their rooms, and some chose to eat in the lounge. The dining room was used

twice a week, when the chef cooked a roast dinner. People who needed help with their meals were supported by staff who did not rush them and were patient. People told us they enjoyed the food.

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

- Assessments and care plans included peoples' health care needs and referrals to other professionals were made where necessary. There were details of healthcare professional's visits in individual's records. Information was shared with others, such as hospitals, if people needed to access these services.
- Nurses and care staff had good knowledge of peoples' healthcare needs and knew how to support them to achieve good outcomes. There was input from health care professionals such as GPs or tissue viability nurses where appropriate. People living in Firtree House had regular visits from a community dentist and hygienist as well as opticians and chiropodists.
- People could see a doctor regularly if they needed to. Relatives agreed people were referred to doctors or emergency services if necessary. One relative said, "If it was urgent they would call 999." Another relative told us, "[Relative] has seen the doctor a few times now, I know they see the them on their weekly visit. The staff always tell me when they have seen the doctor."

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

- The service was arranged on three levels with ease of access for people with all abilities. Rooms were personalised with things important to the person, for example, photographs, pictures, ornaments or books.
- Most people had their doors closed in accordance with their preference. People and relatives told us rooms were kept clean and tidy. One relative said, "Yes, it is spotless really."
- Communal areas and bathrooms had good signage including photographs to aid recognition.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service complied with the MCA. Mental capacity assessments had been completed. There were decision specific capacity assessments, such as use of bed rails or medication. Best interest meetings were held between staff, relatives and other professionals and decisions documented.
- The provider made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.
- Care was provided in the least restrictive way. Consent was documented in people's care plans. People and relatives told us staff asked consent before providing care and we observed this happening. One relative told us, "The always ask [relative] before they do something and if they say no, they tell me they can't do it without their consent. I am more than satisfied with them."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service was not consistently managed and well-led.

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

- Risk assessments were not always completed accurately, and some assessments had not been updated when changes had been made. For example, one person using oxygen was receiving a different dose to that stated in the risk assessment; although staff were aware of the right dose, the documents had not been updated. Where people were at risk of constipation or had catheters in place to drain urine, risk assessments did not provide enough information to ensure risks were managed and monitored effectively. We fed this back to the clinical lead and regional manager who told us they would review these.
- Where people required monitoring charts such as weight, fluids or repositioning, these were in place but had not always been completed consistently. Although there was no evidence people had been harmed because of this, there was a potential risk people might not get the right care. We fed this back to the regional manager who put measures in place to ensure these were monitored.
- The provider had a quality monitoring process in place. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and clinical indicators. Audits were reviewed by a quality team and regional managers. However, internal audits had not identified some of the shortfalls found during this inspection. The provider had recently appointed a new director for quality and governance and the audit and monitoring processes were under review.
- There was a management structure in place; nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us the management team were supportive and approachable and were confident in reporting any concerns. Staff told us Firtree House was a good place to work.
- The registered manager, or deputy met daily with heads of departments to ensure key messages about people were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting. All meetings were documented.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture within the service where people felt empowered and involved. The registered manager had an open-door policy and encouraged staff, people and relatives to share their views.
- Staff told us the culture was open and honest with good teamwork. Staff told us they liked working in the service. One member of staff told us, "[Registered manager] is open to everybody and hears you out if there

is a problem, whether it is work or personal. They help in every way they can."

- Not all relatives knew who the manager was, but we saw feedback from relatives describing the home as having a happy environment. One relative told us, "It's a good outcome, they do a good job. They all do a good job with special events. [Relative] really enjoyed the Christmas events." Another relative said, "It is very homely, and I still see the same nurses."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.

- Relatives told us staff were in regular contact with them, particularly during the COVID-19 pandemic. Relatives confirmed that staff contacted them with updates when necessary. One relative said, "They communicate both with staff and head office about changes. During Covid-19 they were very good at keeping in touch." Another relative told us, "Not long ago one of the nurses came in and had a conversation with us."

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

- Staff were invited to regular meetings where they were updated on anything new in the service. Staff told us they had regular supervision sessions which they found helpful. The results of the last staff survey were positive; people enjoyed working at Firtree House, said they had enough training and felt supported. Where staff had raised concerns with the management team these had been resolved.

- People and their relatives had been asked their opinions on the service via a feedback survey or at resident and relative meetings. Feedback had also been shared via a social media platform. One relative said, "Staff make a big effort on special occasions, there is always something going on. I don't have enough words to convey how wonderful the staff are."

- Staff and relative told us they had regular visits from local religious establishments and people were able to follow their faith in Firtree House.

Continuous learning and improving care

- Nurses attended regular clinical risk meetings where key clinical issues were discussed, such as wound management, weight loss and falls prevention. Action plans were in place to ensure that issues were addressed and reviewed, for example, referrals to dieticians or specialist nurses. Monthly clinical governance meetings were held to discuss themes and trends and share lessons learned.

- The service was committed to making improvements and had used feedback from people to make changes. For example, people had requested more exercise classes. As a result, the service has increased the number of exercise sessions and sought the services of a professional fitness instructor to visit the service. The activity team had engaged people in an activity where they focused on a different country. People had enjoyed this and had asked to have more 'armchair travel'. As a result of the feedback, this activity now features every 2 weeks.

Working in partnership with others

- The management team and nurses worked in partnership with local health and social care teams and had a good working relationship with safeguarding and commissioning teams.

- Managers and nurses liaised regularly with other health professionals, such as dieticians, speech and language therapists, specialist nurses and hospice teams. The GP and other professionals visited the service

regularly.