Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Firgrove House

163 Station Road, Yate, Bristol, BS37 4AH

Tel: 01454310636

Date of Inspection: 08 September 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard

Details about this location

Registered Provider	Mrs JA and Mr DK Roberts
Registered Manager	Ms. Lorraine Beer
Overview of the service	Firgrove House is a residential care home that provides care and support for up to 20 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with five people who lived in the home and they all spoke with great praise about the home and staff. People told us "I looked around many homes but decided this was the best as it was friendly and welcoming" and "I really enjoy living here I have settled well and made lots of friends".

The provider had systems in place to gain and review consent from the people living at the home. All of the people living at the home were able (with support) to make decisions about their day to day activities and choices. We were told that people living at the home at the time of our visit were not subject to any legal restrictions that were in their own best interest.

People were cared for in a clean, hygienic environment. We found high standards of cleaning. Bedrooms were checked and were found to be clean and tidy. We observed housekeeping staff cleaning people's rooms thoroughly. We spoke with housekeeping staff who were able to tell us how they cleaned people's rooms and communal areas; they were able to show us the products which they used.

People living in the home told us "The staff are extremely kind, caring and considerate" and "My needs have been fully met I am glad I chose this home as I can now manage to do some tasks independently as I have gained confidence in myself".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We reviewed two peoples care records to determine the support that was in place for people. Within the completed documents we saw information about how people liked to be cared for and evidence of how their dignity and privacy was maintained.

We saw a person centred (individual) approach was central to how care was offered to the person living at the home. Their individual preferences were recorded to help staff support them in the way they wanted. This meant that care was planned and delivered to meet the person's individual needs. People told us they had personalised their bedrooms with photos of family and friends and were encouraged by staff to add personal touches to their rooms on admission. We saw evidence that confirmed this.

We spoke with five people who lived in the home and they all spoke with great praise about the home and staff. People told us "I looked around many homes but decided this was the best as it was friendly and welcoming" and "I really enjoy living here I have settled well and made lots of friends".

All of the interactions we observed and the conversations we heard between staff and people who lived in the home were kind and respectful. We observed staff respected people's privacy and dignity by knocking on doors before entering, ensuring doors were shut when assisting people with personal care and covering people up as much as possible to protect their dignity.

People we spoke with told us they chose what time to get up and when to go to bed. One person told us they liked to be woken up with a cup of tea to start the day and liked to read their newspaper in the lounge area.

We saw evidence that regular 'house' meetings were held at the home. The minutes of meetings were shareed with people and put up on the notice board. People told us they found the meetings informative and useful to put forward ideas' and suggestions.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The Mental Capacity Act 2005 protects people who lack capacity to make a decision for themselves because of permanent or temporary condition such as mental illness, brain injury or other cognitive impairment. If a person lacks the capacity to make a decision for themselves, staff can make a decision in their best interests. Where a person lacked capacity with day to day decisions, records would be completed by the registered manager to give staff guidance on how to support that person.

The provider had systems in place to gain and review consent from the people living at the home. All of the people living at the home were able (with support) to make decisions about their day to day activities and choices. Staff told us people living at the home at the time of our visit were not subject to any legal restrictions that were in their own best interest.

In order to establish what arrangements the provider had in place for obtaining consent, we looked at two care records. We looked at the information contained within the care plan. For two of the people whose files we looked at, we saw references within the care plan were made whether the mental capacity of people had been considered. The information recorded within the care plans evidenced that people who used the service had been consulted, involved or had consented to the care that was provided for them. We noted that care plans had been signed by people which demonstrated that people had agreed to the care plan in place for the delivery of their care.

We saw information sharing sheets had been completed with people. This recorded that people had made an informed decision about what personal and medical information about them could be shared with other people and medical professionals.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at care records for two people. These records showed that each person had undergone an assessment of their needs and that reviews were carried out as required at least monthly, or as required when people's needs changed. Where assessments identified risks to the person's health and welfare, care plans had been developed to meet those needs.

People we spoke with knew about their assessments and care plans. General care plans included people's identified needs, support and evaluation. A variety of assessment tools were used for admission to the home. There were risk assessments completed as needed for manual handling and falls which were reviewed monthly. Weight charts were used for monitoring purposes and we saw evidence that people were weighed monthly.

There was a record within every file of interventions by health care professionals and communication with relatives. Care records were well written and detailed. In one person's care records we saw that they were unable to sign their records. We saw that this person's next of kin had signed their care documents indicating that they were in agreement with their contents.

We saw that the person was registered with a local GP and they accessed both primary and specialist healthcare services as and when required. The wellbeing of the person was documented in the daily care notes. This recorded the person's activities and provided an overall picture of the person's wellbeing. The entries were informative and respectful.

People living in the home told us "The staff are extremely kind, caring and considerate" and "My needs have been fully met I am glad I chose this home as I can now manage to do some tasks independently as I have gained confidence in myself".

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed. The home's infection control policy was detailed and contained information on the prevention and control of infections. We spoke with staff who confirmed they had read the infection control policy and had received infection control training. This meant that staff were provided with up to date information about the correct procedures in order to protect people from infection risks.

There were effective systems in place to reduce the risk and spread of infection. We saw that gloves and aprons were available for staff should they need to wear them. Clinical waste was disposed of separately using the appropriate colour waste bags. These were stored separately away from other household waste. We saw that the main bathroom was clean and tidy. We checked baths and they had been cleaned effectively to a suitable standard. Hand gel was available to staff and visitors throughout the home.

People were cared for in a clean, hygienic environment. We found high standards of cleaning. Bedrooms were checked and were found to be clean and tidy. We observed housekeeping staff cleaning people's rooms thoroughly. We spoke with the housekeeping staff who were able to tell us how they cleaned people's rooms and communal areas; they were able to show us products that they used.

All communal toilets were found clean and odourless and had anti-bacterial soap and paper towels in place. We checked the chairs in the communal lounge and conservatory. These were found to be clean and well maintained. We were told by housekeeping staff that the chairs were cleaned regularly with detergent sprays especially if they had been soiled.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked around the home and saw evidence that people's bedrooms had been maintained and decorated to a suitable standard. People had personalised their bedrooms with photos of family and friends. We noted that people who lived in the home had photographs and pictures with their name displayed on their bedroom door.

Four bedrooms offered en suite facilities which included a toilet and small sink. Carpets, curtains and bedding throughout the home were suitable and were regularly cleaned and maintained by the staff. The provider told us they had recently purchased new arm chairs in the dining room and had decorated some bedrooms with new fixture and fittings.

We saw that fire detection and safety equipment were in situ, this meant that the risks associated with fire had been identified and measures put in place to reduce these risks. We noted the fire procedure and fire exit signs were clearly visible around the home.

We saw that all toilets offered raised seating and had handrail aids. The bathrooms and toilets were near to peoples bedrooms and communal areas. This meant the person did not have far to walk should they need to use these facilities.

The provider told us that the home employed its own handyman who dealt with maintenance issues such as day to day repairs and utilities supplying the property. The home was seen by us to be comfortable, clean and homely. The provider told us they had plans in place to modernise one of the bathrooms by installing a shower. The home did not currently have showering facilities available and a shower would offer more choice to people.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk