

Key inspection report

Care homes for older people

Name:	The Firs Residential Care Home
Address:	The Firs Old Epperstone Road Lowdham Nottingham Notts NG14 7BS

The quality rating for this care home is:	one star adequate service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Mary O'Loughlin	1 6 1 2 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	The Firs Residential Care Home
Address:	The Firs Old Epperstone Road Lowdham Nottingham Notts NG14 7BS
Telephone number:	01159665055
Fax number:	01159665961
Email address:	pauldarby2001@yahoo.co.uk
Provider web address:	

Name of registered provider(s):	The Firs Residential Care Home Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	12

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	12
Additional conditions:		
The maximum number of service users who may be accommodated is 12		
The registered provider may provide the following category of service only: Care home only - Code PC To service users of the following gender: Either Whose primary needs on admission to the home are within the following category: Old age not falling within any other category - Code OP		
Date of last inspection		
Brief description of the care home		
The Firs is an adapted residential property on the outskirts of the village of Lowdham. Registered to accommodate up to 12 older people.		

Brief description of the care home

The home provides a very comfortable and pleasant place for people to live in a small group. There are 12 single ensuite bedrooms, a landscaped garden and ramped access.

The current fees range from £650.00 a week and the service provides a guide and statement of purpose for those interested in the home.

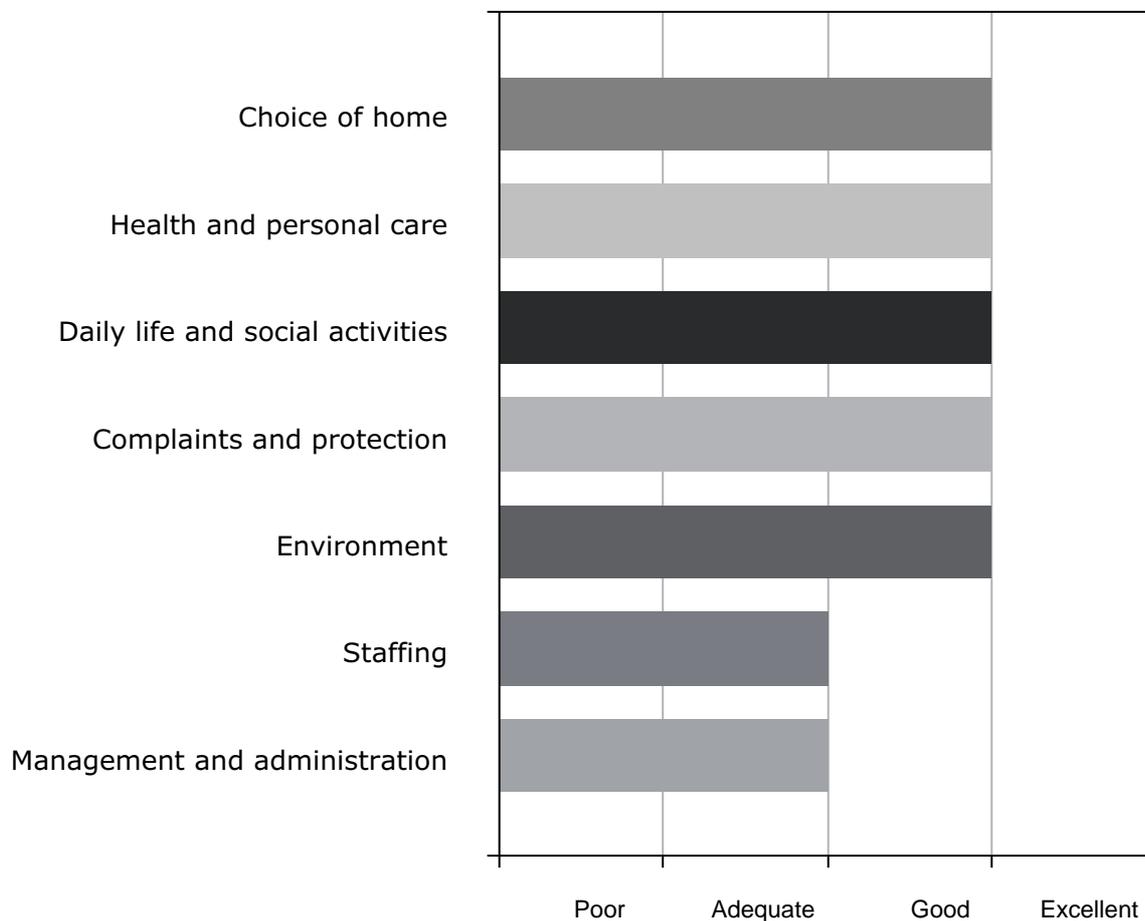
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The focus of inspections undertaken by the Care Quality Commission (CQC) is upon outcomes for the people using the service and their views on the service provided.

This process considers the provider's capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of the service that need further development.

Prior to our visit an analysis of all the information we have received about the home since its registration was undertaken.

We looked at the responses we received from our 'Have Your Say' surveys which we sent to residents and staff at the home.

The main method of inspection used was called 'case tracking', which involves looking

at the quality of care received by a number of people living at the home. We use evidence from our observations, from speaking to people about their experience of living at the home, talk to staff about their understanding of people's needs and the training they receive to support them in their role.

Nottinghamshire County Council sent us their Quality Audit report following their visit to the home on 02/09/09 and we used this information to inform our inspection.

What the care home does well:

The home provides small group living for up to 12 older people.

The environment is well maintained and furnished to a high standard.

People tell us they feel safe and cared for and relatives tell us "I have no regrets at choosing the home" " The staff are always friendly" and " My mum is less anxious than when she lived alone".

The staff team are trained in health and social care and are in sufficient numbers to be able to meet each person's needs.

The building complies with health and safety legislation to ensure that people are protected from any unnecessary risks to their safety.

What has improved since the last inspection?

The home is newly registered.

What they could do better:

The provider must ensure that staff receive regular updates in training to keep them up to date with new ways of working.

The provider should act on all of our recommendations to ensure the continued improvement of the service.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are only admitted following an assessment that determines whether the home has the right facilities, skills and services needed to support them.

Intermediate care is not provided by the home.

Evidence:

The information we received in our surveys told us that people felt they had enough information provided to them about the care home to help them make a decision about whether the home had the right facilities and services to meet their personal preferences and needs.

Records we looked at show that staff complete a full assessment in consultation with the prospective resident and their representative and only agree to admissions taking place when they are confident that the home can support the needs of the person appropriately.

Evidence:

The four staff survey responses told us that the staff are given enough up to date information about the needs of people they care for.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The care provided is person centred and health risks are assessed regularly. People receive their medicines as prescribed by suitably trained staff.

Evidence:

We asked residents in our surveys if they got the medical help they needed and our responses told us that this was always or usually undertaken.

When we examined how care was planned for two residents we saw that they had a new and revised care plan in place that contained risk assessments to determine their wellbeing. The risks assessments were done every month and these informed staff of the person's risk of developing a pressure sore, nutritional problems and the likelihood of falls.

From these assessments the staff had completed a care plan to address any identified risks and we saw how external health care professionals had been alerted to any health needs.

Evidence:

Some information was not clear within care plans, where risks had been identified these had not always been recorded in the actual care plan that staff would follow and may present a risk to people if staff were not familiar with them.

Each care plan had a full history of the person, this was person centred, explaining to staff about what was important to them and how they wanted to be supported. The staff record the personal preferences of each person, this includes asking how often they wish to be checked on during the night.

The provider and team leader told us they were aware of new laws about how people are supported to make decisions and they are organising training for staff in the Mental Capacity Act, this will ensure that people's rights and choices are fully recorded and support people's best interests at all times.

A person we case tracked told us that the staff care for and support him well, he told us, "I know that when I am ill the staff come to me straight away and help me, they are really lovely people".

We saw the storage and recording of medicines was safe but found that hand written medicines were not always signed and witnessed which would reduce the risk of error.

Staff training files and records showed that some staff are trained to undertake medicine administration and the team leader told us that only trained staff undertake this procedure.

We observed staff supporting people, showing kindness and patience and speaking respectfully. The provider told us he has acted on recommendations from the Local Authority and has appointed a dignity champion in the home to raise awareness of promoting dignity in care.

Although over 50% of staff are trained to National Vocational level 2 in health and social care their training records did not show that they had received training in the individual needs, such as Diabetes which would enhance their knowledge and ensure they had the skills to plan and manage this type of care appropriately. The care plans for those people with diabetes lacked any reference to the issues that would require monitoring by staff.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Activities provided meet the needs and preferences of residents at the home. Meals are seen as important and staff ensure the mealtime is relaxed and enjoyable.

Evidence:

The Firs is a small home and as such is able to provide a family like environment for up to twelve people.

We found at this inspection that there were plenty of staff available to help support people in the activities of the day in accordance with the preferences of each person.

We saw minutes of the last residents meeting that recorded how people were satisfied with the daily activities offered. It also recorded that there was praise for all aspects of catering at the home.

We saw a programme of activities for people and we saw records within their care plans that show what they have participated in and what arrangements there are for visiting.

The responses we received from our surveys told us that people had opportunities to

Evidence:

participate in activities.

The care plans we saw recorded the nutritional needs that people had and where one person had a swallowing problem the staff had ensured that they saw a speech and language specialist for advice.

Residents were seen enjoying breakfast and lunch, staff were supporting those that needed help very sensitively. The mealtime was not rushed and people had a choice of meal.

Staff told us they can sit with residents and have a meal with them whenever they wish.

When the home registered with us this year they provided us with the report from the Local Council when they had inspected the food areas at the home. The report told us that they had been awarded an excellent rating for food hygiene practices.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have access to a complaint procedure and staff are trained to recognise and respond to any abuse.

Evidence:

The provider ensures that staff are suitable to work at the home before they are employed by carrying out a robust recruitment and selection procedure that would prevent anyone who is known to be unsuitable from working there.

There is a complaint procedure in place and this is also displayed in the home to explain what people can do if they have any concerns.

When we spoke to people using the service they told us they felt safe and our surveys also told us that residents feel listened to and taken seriously.

The provider has commenced resident meetings and the minutes of the last meeting showed that any suggestions that residents made were acted upon immediately and used to improve the service provided.

The commission and the provider have not received any formal complaints or safeguarding concerns prior to this inspection.

The staff team are not all trained in the safeguarding procedures but senior staff are

Evidence:

and there is training planned early in the new year to ensure that all staff are fully aware of their responsibilities to safeguard people from abuse.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is suitable for its stated purpose, providing a small homely environment.

Evidence:

The home was found to be clean and well maintained. We looked at two individual bedrooms and the main communal lounge, these were very clean. We saw how each person had been able to bring their own items to personalise their rooms.

We saw how suggestions for improvements in the environment had been addressed by the provider following a residents meeting, improving the facilities in the bathroom and shower room.

The staff team have an infection control policy in place that tells them how to clean and maintain the home in a safe way to prevent infection. We saw that the staff are also booked onto a training course in February 2010 that will ensure they are up to date in infection control procedures.

Residents we spoke with were very happy with the home and felt it was always fresh and clean.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The staff team are properly recruited and trained in health and social care issues. The lack of up to date refresher training does not ensure that they are aware of new ways of working.

Evidence:

We looked at the way two staff had been recruited to the home and we found that a robust procedure was in place to ensure that all appropriate checks were made before people start working at the home. Each person is checked for their suitability to work with vulnerable people by obtaining criminal record checks and ensuring references are obtained.

The provider has also ensured that new staff start on a recognised induction to national standards which ensures they are not left in situations they cannot handle.

The provider tells us that over 50% of the staff team are trained to level 2 in health and social care to ensure they have the skills to care for people at the home.

The refresher training has not been kept up to date but the provider has commenced booking some of the required training for staff in 2010 which will ensure their practice is up to date with new ways of working.

Evidence:

Staff did tell us that they felt they would benefit from training in care planning to ensure they planned and delivered care safely.

Residents tell us that there is always enough staff available when they need them, one person commented, "The staff are always cheerful and make everyone feel welcome". A relative told us, " Staff are good at knowing its resident's as individuals and as such tailor the care for each resident".

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has temporary management in place. Practices ensure the health and safety of the people living at the home.

Evidence:

The home does not have a registered manager in place as required.

Our inspection found that there has been inconsistent staff training and development and no recorded supervision taking place to ensure staff had the appropriate skills and were able to undertake their role safely.

There is a temporary acting manager in place and the registered provider is also in day to day control of the home.

The information we received from the local authority told us that action was not taken in response to the last quality audit undertaken by them. The provider has now been made aware of these shortfalls and is progressing with the required improvements.

Evidence:

The provider has now obtained training for the staff team early in 2010.

This is a small home and the quality of the its facilities and services is now discussed on a daily basis and at resident meetings to inform improvements in the service. The provider is also working on quality surveys for residents and relatives to complete which will also ensure continued improvement.

In September 2009 the local authority completed an inspection of how personal finances were managed and found that suitable safeguards are in place with written records of any transactions.

We looked at the records of Fire tests and found the staff ensure all fire equipment is checked regularly. The servicing of hoisting equipment and lifts are also up to date.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	3	Following assessments you should confirm to the person in writing whether the home is able to meet their assessed needs.
2	7	Make sure you record who is involved and consulted and dates are recorded when planning care and where possible the plan should be signed by the resident.
3	8	Decisions about resuscitation are the responsibility of the senior healthcare professional involved and these decisions should be recorded clearly informing how the decision was made and who was involved. Guidance can be found from the Resuscitation Council(UK).
4	8	Make sure that all risks are recorded within the actual care plans to provide a clear picture of how the person should be supported.
5	9	Hand written medicines should be signed and witnessed.
6	12	Ensure that care plans reflect the spiritual needs of each person and how these are to be addressed.
7	18	Arrange challenging behaviour training for staff to ensure they respond appropriately to any aggression.

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
8	30	Ensure that a full training programme is in place for all staff that meets the aims of the home and the needs of the residents.
9	30	Access training for staff in care planning and person centred planning.
10	31	Ensure that the Mental Capacity Act and associated safeguards are implemented.
11	31	Ensure appropriate staff supervision is undertaken.
12	33	Provide feedback to people who participate in quality questionnaires.
13	38	Ensure the training programme includes suitable refresher training for staff in Moving and Handling and First Aid.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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