

Key inspection report

Care homes for adults (18-65 years)

Name:	The Firs Nursing Home
Address:	Kings Hill Great Cornard Sudbury Suffolk CO10 0EH

The quality rating for this care home is:

one star adequate service

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:
Tina Burns	2 6 1 1 2 0 0 9

This report is a review of the 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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Firs Nursing Home
Address:	Kings Hill Great Cornard Sudbury Suffolk CO10 0EH
Telephone number:	01787371301
Fax number:	01787880603
Email address:	the.firs@craegmoor.co.uk
Provider web address:	www.craegmoor.co.uk

Name of registered provider(s):	Speciality Care (REIT Homes) Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	21

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	21	0
Additional conditions:		
The maximum number of service users who can be accommodated is 21		
The registered person may provide the following categories of service: Care Home with nursing - Code N to service users of the following gender: Either whose primary care need on admission to the home are within the following categories: Learning Disability - Code LD		

Date of last inspection	0	4	1	2	2	0	0	8



A bit about the care home

The Firs is a care home with nursing for adults with a learning disability run by the large organisation Craegmoor Healthcare. It is located in Gt Cornard close to the town centre of Sudbury.

Although the home is registered to accommodate 21 residents the service has decided that they will currently accommodate a maximum of 19 people. This enables them to provide all single bedrooms and more communal space.

According to the homes Statement of Purpose their current base line fees are £952.97 per week but are variable according to service users needs.

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:

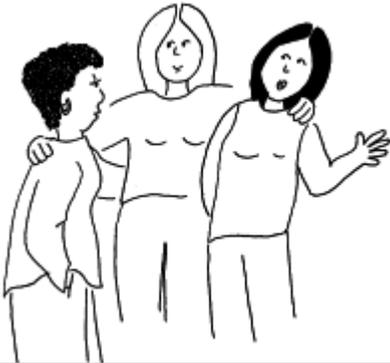


How we did our inspection:

	<p>This is what the inspector did when they were at the care home</p>
	<p>We spoke with people who live and work at the Firs and asked them for their views.</p>
	<p>We looked at all the information we have about the home.</p>
	<p>We looked at some peoples care plans and other records that are kept in the office.</p>



What the care home does well



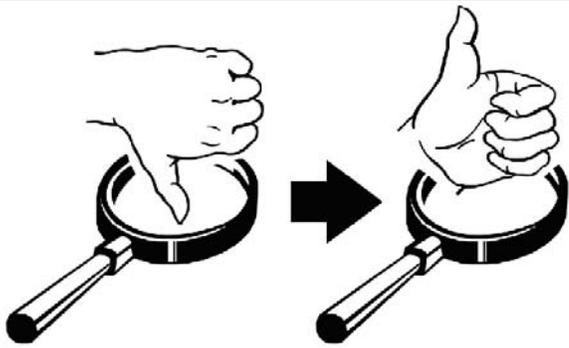
Staff are friendly and treat people with respect. They try hard to make the home a nice place to live.



People who live at the home have a detailed individual care plan so they get the right care and support.



People enjoy getting out and about and taking part in activities.



What has got better from the last inspection



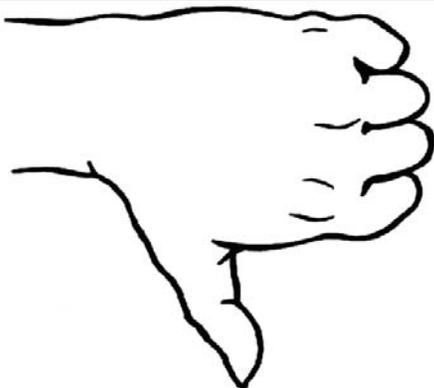
Some areas have been redecorated. There is a new sluice and there is a new spa bath everyone can use. Some areas have been redecorated and refurbished.



People have the special equipment they need, for example special chairs or sensory equipment.



People are helped to make choices about their meals.



What the care home could do better



Residents would benefit from the stability of an established management team.



Communal areas should be improved so that there is suitable communal space for everyone if new residents move in.



If you want to read the full report of our inspection please ask the person in charge of the care home

If you want to speak to the inspector please contact

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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 set out 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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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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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.

Prospective residents can expect to have the information they need to help them decide whether the home will be suitable for them.

Evidence:

The area manager confirmed that it has been more than two years since there has been any new admissions to the home consequently we were unable to look at the records and experiences of any new residents.

There were twelve people resident at the time of our inspection although the home is registered to accommodate up to twenty one people. We were advised that the service intended to promote the vacancies with a view to increasing their current occupancy to nineteen.

Discussion with the manager and area manager and information provided in the AQAA confirmed that the home continued to have suitable processes in place for assessing the needs of prospective residents. The company's assessment tool covers areas such as as maintaining a safe environment, communication, breathing, eating, drinking and

Evidence:

nutrition, elimination, personal hygiene and dressing, controlling body temperature, moving and handling/mobilising, social care/family involvement, sleeping, pain and pressure care.

The homes Annual Quality Assurance Assessment tells us that prospective service users are given the opportunity to visit the home and have a trial stay. It also tells us that since the last key inspection in December 2008 the homes Statement of Purpose has been updated to reflect the change in management and all service users have a copy of the homes Service User Guide in a user friendly pictorial format.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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.

Residents can expect to have a needs led person centred care plan. Further more they can expect to be involved in decisions about the home and their every day lives.

Evidence:

We looked at three residents care plans. The format of the documents promoted a person centred approach to care planning and we could see that a lot of effort had been made to ensure that the information provided reflected each persons individual needs, likes and preferences. Further more, the care plans we looked at included evidence that risks are assessed and strategies are developed so that people are appropriately supported in all aspects of their every day lives and activities.

Information provided in the homes AQAA tells us that everyone has had their care plans reviewed this year, with the input of the service user and/or their representatives where possible. It also tells us that monthly service user's meetings take place and information from these meetings are fed back to the company by one resident who attends the

Evidence:

company's 'your voice' forums on a three monthly basis. The 'your voice' forum is a company initiative that was set up to enable people to advocate for themselves and have greater involvement in decision making processes. People we spoke with and records we looked at reflected the information provided in the AQAA.

Evidence provided in the AQAA, observations we made and people we spoke with throughout the day demonstrated that the service had worked hard to develop their skills and practices so that people are given the right support and assistance to make decisions about their every day lives. Staff had undertaken training in areas such as person centered care planning and total communication and information was displayed throughout the home in user friendly formats.

The AQAA tells us that plans for improvements in the next twelve months include producing 'my book, my life' documents which will cover all of the main areas of each persons care plan in a pictorial format. It is planned that each person will be given the opportunity to produce these booklets as part of their daily activities with assistance from staff. This will promote service user involvement in the care planning and review processes.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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 living at the home can expect to engage in meaningful activities. They can also expect to be provided with the support they need to maintain relationships with their friends and families. The home also provides varied and healthy meals that reflect peoples dietary needs and preferences.

Evidence:

The AQAA tells us that people living at The Firs have access to a wide range of activities and pastimes and this was confirmed by our observations during the inspection. There was lots of evidence that people had good opportunities to get 'out and about' and activities were wide ranging and varied. One member of staff told us "People are out and about everyday now. We ensure that different people have the opportunity to go out for a walk every day".

One person we 'tracked' attended a local resource centre four afternoons per week as well as participating in the 'Asdan' course at the local college. On the day of our visit they

Evidence:

were part of a small group on a christmas shopping trip. They also enjoyed seeing their close relatives on a regular basis, supporting their football team at home matches and lots of 'in-house' activities such as art, pottery and aromatherapy.

At previous visits there has been limited evidence that people living at the Firs with high dependancy needs are provided with appropriate occupation, stimulation or activities. At this visit we were pleased to see that much more consideration had been given to the needs of these service users. One person we 'tracked' had been provided with a highly specialised chair that meant they were no longer confined to the isolation of their room. Consequently we saw them enjoying the company of other people in the lounge area and looking out through the window enjoying their view. We also found that a range of sensory equipment had been installed in their bedroom including a bubble machine, projector, and light and sound equipment. A suitable programme of activities was also in place for the third person we 'tracked', including aromatherapy provided by a private practitioner who visits the home once a week.

People we spoke with and records we examined confirmed that the home provides good support to enable individuals to maintain personal relationships with their friends and families. Visitors are made welcome at the home and if necessary people are also given the assistance they need to visit their friends and families too. Staff were observed interacting positively and respectfully with residents throughout the course of the day and steps had been taken to improve opportunities for people to make choices about their daily routines. For example, a menu board and picture book had been made as a visual aid to enable people to select their meal from a range of options.

We looked at the menu and found that it provided a range of well balanced meals. The main options available at lunch time on the day of the inspection were liver, mashed potatoes and vegetables or meatballs. Comments we recieved from service users about their meal included; "Lovely" and "That was a nice dinner that was". It was also good to see that the cook on duty had a clear understanding of service users likes and dislikes and these were considered when trying to encourage people to try 'new' foods that they thought might be popular.

Further observations made during the meal time told us that the dining area was calm and relaxed and a good standard of food was provided for a range of dietary needs. We were pleased to see that the home had replaced 'disposable bibs' with suitable clothe protectors and napkins, however there were still some areas that could be improved to create a better experience for the residents. For example; the table cloths were very badly creased, plastic crockery was used and tables were not set with cutlery, glasses or condiments. Cutlery was provided when people were served their plate of food and drinks for most people were not provided until the main course was completed. The area manager has told us that these matters were addressed immediately following the inspection. People needing full assistance were supported in an appropriate manner with staff sitting beside them, positively interacting and feeding them at a suitable pace.

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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.

People living at the home can expect their personal and healthcare needs to be met in a way that reflects their preferences and respects their dignity.

Evidence:

Since the last inspection there has been two safeguarding referrals relating to the healthcare of two people who live at The Firs. The first was very complex and identified a number of improvements that could be made to ensure the individual concerned received the healthcare they required. At this inspection we could see that the service had undertaken the action agreed at the time. Consequently the managers reported that the service user was more comfortable and content and their relatives were more assured that they were well looked after.

The second referral was relating to a hospital admission and concern that the home had not responded as quickly as they should to a change in one person's health. This matter was thoroughly investigated and the concerns were not upheld. The investigating officer confirmed that the home had acted responsibly and appropriately consulted other health professionals. They also praised the home for their standard of care planning and record keeping.

Evidence:

Residents we spoke with looked physically well cared for and indicated that they were happy with the support they received. Care plans we looked at clearly detailed their personal and health care needs and reflected their personal preferences with regard to their routines, for example; "When bathing I need staff to explain to me what they are going to do. I prefer a bed bath and staff to make sure the temperature of the water is not too hot or too cold". The care plans we looked at also promoted individual's rights to privacy and dignity. Further more we observed that staff were polite and respectful at all times and all personal care was given in private and behind closed doors.

The AQAA tell us that the service continues to work closely with a wide range of professionals in the interests of resident's health. For example, dieticians, speech and language therapists, chiropodists, GP's, tissue viability specialists, dentists and the diabetes nurse. The home also has support from the company's clinical governance team about nursing and health matters. This was reflected in the records that we examined.

The home had appropriate policies and procedures in place for the safe storage, administration and handling of medication. A monitored dosage system was being used and the Medication Administration Records (MAR charts) that were looked at had been appropriately completed. The MAR charts included photographs of each resident prescribed medication. The nurse on duty confirmed that medication is only administered by qualified nurses. There were no controlled drugs on the premises at the time of inspection.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

Residents can expect to be protected from abuse. Furthermore, they can expect to have their complaints and concerns listened to and acted upon.

Evidence:

There have been two safeguarding referrals about the health care of two residents living at this home (Please see the Personal and Healthcare Support section of this report). On both occasions the service has worked with the relevant agencies in a professional and open manner so that appropriate investigations could be carried out in the interests of the people concerned. They have demonstrated that they take the welfare of residents seriously and they are committed to ensuring that people are safeguarded from harm.

Since the last key inspection in December 2008 the Commission has not received any complaints or concerns and the AQAA tells us that the home has not received any formal complaints.

Although we did not receive any completed 'Have Your Say' surveys from residents we could see that the home had carried out a survey and eight out of eight residents had confirmed that they would know how to complain if they were unhappy about something. Further more we found that the home actively seeks their views through reviews, advocacy services and residents meetings.

The homes complaints procedure was displayed in the entrance to the home together

Evidence:

with their whistle blowing policy and contact numbers for any safeguarding concerns. Staff we spoke with and records we examined also confirmed that staff undertake appropriate safeguarding training so that they know how to recognise and report symptoms of 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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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.

Residents can expect to live in a safe, clean and comfortable environment but they cannot be assured that the physical design and layout of the home will always meet their needs.

Evidence:

The Firs is a large property situated on a main road in the village of Great Cornard. It has parking to the front of the building with paved and bedding areas to the entrance of the home and a small but enclosed rear garden. During the inspection a tour of premises was undertaken and the home was found to be warm, safe and clean and free of unpleasant odours.

Since the last inspection redecoration had occurred in some communal and private areas and a new specialist bath had been installed with an overhead tracking hoist. This means that residents have access to two assisted showers are the ground floor and an assisted shower and bath on the first floor. The assisted bath is highly specialised so that people with complex physical needs can use it. It also has a jacuzzi setting and in addition to personal care is being used for the purposes of relaxation and enjoyment.

The home has experienced serious problems with floods and leaks in the past and we can see from their notification's this year that work has been undertaken to resolve these

Evidence:

issues. Further more, the carpets and decor that were flood damaged have been replaced. We can also see that mechanical problems with the shaft lift have been resolved.

At our last inspection we spoke with a newly appointed maintenance worker and they told us that they had begun to fit footplates to all the doors to prevent chips and scuff marks and a programme of redecoration to bedrooms was due to start. On this occasion we could see that that the programme of redecoration was well underway. We were particularly pleased to see that a vacant bedroom had been made into a quiet area and was available for use by residents for relaxation, aromatherapy and private meetings. However, we could see that many of the doors were still chipped and scuffed and this caused us some concern as they are an eye sore and detract from the positive improvements that have been made. We spoke with the managers about this matter as this has been an ongoing issue for several years. The area manager told us that they would ensure that the doors were attended to as a matter of priority.

The area manager told us that the home continues to operate at a maximum occupancy level of nineteen although the home is registered to accommodate up to twenty one people. There were twelve residents at the time of inspection and they each had their own bedroom and wash hand basin. Since our last inspection some of them had opted to move from first floor to ground floor rooms because of personal preferences and/or a change in their individual needs. All of the bedrooms we saw were personalised and comfortable and reflected the individual's needs, personalities and interests.

The home is not unitised and the overall space and layout is not ideal for the number of residents that it is registered to care for. However, at the time of our visit the communal space available was adequate for the twelve people that were resident. Communal areas consisted of a small 'quiet' room on the first floor, two adjoining lounge areas and an adjacent dining room. At the last key inspection the previous manager told us that they intended to submit proposals to the company for improvements to the available "day space", however at this visit the area manager confirmed that there were no further improvements planned with regard to the communal space, however they intended to raise the homes service category and numbers with the company as a matter for review so that the service can develop in a way that reflects the needs of current and future residents.

The laundry room was appropriately equipped with a commercial washing machine and a tumble dryer and there was a stock of disposable aprons and gloves for staff use. The sluice that had previously been lost following the refurbishment of bath and shower rooms has been replaced and is situated in the ground floor cleaning cupboard.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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 receiving a service are safeguarded by robust recruitment procedures. Furthermore, they can expect to be supported by staff that are appropriately trained and competent to do the job.

Evidence:

Evidence we looked at confirmed that appropriate pre employment checks are undertaken. Documentation in place included photographs, evidence of ID, CRB checks, application forms, references and health checks.

The AQAA tells us that all new staff complete an induction programme and are subject to a three month probationary period. People we spoke with and records we looked at confirmed that staff undertake induction programmes that are based on the skills for care induction framework.

Feedback from staff and records examined confirmed that staff undertake training in areas such as; care of medicines, diabetes awareness, moving and handling and moving and handling refresher training, epilepsy awareness, equality and diversity, fire safety, health and safety, control of substances hazardous to health (COSHH), infection control, peg tube care and maintenance, protection of vulnerable adults, person centred care and

Evidence:

fire safety.

Three out of three staff that completed surveys confirmed that they receive training that; is relevant to their role, helps them to understand and meet the needs of people they support, keeps them up to date and gives them knowledge about health and medication. The AQAA tells us that more than eighty percent of care staff have NVQ level two or above.

People we spoke with told us that staffing levels had improved since our last inspection. Discussion with the manager, observations on the day of our visit and comments from people we spoke with confirmed that staffing ratios are suitable for the needs of the residents. There was a good staff presence and resident's needs were attended to in a prompt and timely fashion.

Three out of three staff that completed surveys told us that they meet with their manager regularly for support and supervision. Records for supervisions that had taken place since the last inspection were sparse but we could see that the new manager had carried out appraisals for all staff so that they had a clear understanding of everyone's training and development needs. The nurses had also begun a programme of formal 1-1 supervisions.

We were concerned to find that the current manager was not a registered nurse and there were no strategies in place to ensure that the nurses were appropriately supervised. We discussed our concerns with the area manager and the following day they confirmed that they had arranged for an experienced nurse on the team to take supervisory responsibility for the other nurses with their own clinical supervision provided by a nurse colleague from another home.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

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.

Overall residents can expect their health safety and welfare to be promoted and protected. However, they cannot be sure that they will benefit from a home that has consistent and stable management.

Evidence:

Since early 2006 there has been a total of six different managers at the Firs and only one of them completed the registration process. Their registration was approved in October 2008 and they left the home in June 2009. Temporary management cover was then provided by another manager from within the company but this was initially on a part time basis. Following a complex safeguarding referral the area manager agreed that the arrangements in place should be increased to full time and this was arranged. Since then they have kept us informed about their efforts to find a permanent replacement with a nursing qualification, however we were advised that there were no suitable applicants so instead an experienced manager without a nursing background has been appointed.

The new manager is very new to post having started in November 2009. At the time of our visit they were still settling into the job and had not submitted a registered managers

Evidence:

application. Consequently we have not assessed their fitness to take responsibility for the day to day management of the Firs.

Bearing in mind the homes manager is not a qualified nurse we discussed the matter of clinical support and nurse supervision with the area manager prior to and during the inspection. Initially they had hoped to resolve the issue by appointing a registered nurse as deputy manager. However at this inspection we were advised that there was no intention to appoint a deputy while the homes occupancy levels are low and no alternative arrangements had been made. After discussing our concerns the area manager agreed that alternative arrangements would be made and they have since confirmed that an experienced nurse on the team has agreed to take supervisory responsibility for the other nurses with their own clinical supervision being provided by a nurse colleague from another home. There is also support from the company's clinical governance team.

In the past staff and relatives have told us that the lack of consistent management has impacted on staff morale and the quality of service. However at this visit staff reported that morale was high and there was a positive team spirit and atmosphere. Comments we received included "The staff are all motivated and appear to love their work", "Everybody works as a team" and "Team spirit is so good". Further more we found that people had good personal and health care support and positive active lifestyles (see previous sections of the report).

Quality assurance processes included asking residents to express their views about the home at residents meetings and via a questionnaire process. We could also see that the company's quality assurance systems ensured that the home continued to have processes in place to monitor health and safety matters. For example, since the previous inspection audits had been completed for health and safety, food safety, medication and infection control.

Overall the AQAA submitted was appropriately detailed, but information provided and discussion with the manager confirmed that although they were making progress they were still settling into their job and were yet to familiarise themselves fully with all matters relating to the home for example; outcomes of audits, health and safety processes and previous shortfalls regarding National Minimum Standards and Care Homes Regulations 2001.

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	Description	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	Description	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

Helpline:

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