Inspection Report

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

The Firs Residential Care Home

The Firs, Old Epperstone Road, Lowdham, Nottingham, NG14 7BS

Tel: 01159665055

Date of Inspection: 19 October 2012

Date of Publication: December 2012

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
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Firs Residential Care Home Limited
Registered Manager	Mrs. Karen Leatherland
Overview of the service	The Firs Residential Care Home is owned and managed by The Firs Residential Care Home Limited. It is situated in the village of Lowdham in Nottinghamshire and offers accommodation for to up to 12 older men or woman.
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 19 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

One of the people we spoke to said they were able to decide what they wanted to do or have for themselves. They told us, "I wanted a cup of tea at six o'clock the other morning and they brought it." Another person told us they were very independent and looked after their own care.

We had a discussion about the home with three people around the dining table. They made a number of complimentary statements about their experience within the home. These included, "The staff do everything they can to make it right for you", "The food is wonderful", "We have great activities" and how welcoming everyone was to their friends and family. One person told us, "The Queen could not be looked after better. If we can't look after our selves at our homes we couldn't be in a better place." Another person who was listening nearby to our discussion came over and said, "Every word they said is true."

People told us they felt safe in the home. One person said, "It is very safe here, it looks safe." Someone else said, "If you say you need something they are there. I feel very safe."

One of the people who lived in the home said, "They are fully trained, I know it is good training because the results are good. If the training wasn't good the results wouldn't be good." We were told by someone else, "You see bad reports about care homes in the press, there is nothing like that here."

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. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with seven people who used the service and asked them for their views. We also spoke with three care staff, the chef and the registered manager. We undertook a tour of the building and spent time observing care practices. We also looked at some of the records held in the service including the care files for four people.

We found people who used the service understood the care and treatment choices available to them. Staff told us they explained to people the choices available to them and they acted upon their decisions.

We saw one person ask a member of staff if they could have a toasted tea cake during the morning and this was promptly bought to them. The manager said people could request drinks and snacks at any time.

People we spoke with knew what the daily routines were and the choices that were available to them. One person told us, "They find out what you like and dislike, and what sort of person you are."

Each care plan included details as to whether the person had mental capacity to make decisions about that area of care or need. There was information in one care plan about the times of day the person was more likely to be able to make decisions for themselves. We also saw in another plan the person may need to be reminded and offered support to enable them to make their own decisions.

We saw a care plan that stated the person had fluctuating capacity and there were mental capacity assessments to support this. Staff said they had received training on the Mental Capacity Act 2012 and understood the principles of this, including people may choose to make a decision staff may not see as being in their best interest.

One of the people we spoke to said they were able to decide what they wanted to do or

have for themselves. They told us, "I wanted a cup of tea at six o'clock the other morning and they brought it." We saw information in a person's care plan about their preferred days and time to shower. Records we looked at showed the person had showers at these times. This showed how people expressed their views and were involved in making decisions about their care and treatment.

We found people were supported in promoting their independence and community involvement. We saw details in care files of how people were involved within the local community. A regular activity was a monthly luncheon club that went out to local pubs for lunch. One person told us they were very independent and looked after their own care. They said they enjoyed walking outside and the only way their independence could be improved would be to, "Build a local shop nearby so I could pop out to buy things!"

Staff described good practices in respecting people's privacy and dignity and promoting their independence. We saw people treated with respect and one person said, "I am treated with utter respect. There is a good sense of humour here." We noted there was attention paid to details in the environment that promoted people's dignity. For example support aids within the toilet matched the other fittings and bottles of moisturiser were available as well as liquid soap.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with seven people who used the service and asked them for their views. We also spoke with three care staff, the chef and the registered manager. We undertook a tour of the building and spent time observing care practices. We also looked at some of the records held in the service including the care files for four people.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care files were well organised and the information in them was clearly presented. There were daily notes which contained relevant and useful information about how people had been and if there had been any incident that needed to be watched carefully.

We discussed with the manager the content of some plans and suggested these could be more detailed in some areas. The provider may wish to note some people would benefit from additional care plans for example the management of challenging behaviour.

Staff told us they thought the care files were well organised and easy to follow. They said they were able to find the information they needed when they looked for it.

There was a monthly checklist to show daily, weekly and other less frequent care tasks had been provided as planned. The ones we saw were all fully completed showing people had received the care they were intended to.

Care plans were reviewed on a regular basis and there were care plan review meetings held. These included the person who used the service and they set appropriate long and short term goals for them. The provider may wish to note there was no evidence to show people were involved in preparing their care plans or they were discussed with them. However two people remembered a member of staff coming and asking them if all was fine in their care file and if there was anything else they wanted doing. The registered manager agreed care plans should show where people had been involved in their preparation and they were in agreement with them.

We saw assessments in people's files that identified any risks they could face. A member of staff showed us a chart used to monitor the fluid intake for one person as they were

concerned the person's well being was at risk because they did not consume sufficient fluids.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw records of the activities people took part in. These showed there were varied activities taking place including baking, attending a church service, pampering sessions and joining in the home's book club. We also saw entries showing people had helped with household tasks such as preparing vegetables. We saw one person come in from the garden with some tomatoes they had grown and took them to the kitchen. Another person commented how well a houseplant was doing and said they watered it regularly.

We saw people taking part in various activities during our visit both individually and as part of a group. Some people made an autumn collage which was then framed and staff told us this will be put up in the conservatory. It was good to see this was taken to a person who was confined to bed so they could see what had been made. This was one of several examples we saw of how staff ensured this person was still included in what was happening within the home. There was also a game of skittles organised. The activities coordinator told us they tried to organise two activities every day one of which was physical to provide people with some exercise.

We saw staff and people who used the service in discussion about future activities they could plan during the morning coffee break. We received extremely positive comments from staff and people who used the service about the activities provided in the home, which they said had improved considerably since an activities coordinator had been appointed.

We saw details of people's dietary preferences in their care files. One of these stated a person's favourite food and we asked the chef if this was available. They told us it was included on the menu most weeks.

We had a discussion about the home with three people around the dining table. They made a number of complimentary statements about their experience within the home. These included, "The staff do everything they can to make it right for you", "The food is wonderful", "We have great activities" and how welcoming everyone was to their friends and family. One person told us, "The Queen could not be looked after better. If we can't look after our selves at our homes we couldn't be in a better place." Another person who was listening nearby to our discussion came over and said, "Every word they said is true."

In each care file we looked at we saw a care plan for people's emotional, social, religious and cultural well being. We also saw information in the staff meeting minutes that looked at how people addressed issues of diversity. This showed people's care and treatment was planned and delivered in a way that protected them from unlawful discrimination.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with seven people who used the service and asked them for their views. We also spoke with three care staff, the chef and the registered manager. We undertook a tour of the building and spent time observing care practices. We also looked at some of the records held in the service including the care files for four people.

We found staff knew how to keep people safe in the home. Staff told us they had received training for safeguarding adults. They demonstrated a good knowledge of what constituted abuse, how to recognise the signs of abuse and knew who to raise any concerns with. They were aware of the home's whistle blowing policy. We saw a copy of the local authority safeguarding procedures in the staff room.

One person's care plan said they should be encouraged not to answer the door to strangers for their protection. People told us they felt safe in the home A person said, "It is very safe here, it looks safe." Someone else told us, "If you say you need something they are there. I feel very safe."

The manager told us there're were no people who had a Deprivation of Liberty Safeguard (DoLS) and we saw it was recorded in each care file we saw there was not any DoLS in place for that person.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with seven people who used the service and asked them for their views. We also spoke with three care staff, the chef and the registered manager. We undertook a tour of the building and spent time observing care practices. We also looked at some of the records held in the service including the care files for four people.

Staff told us they received regular training and updates. They were able to tell us of recent external courses they had attended as well as in house training from the registered manager.

The registered manager showed us the staff training records and these showed staff had received the training they required. The chef did not know the detail of the different types of soft diet that could be provided and the registered manager agreed this would be something she would arrange for them to receive training on.

Staff said they had supervision about their work and the registered manager said she was going to start discussing the training people had in supervision to check their understanding of it. The registered manager said they were also looking to bring in other training methods such as e-learning.

One of the people who lived in the home said, "They are fully trained, I know it is good training because the results are good. If the training wasn't good the results wouldn't be good." This showed staff received appropriate professional development.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with seven people who used the service and asked them for their views. We also spoke with three care staff, the chef and the registered manager. We undertook a tour of the building and spent time observing care practices. We also looked at some of the records held in the service including the care files for four people.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A member of staff told us the staff had put forward the suggestion of having an activities coordinator as they struggled to organise these. They said this had been agreed and it had made a tremendous difference to the range and frequency of activities now provided.

Staff said they felt the people who used the service had opportunities to influence and comment on how the home was run. They said there were regular residents' meetings where they could put forward their views. Another member of staff said people could request a residents' meeting be called if they wanted to discuss something. The staff member also told us how a trip was organised to a local garden centre after one person had put this as a suggestion into the suggestion box.

A person told us, "Friends who visit are amazed at the standards here." Another person said, "You see bad reports about care homes in the press, there is nothing like that here." Someone else said, "There are regular meetings for residents to express what they want. We are free to stand up and say what is wrong, what is right and what is good. It is listened to and dealt with. I was worried I was asking for too many cups of tea in the night. I was told ring as often as you want. I am not worried about ringing for one now."

We saw the minutes from the last staff meeting. This included an item about feedback from residents and families and reported some very positive comments had been made. There was also reference to a positive "Enter and View " report that had been received about respect and dignity from the Local Involvement Network (LINks)

A person told us the owner had said to them if you see anything you want doing to tell him. They said, "I couldn't reach the bathroom hook I thought I would be asking again in a

couple of weeks. It was done the next morning."

We saw the minutes from a recent residents' meeting and this showed actions taken from requests people made. This included a nest of tables being purchased so people had somewhere to rest their cup of tea in the conservatory. There were also discussions about the menu and suggestions made for tea time.

We looked at the home's 2012 Quality Assurance report prepared from survey forms sent to relatives and people who used the service. This showed the actions take to respond to comments made. For example a request was made for more green vegetables and it stated this had been discussed with the chef who said they would provide them more frequently.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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