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: 20 November 2013

Date of Publication: December 2013

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

Consent to care and treatment	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ 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 women.
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 20 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with eight people who used the service and asked them for their views. We spoke with two care staff, the cook, the registered manager and one of the directors, who was the nominated individual. We also looked at some of the records held in the service including the care files for four people. We observed the support people who used the service received from staff and carried out a brief tour of the building.

We found where people were able to they gave consent to their care and support. A person who used the service told us, "I decide what I want to do. My routine is what I want it to be."

We found people were provided with a varied and nutritional diet. A person who used the service told us, "The meals suit me and I am a fussy eater. I don't know how they manage to feed me, there are so many things I do not like."

We found that suitable arrangements were in place to manage people's medication and ensure they received any medication they needed. A staff member told us how one person liked to take their medication in a particular way and this was recorded in the person's care plan for medication.

We found there were sufficient staff to meet people's needs and the provider maintained records that were accurate and fit for purpose. A person who used the service told us, "There are always plenty of staff if you want any assistance. There are no problems there."

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

The provider had effective systems to involve people in planning their care, and obtaining people's consent for this to be provided. We found before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes. People had signed their care plans to show these had been discussed with them and they were in agreement with them. The manager told us they discussed people's care plans with them after they had been reviewed and asked them to sign them to show they were in agreement with them.

Each care plan was written after the person's capacity in that area of care had been considered. It was stated on each care plan whether the person had the capacity to make decisions and was able to be fully involved in that aspect of support.

We found staff responded appropriately when people had the capacity to make decisions about their care and welfare. A staff member told us all the staff went out of their way to accommodate people's wishes. The staff member said, "The manager tells us we need to do things a certain way, even a small thing can make someone unhappy if it is not done how they want it." Staff told us an example that showed people chose their own routines was one person came down for their breakfast mid-morning each day. A person who used the service told us, "I decide what I want to do. My routine is what I want it to be." Another person said, "I like to stay in my room, they (staff) let me do that. Someone keeps coming and asking if I want anything."

A staff member told us they always asked for people's verbal consent when providing them with any personal care. The staff member said they did not provide the person with any personal care unless they gave their consent. The staff member said some people were able to look after their own financial arrangements and others had some assistance from family members.

The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) is legislation

used to protect people who might not be able to make informed decisions on their own about the care they receive. We found staff were provided with the leadership they required to protect the rights of people who did not have the capacity to consent and the provider acted in accordance with legal requirements.

A staff member told us they had received "In House" training on the Mental Capacity Act (2005.) The staff member told us they understood the basic principles of this legislation and described these to us. The staff member told us the manager was looking for further training for them on this legislation as part of their professional development. The staff member said they had considered applying for a deprivation of liberty safeguard (known as DoLS) for one person who repeatedly placed themselves at risk. However this was not needed as the person moved to an alternative placement more suited to their needs.

We saw mental capacity assessments had been completed where a person did not have the capacity to make a specific decision for themselves. These explained how it had been established the person was not able to make the decision. The assessments also showed other professionals and relatives had been involved in the assessment where appropriate.

A staff member told us there were some people who used the service that did not have the full capacity to make decisions for themselves. The staff member said they sometimes had to made decisions for people in their best interest. The staff member said even if someone did not have capacity they would not force them to do something they did not want to, like have a shower. The staff member said the person would still have a right to make a choice.

The manager told us one person had a pressure mat put in their room to alert staff if they got out of bed during the night and were at risk of falling. The provider may find it useful to note that the person had not consented to this, or if they were not able to do so, a best interest decision had not been made for the use of the pressure mat. The manager said they would assess whether the person had the capacity to consent to the use of this mat, and act accordingly to the outcome of the assessment.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Staff responded to people's nutritional needs. There was a cook employed who was responsible for planning and preparing the meals. The cook said the staff prepared meals when they had days off or were on leave.

There was a five week menu which provided a choice at each meal, apart from when there was a roast dinner as everyone wanted to have that. The cook told us they sourced food locally where possible, including getting meat from a local butcher. The cook said they provided good quality and nutritious homemade food. The cook also said they baked cakes daily, which people enjoyed.

The cook asked people each day to choose what they would like to eat. The cook told us if someone did not fancy one of the choices on the menu they could choose something else and they would prepare that for them. A person who used the service told us, "It is nice to have a choice." Another person told us, "We do choose it is quite a good choice."

The cook told us the menu which was basically made up of what people had said they wanted to be included. Two people spoke of taking part in a discussion about what they would like to be included on the menu.

The cook told us they would purchase any particular meal request people wanted. They said one person asks for tripe and onions a couple of times a month. No one else liked this but it was provided for that person.

The current week's menu was displayed in the dining room and this showed a cooked breakfast was available if people wanted one. The cook told us people did not very often ask for this, but sometimes some people would have some scrambled egg. The main meal was had at lunchtime and tea was a hot snack and sandwiches. The cook said there was always food available if someone wanted something to eat at any other time.

Staff effectively met people's nutritional needs. The cook said they liked to talk with people so they found about their likes and if they had any requests. A person who used the service told us, "The meals suit me and I am a fussy eater. I don't know how they manage to feed me, there are so many things I do not like."

A staff member told us one person had difficulty being able to chew their food. The staff

member said the cook prepared some of their meals in a slow cooker so the meat was very soft and tender which made it easy for the person to chew. The person told us, "They make sure I have got the right food I can manage. I am not good at chewing, so they give me things I can eat."

People were kept safe from poor nutrition and dehydration. A staff member told us they monitored each person's eating and drinking and completed a nutritional assessment each month. The staff member said there was not anyone at present who they had concerns about their nutritional intake. The staff member said this meant there was no one being monitored for their daily nutritional intake at the moment, but they encouraged people to eat and drink well. A person who spent a lot of time in their room told us, "They always come and tell me when it is time to eat. They bring me cups of tea."

A staff member told us they weighed everyone at the start of each month so they would know if there had been any changes in a person's weight. The staff member said if they were concerned about someone's weight change they would weigh them each week. We saw one person's weight record which showed when they had been weighed weekly when they were unwell. Another person told us they had been on a diet recently. They told us, "I have not had a pudding for weeks as I was losing weight, but I had to have a little of this chocolate pudding." Another person said, "We all put on weight here."

A staff member told us they discussed people's weights at the shift handover meeting and this was recorded in the shift handover book so all staff would be aware if there were any concerns. The staff member said the cook also took part in the handover meeting. The cook told us they joined in the handover meetings and kept updated with any concerns about people's weight.

A staff member told us they had previously contacted the speech and language therapy team (known as SALT who advise on nutritional and swallowing problems) when they were concerned about someone who was having difficulty in eating their meals. The staff member said the previous cook had been involved in this and they were quite sure the new cook would want to be if they sought advice from SALT again in the future. The staff member said the cook took an interest in all aspects of people's care as this was relevant to the meals they provided them with.

The cook told us they had received nutritional training. The cook said there was not anyone with any particular dietary needs apart from one person who preferred to have soya products rather than dairy ones, which they provided for them.

Staff promoted people's nutritional intake through a caring approach. We saw the dining room was nicely prepared for lunch. The manager told us people had suggested in a residents' meeting that they changed round where they sat so everyone in the home mixed well together. There were name cards used to indicate where each person would sit for that meal. A person told us the small dining tables created a nice atmosphere and made the meal enjoyable.

We saw each person at the same table were served their meal together which helped make it into a social occasion. Staff sat with people and there were some light hearted discussions which made a relaxed environment and encouraged people to eat well. One discussion was about what had been made at the previous Friday morning baking activity, and what people would like to bake the next Friday. A staff member told us people went for a meal out each month as part of the activities programme.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Staff were provided with the leadership they needed to safely manage people's medication. A staff member told us all staff were trained in the safe handling and administration of medicines. A staff member who had previously worked at the home had just returned to work as a relief worker. The staff member told us they were not involved in administering medication until they had been retrained, even though they had done so previously. This was to make sure they were still safe to administer people their medication.

We saw there was an assessment carried to ensure staff were competent to administer medication after they had completed the safe handling and administration of medicines training. The manager told us the team leader was currently attending a training course for assessing whether people were competent at administering people their medication. The manager said they thought this was a positive development and would ensure greater safety for people when they were administered their medication.

We found appropriate arrangements were in place in relation to obtaining medicines. A staff member described how they ordered new medication to ensure they had sufficient supplies. They said the senior member of staff who was on duty when the medication order was delivered to the home by the pharmacist checked that this was correct. We saw a record of this was made in a separate file. This was to make sure people would be able to receive their medication when they needed it.

A staff member told us they were the designated staff member to administer medication that day. Some people were given some medication prior to lunch as they needed to take this a period of time before they had anything to eat. A staff member told us how one person liked to take their medication in a particular way and we saw this was recorded in the person's care plan for medication.

We observed part of the lunchtime medication round. The staff member put on a red tabard which indicated they were giving out medication and must not be disturbed. We saw the staff member waited until everyone had finished their meal before they started to give them their medication. The staff member stayed to observe the person had taken this before they signed the medicine administration records (known as MAR sheets) to confirm

the person had been administered their medication.

A staff member said they always explained to people what the medication they were taking was for, and we saw them taking time to do so during the lunchtime medication round. There was also a folder with details of what each person's medication was for, in case staff needed to refer to this.

Appropriate arrangements were in place to record when medicines had been administered. We saw the MAR sheets were completed as required. There was an information sheet with a photograph of each person at the front of each person's MAR sheet to help staff administering medication identify the correct person. This sheet also included details of any allergies or any other needs associated with medication. We looked through the MAR sheets and found they had been completed as required. There was a protocol for staff to refer to if a person needed to be given any medication as needed rather than at set times (known as PRN.)

A staff member said on the odd occasion a MAR sheet was not properly completed they investigated to find out if the person had been given their medication as required. The staff member said the other staff that were on duty with them checked the MAR sheets to makes sure they had done everything right. The staff member said they worked as a team to make sure people had their medication when they needed to. At one point whilst we were talking with a staff member another member of staff cam to ask for the keys to the medication trolley so they could administer someone their medication as this was now due.

We saw there was a system in place to store and administer any controlled drugs, but there was no one who had any control drugs at this time. There was a controlled drug register to use if this became necessary. We saw the previous entries in this register had been correctly made to ensure all administrations were witnessed and the stock of controlled drugs were regularly checked. We saw records of monthly medication audits that were carried out to ensure all medication had been correctly managed.

Medicines were kept safely. There was not a separate room for storing medication in, but there were designated areas where medication that was new, in use or waiting to be returned to the pharmacist were safely stored. There were temperature checks carried out of the medication that was in use to ensure it was at its most effective temperature. There was a lockable fridge to store any medication that required cool storage.

Medicines were disposed of appropriately. There was a system for staff to follow to record all medication that had not been used, which needed to be returned to the pharmacist to be destroyed. This included completing a returned medication book so a record was kept of all medication that had not been used. The provider may find it useful to note that the returns book was not completed until the medication was ready to be returned to the pharmacist. This meant there was not a full audit trail of medication received into the home until this had been completed, and if any medication went missing before this was completed it would not be accounted for.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were sufficient staff with the right knowledge, experience, qualifications and skills to support people, which showed the home was well led. The manager was supported in managing the home by a team leader and a senior care worker. In addition one of the company directors regularly attended the home and carried out any duties they could to assist with the running of the home.

The manager spent some of their time working alongside the care staff. A staff member said, "The manager never asks you to do something they would not do themselves. It inspires confidence." Another staff member told us the manager led the staff team well which made them an effective team.

There were sufficient staff to respond to people's health and welfare needs. There were three care staff on duty each early shift and two on the late shift. There were two staff on duty overnight, one awake and one sleeping, but available to be contacted if needed. There was also a cook and housekeeper employed.

A staff member told us they thought there were enough staff on duty to see to people's needs in a timely way. The staff member said they thought there was a well-balanced staff team and they learnt from each other. A person who used the service told us, "There are always plenty of staff if you want any assistance. There are no problems there."

Staff told us the staffing levels were adjusted as people's needs changed. They gave an example that a staff member would come in for a short shift if extra assistance was needed for a fixed period of time, for example helping people who wanted a bath or a shower.

The manager told us they expected another person to move to the home at the end of the week and the staffing levels for the late shift would be increased to three staff to ensure people's needs were met.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and support.

Reasons for our judgement

Records kept were accurate and fit for purpose. This showed the home was well led. A staff member told us they had been given guidance on what they should record and how this should be written. Staff told us they kept the records up to date. We saw various records and found these were clear and up to date.

Records were kept securely and could be located promptly when needed. We saw there were lockable facilities for secure storage of people's records. Staff were able to produce all the records we had asked for during the inspection. Staff told us they were aware of issues around confidentiality and data protection.

The provider may find it useful to note the accident book had not been completed as required to ensure they complied with data protection legislation. The manager said this was an oversight and they normally did so.

Effective records were kept of people's care and the management of the service. We found people's personal records including medical records were accurate and fit for purpose. We saw staff completing people' daily records which described what care and support the person had been provided with. A staff member told us these were completed each shift. Then staff member also told us they completed a tick list to show what personal care people had received during the shift.

A staff member told us the team leader collected all the personal care charts each month and audits these to make sure people had received the care they needed. The staff member said they were given feedback in supervision about how they made record entries.

A staff member told us they read the handover book if they had not been in work for a few days. This told them how things had been and if there was anything they needed to be aware of. We saw a staff member stayed on after their shift to complete this as they had not had time to do it as they had been assisting us with the inspection.

We saw the documentation that was completed to monitor someone who was at risk of falls. This included a detailed falls analysis to see if any pattern or other ways of identifying causes for the person falling. We also saw body maps had been completed to show any

mark or injuries that had occurred.

People were protected against the risk of unsafe or inappropriate care. A staff member told us how they were preparing an infection control audit as a project they had been given to do by the manager. This included a chemical usage chart and a quick reference chart to quickly identify what cleaning products were safe to use where, and in what circumstances.

The manager told us they had discussed our last inspection report in a residents' meeting and everyone had enjoyed hearing the comments made about the home and seeing the comments they had made included in this. One person told us during this inspection, "The queen could not be treated better if she lived here." The person had made the same comment at the last inspection and was reported in that inspection report.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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