

Only Care Limited

# The Firs Residential Care Home

## Inspection report

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Date of inspection visit: 15 June 2015

Date of publication: 25/06/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The Firs Residential Care Home provides accommodation and non-nursing care, for up to 29 people, some of whom live with dementia. Short and long stays were available. At the time of our inspection there were 27 people living at the care home.

The home is arranged on two floors with an enclosed landscaped garden to the rear of the building. Access to the first floor is by means of stairs or a passenger lift.

The inspection was unannounced and was carried out on 15 June 2015. It was carried out by one inspector.

A registered manager was in post at the time of the inspection and had been registered on 14 May 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 26 January 2015. A breach of three legal requirements was found. After the

# Summary of findings

comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to management of people's medicines, how people's care records were to be accurately maintained and how people's views about their experience of the home were to be obtained.

We undertook this focused inspection on 15 June 2015 to check that the provider had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Firs Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At our focused inspection on the 15 June 2015, we found that the provider had followed their plan which they had told us would be completed by May 2015 to show how the legal requirements were to be met.

People told us that they were satisfied with how they were supported to take their medicines. Records demonstrated that people were given their medicines as prescribed and action had been taken to improve the quality of the records for people's prescribed medicines. This included the removal of stick-on-notes that were at risk of becoming loose or lost from the proper records of medicines. In addition, staff had clearer written guidance and an increased awareness of how and when people were to be safely supported with a certain type of medicine (Alendronic acid).

People's care records were more detailed and provided staff with the information to support people with the care that they needed. This included information in relation to providing people with sufficient amounts of drink to meet their hydration needs. The standard of recording people's fluid balance monitoring charts had also improved and this included the recording of the amount of drink people had taken throughout the day. Staff had taken the right action where people's fluid balance charts demonstrated that people were at risk of not taking enough to drink. When people had experienced a fall, their care records were updated to reflect the change in the person's needs. This included the provision of monitoring equipment for staff to ensure that people, who were at risk of falls, were kept safe.

People had an improved range of hobbies and interests to take part in with the provision of in-house and external recreational activities. A programme of recreational activities was developed and this was based on what people said that they liked to do.

Action was taken in relation to the improvement of the management of the service. The manager was now registered with the CQC. In addition, the provider had carried out audits which identified actions to be taken, by whom and by when, where improvements were required. Furthermore, people, including staff members and people's relatives, were asked for their views about the home. Action was taken in response to these views, which included improving the range offered in relation to people's hobbies and interests and the choice of food.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Action had been taken to improve how people were supported with their prescribed medicines and records of medicines.

This meant that the provider was now meeting the legal requirement.

Good



### Is the service responsive?

The service was responsive.

Action had been taken to improve how people's care records were completed and up-dated, including the records for monitoring people's fluid intake.

Action had been taken to improve the range of people's hobbies and interests.

This meant that the provider was now meeting the legal requirement.

Good



### Is the service well-led?

The service was well-led.

Action had been taken to improve how people's views were obtained in improving the quality of the service that they received.

Action had been taken in relation to the carrying out of audits and the detail of the actions that were to be taken as a result of the audits.

This meant that the provider was now meeting the legal requirement.

Good



# The Firs Residential Care Home

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of The Firs Residential Care Home on 15 June 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 26 January 2015 had been made. We inspected the service against three of the five questions we ask about services: is the service safe; is the service responsive and is the service well-led. This is because the service was not meeting legal requirements in relation to regulations associated with these three questions.

The inspection was undertaken by one inspector. Before the inspection we looked at all of the information that we held about the home. This included the provider's action report, which we received on 26 March 2015.

During the inspection we spoke with six people who used the service. We also spoke with the registered manager, the deputy manager, the cook, the activities co-ordinator, a senior team leader and a member of care staff. We looked at three people's care records, 10 people's fluid balance charts and records in relation to the management of the service. We observed people's care to assist us in our understanding of the quality of care people received.

# Is the service safe?

## Our findings

At our comprehensive inspection of The Firs Residential Care Home on 26 January 2015 we found that people were not protected against the unsafe management of their medicines. This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines (which corresponds to Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment).

At our focussed inspection on 15 June 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulations 13 and 12 as described above.

People told us that they were satisfied with how they were supported to take their prescribed medicines. One person

said, "They (staff) make sure I take it (medicine)." Another person said, "I have something (tablets) every day for the pain in my neck. They (staff) make sure I take them. I put them in my mouth and then I swallow them."

Members of staff were aware of how to safely support people when they were prescribed a certain type of prescribed medicine (Alendronic Acid). A senior member of staff said, "It (Alendronic Acid) is normally given half to an hour before food." The record of medicines demonstrated that people who were prescribed Alendronic Acid had this given to them as prescribed and an hour before they were due to take other prescribed medicines or food.

The medicines records were up-to-date and provided staff with detailed guidance in how to safely support people with taking their medicines. We also found the unsafe practice of using stick-on notes had ceased and, therefore, people were safer due to the improved maintenance of records of people's medicines.

# Is the service responsive?

## Our findings

At our comprehensive inspection of The Firs Residential Care Home on 26 January 2015 we found that people were not protected against the risks of inappropriate or unsafe care. This was because their care records were incomplete and provided staff with insufficient guidance about how to meet people's needs. This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare (which corresponds to Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person centred care).

At our focussed inspection of 15 June 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 9 as described above.

A member of care staff told us how they completed records in relation to the amount of fluids individual people had taken. They said, "You write in the date and time they (people) have had a drink, the type of drink and initial (sign) it. You then add it to the previous drink and add it all up. So you have a total down the side (of the chart)." The amount of fluids that people had taken was recorded and the amount was added up each time and was totalled at the end of each day.

The deputy manager said, "The care records are more up-to-date and are changed immediately. If any action is taken, for example, if a person is not drinking enough, we contact the GP and get their advice and encourage people as much as possible to drink." People's care records were updated and demonstrated that members of staff responded to people's hydration needs in line with the person's care plan.

Where people were assessed to be at risk of dehydration, their care records provided staff with information about how much the person was to take and this information was based on health care professionals' advice. The deputy manager advised us that when this advice was not available, more generic terminology was used: this

included the use of the word, 'ample'. The use of the word 'ample' was until health advice had been obtained about the amount of fluids people should drink during a 24-hour period.

People's care records demonstrated that these were reviewed each month and, where possible, with the inclusion of the person. The care records were updated when a person had a fall and when they required equipment to minimise their risk of falling.

During our inspection of 26 January 2015 we found that improvements were needed in relation to how people spent their day. During this inspection of 15 June 2015 we found improvements had been made. We saw some of the people were taking part in arts and crafts activities, which included decorating boxes and art work. We also saw a person humming and singing to music playing. Another person said that they had enjoyed their walk in the village.

Since our inspection of 26 January 2015, an activities co-ordinator had been employed and people were provided with an improved range of hobbies and interest that were important to them. The activities co-ordinator said, "I took time to speak to each resident, asking them about them about their likes and dislikes. Talking through the different activities that they like to do. Looking in their care plans to see what activities that they used to do. I've introduced a weekly exercise group. It's movement to music and there is music therapy each week. I bring in my harp so people can feel the strings and I have brought in percussion instruments for people to bang on. Last Thursday I took some people up to the (home's) summer house to have drinks out (in the garden). It was a chance for people to experience a different environment away from the inside of the home."

The deputy manager told us that the improved range of recreational activities had responded to people's social needs. They said, "People are staying awake and are more engaged and are socially interacting more with each other. Their days are longer as they have more to concentrate on than meals and bedtime."

# Is the service well-led?

## Our findings

At our comprehensive inspection of The Firs Residential Care Home on 26 January 2015 we found that people were also not asked about their views of the home and their care. This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers (which corresponds to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.)

At our focussed inspection on 15 June 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulations 10 and 17 as described above.

People said that they were given the opportunity to attend meetings and minutes of these were seen. The minutes demonstrated that people were asked what they would like to do and they had made suggestions in relation to hobbies and interests. This included having a trip out and to eat by the river. The registered manager and activities co-ordinator told us that people recently had attended a riverside picnic.

The activities co-ordinator told us that they had made suggestions to improve the activities programme and this was in its development stage. They said that the registered manager had given her, "Great freedom to explore new activities." They told us that people's suggestions were used to develop the activities programme. We saw the activities co-ordinator had asked people if they wanted to join in the arts and crafts sessions and they also asked a person if they wanted to join in a quiz on the following day.

Surveys had been carried out to obtain views about the home from people, including relatives, staff and health care professionals. Where improvements were needed, action

was taken in response to what people had said in their surveys. This included an improved choice of menu. The cook said, "We have asked people what they would like to eat and since then, we have everyone's views about the food and what they like." The menus demonstrated that there were food options for people to choose from and we saw members of staff offer people a choice of food.

Members of staff had requested in their surveys for an increased frequency of when staff meetings were to be held; staff meetings were now planned to be held each month. Staff told us that their meetings had enabled them to make suggestions to improve people's care. A senior member of staff gave an example of this and actions were taken to improve the safety of supporting people with their medicines.

Audits had been completed and where actions were identified there was information to show who and when these were to be carried out. The deputy manager said, "We have got some of our team leaders involved in the audits and me and [name of registered manager] will do the action plan and speak with the team leaders if it is them (who need) to improve." The deputy manager gave an example of actions that had been taken in response to audits of records of people's medicines; hand written entries were now signed and countersigned by two staff members.

Since the inspection of 26 January 2015, the manager became registered with the CQC. People said that they were treated well and enjoyed living at the home. One person said, "It's a great atmosphere here. We're well-looked after." Another person said, "The staff are wonderful." Members of staff told us that, under the leadership of the registered manager, there had been an improvement in staff morale and there was an increase in staffing numbers.