

The Firs Residential Care Home Limited

# The Firs Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Firs Residential Care Home provides accommodation and personal care for up to 12 people, including people living with dementia, in one adapted building. At the time of the inspection 11 people were living at the service.

The service is also a domiciliary care service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection five people were receiving personal care as part of their care package.

### People's experience of using this service and what we found

Systems and processes were in place to regularly assess and monitor the health and safety of the environment, premises and equipment, including fire safety and risks associated with legionella. However, governance procedures had not identified the shortfalls in the fundamental standards found during this inspection.

Improvements with medicines were required. This was particularly in relation to the storage of medicines and the guidance for staff of how to administer prescribed medicines.

Incidents and accidents required further review and analysis, to ensure known risks were sufficiently assessed, monitored and mitigated and lessons learnt.

Guidance provided for staff about people's care needs and routines were overall individually personalised. However, information relating to people's health conditions lacked detail in places. At the time of the inspection, care plans and risk assessments were being reviewed to ensure they were sufficiently detailed and up to date.

Staff were aware of their role and responsibilities to safeguard people from abuse and avoidable harm. Additional and refresher training had been planned to ensure all staff were knowledgeable and competent in meeting people's individual care needs.

People who used the service and feedback from relatives were in the main positive. This included comments about the staff and management teams caring and responsive approach.

People receiving care in their own homes were introduced to new staff before they provided care. In the main care calls were provided on time and staff stayed for the duration of the call. At the time of the inspection, checks by the management team to assure themselves staff were meeting people's individual needs such as spot checks were not happening. However, the management team had regular contact with people and or their relatives and addressed any concerns raised immediately.

The provider completed recruitment checks when staff commenced their role to ensure as far as possible staff were safe to care for people. A dependency tool was used to determine what staffing levels were required to meet people's individual needs and safety in both the service and people in their own homes the community.

Since the last inspection, the registered manager had left the service and the new manager was in the process of registering with CQC. Staff reflected on the change of management and overall were positive about the new managers support and leadership.

The provider had submitted statutory notifications to notify CQC of events they are required to report. Staff worked well with external health care professionals to meet people's individual care needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 24 April 2018).

#### Why we inspected

The inspection was prompted in part by notification of a specific incident. The information CQC received about the incident indicated concerns about the management of risks associated with choking. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has deteriorated to Requires Improvement.

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).

#### Enforcement

We have identified one breach in relation to governance of the service. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our well-led findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Firs Residential Care Home

## Detailed findings

### Background to this inspection

#### Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

An inspector and an assistant inspector completed a site visit. An Expert by Experience made telephone calls to relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Firs Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is also a domiciliary care agency. It provides personal care to people living in their own houses.

At the time of the inspection, the service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We observed staff engagement with people where possible. We spoke with the manager, the provider, one senior care staff, three care staff and the cook. We spoke with two people who lived at the service. We reviewed a range of records. This included a total of eight people's care records and multiple medication records for people living at the service and those in the community. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including accident and incident records.

#### After the inspection

Following the inspection site visit, the Expert by Experience contacted relatives of people living at the service by telephone and spoke with six people. The inspector spoke with two relatives of people living in the own homes who received domiciliary care. We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's, training data, policies and procedures and meeting records, audits and checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's care needs required additional guidance for staff to ensure known risks were planned, monitored and mitigated. For example, guidance about people's health conditions and how this impacted on their care needs was not completed or lacked detail.
- Staff demonstrated a good awareness and understanding of people's care needs and associated risks. This indicated the lack of guidance and information was therefore a recording issue. The manager and senior on duty confirmed they were in the process of updating people's care plans and risk assessments.
- Risks associated with health and safety both within the service and for people receiving care in the community had been assessed and reviewed. This included safety in relation to the environment, equipment, fire safety and risks associated with legionella a water type bacteria.
- People and relatives were positive staff were aware of known risks and reported these were managed well. One relative said, "Every time I call, I'm impressed, and I've never had any concerns about poor care or unsafe practice."

### Using medicines safely

- Information and guidance for staff about people's prescribed medicines was inconsistent. For example, there were no protocols for medicines prescribed as required. Body maps to guide staff of the site application for prescribed medicines were not consistently completed. Information about people's preferences of how they took their medicines was inconsistently recorded. Two people did not have a front sheet with their photograph to confirm identity or details such as GP or information about allergies.
- One person's medication administration record had a missed signature. A stock check confirmed the medicine had been administered but not signed for. One person's medicine stock check found it did not tally with the recorded stock level. The manager was unable to account for this. The person had not been harmed and the manager agreed to investigate.
- Temperature check records for the medicine fridge and room where the medicines trolley was stored showed some gaps. There were no temperature checks on the storage of controlled drugs. Temperatures too high or too low can impact on the effectiveness of medicines so therefore should be monitored daily.
- People received their prescribed medicines when they needed them. A person said, "I pretty well know what tablets I have, if I asked (staff) they would tell me. I know basically they bring it at 9am, two paracetamol and six others." A relative said, "The Firs are extremely punctilious [careful] about the medical aid my relative needs regularly."

### Preventing and controlling infection

- We were not fully assured that the provider was using PPE effectively and safely. Action was taken to make improvements.

- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider took action to increase domestic cleaning hours at the service.
- We were not fully assured that the provider's infection prevention and control policy was sufficiently detailed.

We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the manager and a monthly analysis was completed for any lessons learnt. However, the monthly analysis reviewed did not fully reflect all the incidents records completed. The analysis was also limited in detail such as identifying themes and patterns. This impacted on the manager and provider of having accurate oversight of incidents.
- Body maps used to record injuries or unexplained bruising did not always have a corresponding incident form or were recorded in the monthly analysis. Some people were living with dementia and at times of heightened anxiety, displayed behaviours that could be challenging to themselves or others. Whilst behaviours were recorded there was no evidence these were reviewed to consider if changes were required to how care was provided or if a referral to external health care professionals were needed. The manager agreed to make improvements.

Staffing and recruitment

- Overall people received assistance from staff when they needed it. One person said, "I don't need much attention but some of them do. I would say they are not overstaffed."
- The manager completed a dependency tool to determine the staffing levels required. Staff worked in both the service and the community and two separate staff rotas were developed. We received a mixed response from staff about the staffing levels being sufficient. On the day of the inspection we considered staffing levels to meet people's individual needs and safety to be sufficient. However, we noted staff were expected to complete cleaning task and this impacted on them providing care. The provider agreed to increase domestic hours.
- Feedback about the community service confirmed in the main, care visits were completed on time and staff stayed for the duration of the call. Staff were introduced to people before they provided care, and this was important to them.
- Safe staff recruitment procedures were completed to ensure as far as possible, people employed were safe to provide care. We noted from staff record checks that probationary meetings to review staff performance and development had not occurred. The manager told us they had plans to address this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. Relatives were positive and complimentary about the caring approach of staff and raised no concerns about safety. One relative said, "There is good discipline and training, proper recruitment and training systems. It really reassures me they (staff) provide safe care."
- Staff knew how to recognise and protect people from the risk of abuse. Staff had received safeguarding training and access to the provider's policies and procedures. The manager was aware of the local multi-agency safeguarding procedures and had used them to report any safeguarding concerns. They had also



completed internal safeguarding investigations and took actions where required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems and processes that monitored quality and safety were not sufficiently robust.
- People's individual care needs were not consistently assessed, planned for or mitigated. A lack of guidance for staff placed people at risk of receiving unsafe and inconsistent care.
- Audits and checks had not identified the shortfalls in medicines management or IPC practice as described in Safe of this report. This placed people at increased risk.
- The system used to review and monitor incidents was not fully effective in identifying any themes, patterns and lessons to reduce reoccurrence.

We found no evidence that people had been harmed as a result of poor governance. However, there were poor systems and processes to record and monitor the quality and safety of the service provided. This is a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager had been appointed and was in the process of submitting their CQC registration.
- The provider had operational care policies and safety procedures to support safe staff practice in the care of people using both the residential and community service.
- A whistleblowing policy was in place and staff confirmed they would not hesitate to use this if required. Whistle-blowers are employees who are protected by law to raise concerns about illegal, unethical activity; wrongdoing or misconduct within a service or organisation, either private or public.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received personalised care and support. A relative said of the manager, "They are extremely efficient. My relative moved straight from hospital to the service; they spoke direct to the ward and arranged everything and sorted out their medical aspects and spoke to me at length." Another relative said, "The owner, even took my relative for a walk up the lane to help them feel they had not been completely shut away from the outside world."
- A relative said, "The management team take great pride in the care and maintenance of the building and are really concerned for the residents. The owner asked about my relatives hearing and how the care staff can best help with their hearing loss."
- People and relatives were positive about the leadership of the service. This included how visits were

facilitated before the current lock down rules. A relative said, "During summer visits outside, everything was always carefully organised. My relative was happy enough. Everyone was wearing masks, and everything was meticulously taken care of. Visits were very carefully supervised."

- Staff were seen to apply the provider's set of care values; they had a calm and caring approach towards people in their care. Staff worked well together, they were organised and understood their role and responsibilities. Staff showed great awareness of people's individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

- The provider had a complaints policy and procedure and people and relatives were confident they could raise any concerns or complaints if required. A relative said, "The owner is very chatty and open and communicative; always ready to talk and get involved if there is an issue."

- Relatives of people using both the residential and community service were positive about the service received. They described the management team as being "responsive" and the care team as "friendly and competent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service and relatives were positive about the communication and involvement in decisions about the care provided.

- As part of the providers quality assurance process they sent annual satisfaction questionnaires to people and relatives inviting them to share their experience about the service they received. We noted however, this had not previously included people using the community service. The manager assured us going forward they would ensure this was completed.

- Staff reflected on the management changes within the last six months were overall positive about the manager's support and leadership.

Working in partnership with others

- The ongoing relationship with the local GP practice was positive and weekly meetings between the GP and care staff continued, this joint approach to care delivery led to positive outcomes for people.

- Relatives were positive about how the staff worked with the GP practice and other health and social care professionals in the ongoing care of their relation.

- It was clear from talking with relatives, staff and viewing care records that the service regularly worked in partnership with external professionals and relevant care agencies. This demonstrated the service had established effective links with external health and social care professionals in meeting people's needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service. This placed people at risk of harm.  Regulation 17(1) (2) (a) (b) (c)