

West Bank Residential Home Limited

# The Firs Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

The Firs Residential Home is a care home. It is registered to provide accommodation and personal care for up to 38 older people. Bedrooms are situated over two floors with communal areas on the ground floor. The service supports people living with dementia, a mental illness, and/or a physical disability. Nursing services are provided by the community nursing team. On the second day of inspection there were 18 people living at the service.

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

People were at risk because sufficient measures were not in place to prevent the spread of infection.

Staff did not always use personal protective equipment in line with UK government guidance, and where they did use it they did not always do so correctly. For example, we observed staff members wearing their face mask on their chin while taking a break and then using the same mask when returning to their shift. Some staff did not know when they should be wearing a mask, gloves or an apron and we saw staff members not wearing masks when they should have been.

Clinical waste was not always stored or disposed of safely and in a way which minimised the risk of cross contamination.

There were not enough staff available to ensure the enhanced cleaning required by current UK government guidelines took place, and records in place did not reflect these guidelines. There were several occasions where there were no domestic staff on duty and no record of any cleaning being done. There was limited provider oversight of infection control procedures and these issues had not been identified.

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 Inadequate (published 26 November 2019) with multiple breaches of regulation. We did not review these breaches during this inspection.

### Why we inspected

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control practice was safe and the service was compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place. We looked at infection prevention and control measures under the Safe key question.

We have found evidence that the provider needs to make improvements. Please see the Safe section of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Firs

Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection control at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

Inspected but not rated.

**Inspected but not rated**

# The Firs Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This was a targeted inspection looking at the IPC practices the provider has in place as part of CQC's response to care homes with outbreaks of coronavirus.

#### Inspection team

The Inspection was carried out by an Inspector and Inspection manager on day one, and by two inspectors on day two.

#### Service and service type

The Firs Residential 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information sent to us by the provider and information shared by the local authority. 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.

#### During the inspection-

We spoke with 12 members of staff including the registered manager, assistant manager, senior care worker, care workers, maintenance and domestic staff and the chef.

We reviewed records relating to cleaning and oversight of infection control.

After the inspection

We requested further information from the provider relating to their governance.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check infection control and prevention measures at this service. We will assess all of the key question at the next comprehensive inspection of the service.

### Preventing and controlling infection

- People were at risk of infection. This was because staff were not following current UK government guidelines when wearing personal protective equipment (PPE). We observed staff wearing masks under their chin and then pulling it up, rather than replacing it with a new one. We also observed two staff members not wearing a mask at all.
- We saw one member of staff assisting a person to eat and drink without wearing gloves or a disposable apron. Another helped a person change position without wearing the correct PPE.
- We observed a staff member emptying clinical waste bins in people's bedrooms. They carried the bags full of used PPE into each bedroom, which put people at risk of cross contamination.
- One person's room had a clinical waste bin with no lid, two others had lids which were not shut properly.
- Staff were not always maintaining social distancing and the environment did not encourage staff or people to maintain a distance. For example, some of the chairs people were using in the communal lounge were placed directly next to each other. On the first day of inspection we observed staff sat in chairs in a smoking area less than two metres apart. This had been addressed by the second day of inspection and the chairs had been moved.
- There were not enough staff to ensure regular cleaning tasks were completed. On nine occasions between 14 November 2020 and 13 December 2020, the height of the outbreak of infection, there were no domestic staff on duty and no measures had been put in place to cover for their absence. This meant no cleaning or infection control measures were taken to prevent the spread of infection.
- On a number of occasions there were less than the planned number of domestic staff on duty, one staff member told us "it's been tough".
- At the start of the outbreak additional paperwork had been created by the domestic staff to record enhanced cleaning, however, this did not meet current UK government guidelines regarding frequency of cleaning tasks and on 14 occasions had not been completed at all.
- There had been limited management oversight of cleaning routines and documentation and senior managers were not aware of these shortfalls.

This put people at risk of infection and is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Visitors were required to have their temperature taken and wear a mask. Only essential visits were being permitted at the time of inspection such as health professionals or family members where people were reaching the end of their life.

- The provider was not currently admitting new people to the service.
- The provider was accessing regular testing for people using the service and staff.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were at risk because infection control was not effectively managed.

### **The enforcement action we took:**

We imposed urgent conditions to the providers registration.