Only Care Limited

The Firs Residential Care Home

Inspection report

Tower Farm
Tower Road
Little Downham
Ely
CB6 2TD
Tel:
(01353) 699996
Website: www.onlycareplc.com

Date of inspection visit: 26 January 2015
Date of publication: 30/03/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This unannounced inspection took place on 26 January 2015. The previous inspection was undertaken on 29 July 2014 and we found that the regulations which we assessed were being met.

The Firs Residential Care Home provides accommodation and care for up to 27 people. There were 25 people living at the home when we visited.

At the time of the inspection there was no registered manager in place however the manager was in the process of applying to become registered with the

Summary of findings

commission. A registered manager is a person who has registered with the Care Quality Commission 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.

Improvements needed to be made to the administration and recording of medicines to ensure that people always received their medicines in safe manner.

People and their relatives hadn't been asked for their views about how involved in making improvements to the service could be made.

Quality assurance audits were conducted however there weren't always clear action plans to show what improvements were being planned as a result of the findings of these and who was responsible for implementing them.

People had not been supported to engage in hobbies or interests. The provider was taking steps to ensure people's hobbies and interests were more effectively supported.

Not all care plans contained sufficient detail to ensure that staff were clear about how they should support people. This meant that there was a risk that staff, (especially any new or agency staff), would not being fully aware of their responsibilities.

Staff were kind and compassionate when working with people. People enjoyed the food and always had enough to eat and drink. People were supported to see health care professionals such as GPs and district nurses when needed.

There were usually enough staff on duty to meet people's needs but staff had limited time to sit and talk with them.

There was a complaints procedure in place and people felt confident to raise any concerns either with the care staff or the manager.

The requirements of the Mental Capacity Act 2005 were being followed to ensure that when needed decisions were made in people's best interests and they weren't having their liberty restricted unless the correct procedures were followed.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

The risk of people experiencing harm was reduced because staff had a thorough understanding of what abuse was and how to report it.

Risks to peoples safety have been assessed and appropriate action had been taken by staff to reduce risks where possible.

People were at risk when they received their medication because safe procedures were not always followed by staff.

Requires Improvement

Is the service effective?
The service was effective.

People had their needs met by competent staff.

The manager demonstrated a clear knowledge of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves.

The service met the requirements of the Deprivation of Liberty Safeguards

Good

Is the service caring?
The service was caring.

People were well cared for and treated with dignity and respect.

Staff spent time supporting people and talking to them in a kind and gentle manner.

Good

Is the service responsive?
The service was not always responsive.

People's care plans were not always detailed enough and this limited the guidance for staff to follow about how they should support people.

People had not been supported to follow their interests or take part in social activities.

Complaints were dealt with appropriately.

Requires Improvement

Is the service well-led?
The service was not always well-led.

People living in the home and their relatives were not involved in assessing the quality of the service provided in order to drive improvement.

Staff felt confident to discuss any concerns they had with the manager and were confident to question colleagues' practice if they needed to.

Requires Improvement

The Firs Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 January 2015 and was unannounced. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local commissioners to obtain their views about the service.

During our inspection we spoke with eight people who lived in the home, three relatives, four care staff, the deputy manager and the manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed including recruitment records, training records, health and safety records and audits.

Requires Improvement

Is the service safe?

Our findings

All people spoken with said they felt safe. One person told us, “I know people here, I feel safe.” Another person said, “I do feel safe here, but it can be noisy at night.” Another person told us, “I am settled here. I feel safe here.”

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. A safeguarding policy was available and staff told us that they had read it. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm.

Assessments had been undertaken to assess any risks to the person and to the staff supporting them. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, there was a risk assessment about a person who was at risk of recurrent urinary tract infections and what symptoms staff should look for.

People told us that there was normally enough staff on shift to meet their care needs in a timely manner but that they would like staff to have the time to sit and talk with them more. One person told us, “staff are rushed off their feet but very dedicated.” Another person told us, “Staff get here quickly when I call.” The relative of one person told us, “In general there is enough staff.” One person told us, “Staff only come in when they are bringing my medication.”

The manager told us that they were currently recruiting new staff so that the number of care staff on each daytime shift could be increased from three carers to four. The home used agency staff who had worked in the home regularly to cover staff vacancies to ensure that there was enough staff.

Staff told us that there wasn’t always enough staff on shift to ensure that people’s needs were met in a timely manner. We saw that that staff were constantly busy during the inspection. However, people did not appear to be rushed when staff were assisting them. One member of staff told us that they didn’t always have time to read care plans. Another member of staff told us that they thought there should be more staff than at present on shift and that people didn’t get to spend one to one time with people.

Staff told us that when they had been recruited they had completed application forms and attended interviews. References and criminal records checks had been completed before they were employed to ensure they were suitable to work in home.

People confirmed that they received their medicines on time. Staff told us that they had completed administration of medicines training and competency assessments. This was to ensure they had understood the training and followed the correct procedures. We looked at the administration of medicines records and saw that they were accurate and reflected what people had told us. However we found that when administration instructions had changed these hadn’t been recorded appropriately or in a safe manner. Information was written on pieces of paper which were then stuck to the administration records rather than being written directly on the records. There was a risk that these notes could become detached and the person’s records would then not be accurate. We also saw that one person was prescribed alendronic acid and that this was recorded as being administered at the same time as the person’s other medicines. Staff were not aware of the special precautions that needed to be taken when administering alendronic acid. This could place people at risk of not receiving their medicines in a safe manner.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service effective?

Our findings

People told us they thought that the staff had the skills and training they required to meet their needs. One person told us, “The staff know me.” Staff told us what people’s individual needs were and how they should be met.

The manager and staff told us that they felt supported. Records showed that formal supervisions and appraisals had not been carried out regularly. However staff told us that they could approach the manager or deputy manager and discuss any issues.

Staff told us and records confirmed that staff had attended training and induction when they commenced work. They also told us they had received ongoing training including safeguarding vulnerable people, infection control and administration of medicines. The manager told us that a new training programme was being planned to ensure that all staff have the necessary skills and knowledge. Not all of the staff were knowledgeable about the Mental Capacity Act 2005 (MCA) but the manager was arranging for all staff to complete MCA training.

Staff were able to tell us about how they offered people choices and sought their consent. The (MCA) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. We discussed the MCA with the manager and staff. The manager showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records which showed that the principles of the MCA Code of Practice had been used when assessing an individual’s ability to make decisions. The manager was knowledgeable about the Deprivation of Liberty Safeguards (DoLS) and had completed appropriate documentation.

People told us that they liked the food and said that they were given a choice of meals. We saw that there were two options of main course at lunchtime but when one person had not wanted either of the options they had chosen something else. We saw that snacks were available for people throughout the day, such as fruit, cakes and biscuits. One person said, “The food is like my mum used to cook.” Another person told us, “The food is nice.” We saw that people were provided with sufficient quantities to eat. Where people were identified at being as risk of malnutrition, staff took appropriate action such as monitoring their weight or providing fortified meals and supplements. People could choose to have meals served in their bedrooms. We saw that people had access to jugs of fresh squash or water in their bedrooms. We observed a meal time and saw that people were given choices and offered any help that they needed.

People told us that when they needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. For example, one person had been referred to the district nursing team to support them with skin care. Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs.

People’s needs had been taken into account when decorating the home. Thought had been given to the décor in the corridors. Signage appropriate to people living with dementia had been carefully placed and memory boxes were outside people’s bedrooms to help them identify which was their room and to promote their independence. There was tactile artwork throughout the home and posters showing different decades. Work was being completed on a sensory garden to include a summerhouse, raised flower beds and seating.

Good

Is the service caring?

Our findings

One person told us, “The staff are kind, I could talk to the girls if I was worried.” Another person told us, “The staff are kind, they never shout at you or have a go.” Another person stated, “The staff are very kind. They had better be. We would soon complain.” One person’s relative told us, “I came in yesterday and staff didn’t know I was here. My [family member] was calling out and the staff were being really kind to her.”

We found that staff were knowledgeable about each individual person’s needs and what support they required. For example, we talked to the person who was responsible for administering the medicines during our inspection and they were able to tell us about a person’s recent health issues and how their medication had been changed by the GP in response to this. We observed staff referring to people by their names and talking to them in a kind and caring manner. People recognised the staff and responded to them with smiles. Although staff were busy they did not rush people and were polite and friendly. One visiting health care professional told us that the staff were dedicated. All of the staff we talked with said they would be happy to have a relative living in the home. During lunch we saw someone drop their bowl and this was cleared away quickly and discretely by a member of staff.

One person told us that they had lived a very busy life and now found it quite lonely. They stated that staff were, “Very good” but they didn’t have time to sit and chat with them. They also stated that there were two members of staff who had been working in the home a long time and that they often asked about the things they had done in their life and that they enjoyed telling them. We saw that although people weren’t rushed when staff were supporting them the staff were constantly busy and didn’t have time to sit with people.

We saw that people were treated with dignity and respect. People told us that staff closed doors when providing support with personal care and kept them covered up when possible. They also told us that staff knocked on people’s bedroom doors and waited for an answer before entering. We saw this happening on the day of the inspection.

Care plans had been written in a way that promoted people’s privacy, dignity and independence. For example, one person’s care plan stated, [Name] is a very private lady and at times will find it difficult to accept assistance from staff. [Name] has increased anxiety due to her decline in health and reassurance is required at all times during this activity.”

Throughout the inspection we saw that visitors and relatives were welcomed throughout the day. Visitors and relatives told us they could visit at any time and could see their relative or friend in the communal areas or in private.

Requires Improvement

Is the service responsive?

Our findings

Staff were able to tell us how they supported people to make choices. People confirmed that they could make decisions about what time they wanted to get up and go to bed, what they had to eat and how they choose to spend their time. This showed us that people could make choices about things that affected them.

Records showed that people's needs had been assessed before they moved into the home. Care plans were in place for each person which included information about what areas of their lives people needed support with. We found that although people's needs had been assessed some areas of the care plans contained detailed guidance and in other areas there wasn't always enough information to guide staff about how they should support people. For example, one person's care plan stated that they should be encouraged to have "ample fluids". However, there was no guidance what ample fluids meant for this person. Although a fluid chart was in place to record the person's intake it was not clear whose responsibility it was to assess the intake or what action they should take if they thought enough fluids hadn't been taken. The manager stated that the night staff should calculate the total of fluid charts but when we looked at people's fluid charts it was clear that staff had not always calculated the total quantity of fluids taken. We also saw that although the care plans were being regularly reviewed the information was not always being used to update the care plans. For example, the care plan evaluation for one person's mobility showed that they had fallen several times and when they were unsteady and tired would need two members of staff to assist them to walk. However, the person's care plan had not been updated to reflect this. Care plans did not provide accurate information so that staff knew who to care for and the support people needed.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager told us that there had been a few months in the home where a daily activities co-ordinator had not been available. This meant that there was no dedicated member of staff to provide regular activities for people to be involved in and no one to one activities were carried out. During the Christmas period other staff members had organised entertainment. One person told us, "We used to do lots of activities but not now, I'm bored, that's why we fall asleep." We didn't see any activities during the inspection and the manager confirmed that there were very little activities organised at present due to not activities co-ordinator being in post. The manager told us that a new activities coordinator had been recruited and was due to commence work in February 2015 and they would be finding out what people's interests and hobbies were and would organise appropriate activities.

People told us they were aware of how to make a complaint and were confident they could express any concerns. We saw that there were six complaints received during 2014 and that they had been investigated and any necessary actions had been taken. There was a complaints procedure in place which staff were aware of. One person told us, "I've never had to make a complaint, I could talk to the girls if I was worried." Staff were aware of the procedures to follow if anyone raised any concerns with them.

Requires Improvement

Is the service well-led?

Our findings

The manager had been in post since September 2014 and was in the process of submitting their application to become the registered manager. We were told by most people who used the service and staff that the manager was approachable.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

The manager told us and staff confirmed that there had been a staff meeting when the new manager was new in post. The manager showed us that staff meetings had also been arranged for the rest of the year. Care staff told us that they felt supported by the manager and the deputy manager and if they had any concerns they could talk to them about it. One member of staff told us, "I love my job."

We talked to the manager and the deputy manager about improvements that could be made and we found that they were already aware of the majority of issues we raised and had started to make improvements. For example, we fed back that not all staff were aware of their responsibilities regarding the Mental Capacity Act (2005). The manager had already identified this and was in the process of arranging a new training provider so that staff would have the necessary skills and knowledge.

Although there were various audits in place to assess the service being provided there were no clear action plans in place stating what action should be taken, by whom and when, in response to the findings of the audits. We saw that incidents and accidents were reviewed to ensure risks to people were reduced and falls were investigated. For example, we saw that a referral had recently been made to assist a person who had experienced several falls with their safe mobility.

One person told us that no one ever came and asked if they were happy with the service they were receiving. The last survey sent to people living in the home to ask their views about the service was completed in July 2013. A "residents' meeting" had been held in the home since the manager had commenced work but there were no minutes available for the meeting. We could not see evidence that people made suggestions about the running of the home and that this had been followed through. The manager was aware of this and discussed several ideas with us about how they were planning to get people more involved in the running of the home.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who use services and others were not protected against the risks associated with unsafe care or treatment as the planning of their care did not include all of the information needed to meet their needs. Regulation 9.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People's views had not been sought about the standard of care and treatment provided to them. Regulation 10 (2)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines There were not appropriate arrangements for the recording and safe administration of medicines.