

# The Firs Care Home Care Home Service

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Barrhead  
Glasgow  
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Telephone: 0141 237 5253

**Type of inspection:**

Unannounced

**Completed on:**

6 December 2018

**Service provided by:**

Clancare Ltd

**Service provider number:**

SP2003002230

**Service no:**

CS2013315033

## About the service

The Firs is registered to provide a care service for up to 24 frail older people. The home is an older style property set on two floors with a private garden area to the rear of the building. A building just beside the home, houses the laundry room and extra storage rooms. The home is managed and owned by Enhanced Limited.

The service is situated in the Barrhead area, within walking distance to the local shops, community resources and public transport and has been registered with the care inspectorate since 2013.

At the time of the inspection there were 24 people using the service.

## What people told us

Before this inspection we gave out 10 Care Standard Questionnaires (CSQs) for residents to complete as well as 10 to relatives/carers. At the time of the inspection we had received 1 CSQ from residents and 5 from relatives/carers. The CSQ returned by one resident, strongly agreed that they were happy with care. Of the 5 returned by relatives 4 strongly agreed and 1 agreed that they were happy with care.

We also spoke with 4 residents during the inspection and 2 carers. Comments included:

"I have been pleasantly surprised with the home -you hear such reports about other homes"

"I find the sitting room depressing so usually come into the dining room or the conservatory to talk"

"They try to cater to all the people who are here - time is taken up very well with activities during the day - there's enough to be keeping themselves busy"

"Tremendous difference for the better since Laura came - the décor and staff seem better - it's improved a lot"

"The place is good. The family were well supported"

"Always clean and tidy and there is a good level of care - people don't get lost in the crowd with it being smaller.

"Seen the cook making meals with fresh fish, meat and potatoes - as well as a snacks box and vitamin juice"

"In and out a lot - well looked after and respected - lots of outings -

"Manager quite proactive and will address issues.

"Environment is getting better - lovely, new floor and nice and clean. They are good at keeping in touch"

"Always made to feel welcome and if they call they are very welcoming"

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

Generally, we were satisfied that residents were looked after safely and supported to an overall good standard. We decided this from what people told us, what we saw and from the records we looked at. We also looked at the home environment and facilities during the inspection.

People spoke positively about staff saying how they could make choices about things day-to-day such as when they went to bed and got up. Where able, residents could become involved in decision-making within the home such as recruitment, meetings and completing questionnaires. Where suggestions had been made we saw actions that had been taken to address these.

We observed staff engaging warmly with people. However staff should be reminded to encourage people to maintain their levels of independence in tasks wherever possible.

People were helped to eat and drink where required and the quality of food was good. We suggested showing plated meals may help people make decisions about their meal. We also discussed considering current breakfast arrangements and the manager agreed to action this.

Overall residents weights were monitored well where required and had increased, however we could not see the management where people had lost weight.

(See area for improvement 1)

Fluid intake was recorded on the same record and we suggested that this should be a separate record for better accuracy and to make sure people were receiving enough to drink.

Where there had been any fluctuations in health, the service made sure there were investigations, reviews and changes made to the persons support. We could see that referrals were made to healthcare clinicians when required.

There was no high incidences of wounds within the service however we suggested the use of body map records to show any areas of concern on residents. The manager also acknowledged some missing information we pointed out within the positional charts which the manager.

We noticed the personal grooming/presentation of some residents could have been better. We advised the manager that records where someone refuses should be better completed including evidence that staff had tried to assistance at a later time.

Residents generally received their medication as it was prescribed. However, sometimes the outcomes of giving as required medication was not recorded. We discussed how this was a good way to determine how effective the medication was.

There was an improved level of in-house activities and entertainment as well as trips out with the home and links to the local community.

## Areas for improvement

1. Clear records should be completed to demonstrate what actions have been taken to help address where people have had unplanned weight loss.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me"

## How good is our leadership?

**4 - Good**

We acknowledged the progress made within the service since the change to management. We have also acknowledged the commitment of both the providers and the manager to improve on areas we discussed and intend to review progress made in these areas at the next inspection.

People generally spoke positively about the Management within the service and staff told us how management were supportive of them in their role. We generally found the service to be led and managed well.

Where able, residents could become involved in decision-making within the home such as recruitment, meetings and completing questionnaires. Where suggestions had been made we saw actions that had been taken to address these.

The service had ways to make sure it was delivering a satisfactory service including the completion of audits. Areas that were covered by audits included looking at how well things worked and how well records were completed. We acknowledged how new these processes were and aim to review how they have helped improve the service at the next inspection.

The Home Improvement Plan showed actions identified for improvement and was an accurate reflection of the plans going forward.

The service had a complaints log. This helped people to make comments and express their views on the service. Generally the records were completed well however we suggested the service consider developing a compliments and concerns log also.

Dependency tools were completed to make sure there were enough staff to meet the health and wellbeing needs of the service users.

Accident and incident records were generally completed well and staff monitored residents following any accidents/falls. We found two reportable incidents that had not been referred to the Care Inspectorate however the manager actioned this immediately. We suggested that the record should indicate at the top whether it was an accident or an incident.

## How good is our staff team?

**4 - Good**

During our inspection we watched how staff supported and engaged with service users and observed them as being warm, caring and professional. We also watched staff having a good rapport with visitors to the service. We observed staff responding quickly to requests made by people receiving care. Staff we spoke with knew the people they supported well and could talk about their particular needs and preferences. This helped to ensure that residents' needs were met. People who commented about the staff were also generally positive about the support they/their relative received from staff.

Staff told us how well they were supported and how they had been encouraged to professionally develop through regular supervision sessions and appraisals. Staff also told us how they felt the supervisions were beneficial as being an opportunity to discuss any concerns.

Regular staff meetings also gave staff the opportunity to put their views across about the service and keep them informed about the ongoing development of the service. Staff surveys were also used as a way to seek the opinion of the staff.

The manager checked regularly that staff working within the home were registered with the appropriate professional register and were therefore eligible to practice.

We were satisfied that there had been a sufficient level of staff training to meet the needs of service users or help improve outcomes for them. This included sourcing training from external healthcare colleagues.

Staff recruitment was ongoing and we reviewed a sample of the most recently recruited staff. Some areas of practice could have been better in relation to demonstrating how a discrepancy within an application form had been addressed. This was discussed at feedback for the service to take forward. Overall however, we saw where safe recruitment practices had generally been followed.

## How good is our setting?

### 4 - Good

We acknowledged the improvement made to the environment in the recent months, with refurbished areas and new fixtures and fittings. Beds had been replaced throughout. We were pleased to see that the home improvement plan showed a commitment from the new provider to continue to develop the service.

However, we identified some issues relating to bathroom areas where the area and/or equipment needed to be replaced or repaired. Some of the items stored within the bathroom/toilet areas were not in keeping with infection control best practice.

(See area for improvement 1)

We found one bedroom where there was a significant malodour; however this was resolved during the time of the inspection.

The layout of the home showed that people could move about freely and there were no restrictions on accessing their bedrooms or communal areas. The garden was also accessible and was a pleasant area for residents to enjoy accessing a safe outdoor space.

The service had suitable equipment where these had been assessed as required to help ensure the safety, wellbeing and independence of people using the service.

Regular checks and repairs were carried out on areas and equipment within the home. This helped make sure the environment was safe and maintained to an acceptable standard for people to live in. We saw other maintenance certificates from external agencies and recommended actions had been completed.

People we spoke with said that they were happy with the home and we saw residents who had their personal possessions within their rooms.

People should experience a setting which promotes their independence. We noted that there was no area within the home where people could benefit from making a snack or drink independently.

(See area for improvement 2)

We noticed some nameplates were missing from residents' rooms and signage continued to required to be improved to help orientate people around the building.  
(See area for improvement 3)

We discussed at feedback how some people were not always positioned well in the lounge area and at times it appeared overcrowded. The manager agreed to consider this.

## Areas for improvement

1. Bathroom areas, storage and bathing equipment/toilets should be reviewed and replaced or repaired to improve the standard in keeping with infection control best practice.

This is to comply with The Health and Social Care Standard 5.22 - I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment

2. To promote independence people using the service should be given the opportunity to make their own meals and snacks where assessed and agreed as safe and appropriate.

This is to comply with the Health and Social Care Standards: 1.38 - If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.

3. Signage to help guide and orientate people around the units and lighting throughout should be reviewed and improved upon where required.

This is to comply with the Health and Social Care Standards: 5.16 - The premises have been adapted, equipped and furnished to meet my needs and wishes.

## How well is our care and support planned?

### 3 - Adequate

Specific monitoring tools were used to help raise awareness with staff about important clinical information, improve resident safety and to identify any required actions and promote good practice.

Health concerns of residents were monitored which helped identify ways in which these could be improved upon. We saw examples where this had had a positive impact for people. Residents' needs were assessed to help make sure the care they received was suitable. Where a need had been identified there was a care plan in place providing information on the management of this.

Overall we found that the care plans had started to improve since the previous inspection and we saw some examples where they were informative and person centred. However, some were completed better than others particularly in relation to stress and distress. This meant directions and information for staff at times could have been clearer on the care and support which was required to meet people's' needs. A requirement previously made is therefore repeated at this inspection.  
(See requirement 1)

We also found that a number of sections within the care plans, risk assessments and reviews we sampled had not been signed by the resident and/or their carers.  
(See areas for improvement 1 and 2)

We found that the communication records were not being completed consistently and it was unclear when they were meant to be completed. The manager agreed with our findings and agreed to address.

Some of the formal care reviews had not taken place within the required six month time frame and residents were not always present without a reason recorded.

(See requirement 2)

We also suggested reviewing the current practice of storing the respite records within the care plan after the resident had become permanent.

## Requirements

1. By 31 March 2019, the provider must ensure that care plans clearly direct staff on the care and support to be provided to all those living in the service. In order to achieve this the provider shall:

- Ensure that, where a care need is identified that an appropriate plan is put in place to support the individual to address this.
- Where risk assessments are completed ensure that these are regularly reviewed and updated as needed.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans.

2. . By 31 March 2019, the provider must ensure that all formal care reviews are completed within the required six month time frame. In doing so, records of reviews should reflect the reason why a resident did not attend and/or offer their views.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans.

## Areas for improvement

1. The service should ensure that service users and/or their representative are involved in developing care plans. This should be evidenced by the resident/representative signing the care plan to indicate their involvement and that they agree with it.

This is to comply with the Health and Social Care Standards: 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me and 2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

2. The service should ensure that service users, and/or their representatives are involved in putting together care plans and risk assessments and that they sign these to demonstrate their involvement.

This is to comply with the Health and Social Care Standards: 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me and 2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

The provider must ensure that care plans clearly direct staff on the care and support to be provided to all those living in the service. In order to achieve this the provider shall:

- Ensure that, where a care need is identified that an appropriate plan is put in place to support the individual to address this.
- Where risk assessments are completed ensure that these are regularly reviewed and updated as needed.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans.

Timescale: To commence on receipt of this report and be concluded within five months

**This requirement was made on 11 September 2017.**

#### Action taken on previous requirement

Overall we found that the care plans had started to improve however, this was variable and some were completed better than others.

See requirement 1, Key Question 5

**Not met**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The service should ensure that service users and/or their representative are involved in developing care plans. This should be evidenced by the resident/representative signing the care plan to indicate their involvement and that they agree with it.

National Care Standards, care homes for older people – standard 6: support arrangements.

**This area for improvement was made on 13 June 2016.**



**Action taken since then**

We found that a number of sections within the care plans we sampled had not been signed by the resident and/or their carers.

This area for improvement has not been met.

(See area for improvement 1, Key Question 5)

**Previous area for improvement 2**

The service should ensure that service users, and/or their representatives are involved in putting together care plans and risk assessments and that they sign these to demonstrate their involvement.

National Care Standards, care homes for older people – standard 6: support arrangements and standard 9.2: feeling safe and secure.

**This area for improvement was made on 10 January 2017.**

**Action taken since then**

We saw some evidence that residents and carers had been involved in the development of the care plans, however risk assessments and reviews were not always signed.

This area for improvement has not been met.

(See area for improvement 2, Key Question 5)

**Previous area for improvement 3**

Signage to help guide and orientate people around the units and lighting throughout should be reviewed and improved upon where required.

National Care Standards – Care Homes for Older People; Standard 4: Your Environment.

This recommendation was made on 11 September 2017.

**This area for improvement was made on 11 September 2017.**

**Action taken since then**

Although lighting had been renewed and improved upon, signage could still have been improved upon to help orientate people around the home.

This area for improvement has not been met.

(See area for improvement 3, Key Question 4)

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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