

The Firs Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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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 older people. The home is an older style property, set on two floors with a private garden area to the rear. A building in the grounds houses the laundry room and extra storage rooms. The home is managed and owned by Enhance 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 17 people using the service.

The aims of the service are:

"We aim to provide an outstanding level of care to all residents and service users in an environment that they can regard as their home. We recognise that our services must be run to meet the needs of our residents and service users and their wishes are paramount in planning the care of individuals. We offer care that is of the highest standard and is tailored to meet the individual's specific needs, wishes and choices."

What people told us

This was a follow-up inspection, to report on the progress made on previously issued requirements and areas for improvement.

We spoke with six residents briefly, whilst observing social distance, during the inspection visit.

We observed patient and responsive interaction between staff and residents.

They told us:

"I am going out shopping tomorrow, I am looking forward to it. I enjoyed my massage I got earlier. I like the food, I can tell the chef what I like as I am a 'fussy eater'."

"I am fine, quite happy"

"My lunch was lovely and the staff are really nice girls."

"I am ok here. I get a bit anxious and staff help me. Its nice."

"Staff were great and that 'you will find no fault with the care here'. I am settled and content. The food is great and if you didn't like what is offered you can say."

"I am fine. I hope to get out and about and volunteer. Staff are helping me with that. I like to keep busy and help out around the home."

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

Requirements

Requirement 1

By 30 June 2021 you must ensure that each resident has a care plan that identifies and supports their current assessed needs. In particular the nutrition and hydration needs of residents, identified as being at risk of malnutrition or dehydration, are regularly assessed and adequately met:

- a) That information in personal plans regarding how nutrition and hydration needs are to be assessed, monitored and met is accurate, up-to-date and regularly evaluated.
- b) That there are robust systems to quality assure the care being delivered to service users who are at risk of dehydration and/or malnutrition.
- c) That staff are adequately trained to enable them to identify any service user who may be at risk of malnutrition and/or dehydration.
- d) That food and fluid intake charts are fully completed and that the information contained there in is used to inform the planning of care and support.
- e) Each resident should have an Anticipatory Care Plan in place which outlines their end of life wishes and preferences.

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" SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users

This requirement was made on 12 May 2021.

Action taken on previous requirement

The new manager had been in place for three weeks and informed us that while some progress had been made, more was need to ensure all aspects of the requirement were met. We saw that there were some gaps in information in the plans we sampled, however we could see some evidence of progress.

We discussed the manager's plans for ideas on a care plan format that she believes will develop into having a modern and updated plan for each resident which is reflective of their assessed needs. As a result of the small amount of progress being made here and the ongoing dialogue with the manager of the service, we have decided to extend the requirements to allow for more sustained progress to be achieved.

This requirement will be continued until 30 August 2021.

Not met

Requirement 2

By 30 June 2021 you must ensure that the laundry premises and the laundry provision has improved:

- a) The laundry building has been refurbished to ensure that it meets standards for good infection prevention and control, in particular the floor and work surfaces need attention.
- b) The system for transporting laundry from the building to the main home needs to improve so that there is no opportunity for contamination of clothing.

This ensures care and support is consistent with the Health and Social Care Standards, 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users

This requirement was made on 12 May 2021.

Action taken on previous requirement

We were advised and have seen that there are plans to fully refurbish the laundry by the end of August. A new laundry trolley had been purchased for the safe transportation of clean laundry and staff were aware of good infection prevention and control practice.

The Care Inspectorate require assurance that the work will be undertaken and completed by the end of August for the safety and protection of residents.

This requirement will be continued until 30 August 2021.

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 complete a Kings Fund Audit to assess what improvement could be made to enhance the home and garden for residents who live with a cognitive impairment.

This ensures care and support is consistent with the Health and Social Care Standards, 5.16 which states "The premises have been adapted, equipped and furnished to meet my needs and wishes."

This area for improvement was made on 12 May 2021.

Action taken since then

The service continues to work through the improvement action plan, including the use of this audit tool. More work is needed to ensure that the garden area is made more appropriate for residents living with dementia or mobility issues.

This area for improvement will continue and will be assessed at the next inspection.

Previous area for improvement 2

The service should ensure that audits in relation to accidents and incidents are developed to help identify any recurring traits or themes such as times of the day and whether an accident/incident was witnessed. This was an areas for improvement at the last inspection and will be continued.

This ensures care and support is consistent with the Health and Social Care Standards 4.11 "I experience high quality care and support based on relevant evidence, guidance and best practice."

This area for improvement was made on 12 May 2021.

Action taken since then

We were advised that the recording of accidents and incidents had been completed more robustly but as yet there were no quality assurance checks in place. Weekly checks on this process are being introduced with a monthly report generated looking at trends and any areas requiring action.

This area for improvement will continue and will be assessed at the next inspection.

Previous area for improvement 3

The provider should review the number of housekeeping staff and hours available to ensure there are enough hours to support the enhanced cleaning required for good infection prevention and control practice.

This ensures care and support is consistent with the Health and Social Care Standards 3.15 "My needs are met by the right number of people."

This area for improvement was made on 12 May 2021.

Action taken since then

Housekeeping hours had been increased by six hours per week to assist staff to ensure the home is clean and infection free. Largely, we found this to be the case however, we found areas within the home that still needed some better attention to detail such as bathroom equipment and ensuring that frequently touched areas were being cleaned into the evening. The housekeeping hours should be further reviewed to ensure there are enough housekeeping staff around the clock or alternatively other formal arrangements are in place to ensure appropriate cleaning is carried out.

This area for improvement will continue and will be assessed at the next inspection.

Previous area for improvement 4

The provider needs to draw up a refurbishment plan to identify areas within the home that need attention. Examples of this would be the handrails and chipped paintwork which can pose an infection risk.

This ensures care and support is consistent with the Health and Social Care Standards 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment."

This area for improvement was made on 12 May 2021.

Action taken since then

A full refurbishment plan was still to be drawn up, with action required and timescales.

We have been informed that this will be completed by the end of July.

This area for improvement will continue and will be assessed at the next inspection.

Previous area for improvement 5

A clear system of environmental and equipment auditing should be put in place. This audit should include such items as mattresses, bed linen and soft furnishings to ensure that they are being checked and cleaned as required. The provider also needs to put a system in place to ensure that areas relating to good infection prevention and control management are addressed. They should complete an audit which addresses such areas as fans, high touch points, frequently touched areas and bed frames. This audit would identify what further action needed to be taken.

This ensures care and support is consistent with the Health and Social Care Standards 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment."

This area for improvement was made on 12 May 2021.

Action taken since then

Housekeeping staff had guidance relating to the cleanliness of equipment such as mattresses, however this needed to be further developed across all housekeeping duties including the implementation of a measurable audit trail. It was acknowledged that ongoing quality assurance was required. The new manager discussed ideas on how to develop a robust quality assurance process for IPC and the environment.

This area for improvement will continue and will be assessed at the next inspection.

Previous area for improvement 6

The service should have training and supervision records for each staff member. These records would show what training had been undertaken and identify future training and developmental needs.

This ensures care and support is consistent with the Health and Social Care Standards 3.14 which states "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes."

This area for improvement was made on 12 May 2021.

Action taken since then

Work has begun to identify clear training and supervision records for all staff in the service, with more planning and development of this required.

Some staff were not familiar with supervision and appraisal and this was being discussed on an ongoing basis. A training plan and training records for each staff member will be developed.

This area for improvement will continue and will be assessed at the next inspection.

Previous area for improvement 7

Each staff member should be recruited following robust safer recruitment guidance. Each staff member should have a recruitment file which includes references, photographic ID and induction information.

This ensures care and support is consistent with the Health and Social Care Standards 4.24 which states "I am confident that people who support and care for me have been appropriately and safely recruited."

This area for improvement was made on 12 May 2021.

Action taken since then

The new management team within the home continue to review safer recruitment procedures within the home, ensuring that they adhere to all current legislation and best practice.

This area for improvement will continue and will be assessed at the next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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