

Key inspection report

Care homes for adults (18-65 years)

Name:	The Firs
Address:	Thorpe Road Kirby Cross Frinton On Sea Essex CO13 0NJ

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Jane Greaves	1 0 1 2 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	The Firs
Address:	Thorpe Road Kirby Cross Frinton On Sea Essex CO13 0NJ
Telephone number:	01255862617
Fax number:	01255860259
Email address:	colindenny10@aol.com
Provider web address:	

Name of registered provider(s):	Mr Sheik Kemal Kadar, Mr Ahmad Fareed Kadar
Name of registered manager (if applicable)	
Mrs Susan Ann Law	
Type of registration:	care home
Number of places registered:	8

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	0	1
physical disability	1	0
Additional conditions:		
One person, under the age of 65 years, who requires care by reason of a learning disability and who also has a physical disability, whose name was provided to the Commission in July 2003		
One service user, aged 65 years and over, who requires care by reason of a learning disability, whose name was made known to the Commission in July 2004		
Persons of either sex, under the age of 65 years, who require care by reason of a learning disability (not to exceed 8 persons)		
The total number of service users accommodated must not exceed 8 persons		
Date of last inspection	1	3
	0	1
	2	0
	0	0
	9	

Brief description of the care home

The Firs is a home for eight younger adults with learning disabilities. The home is located in a rural setting in a large country house between the villages of Kirby Cross and Thorpe-le-Soken. Local shops, post offices and schools are found in these villages.

The Firs has a large garden and off-road parking to the front. There is a passenger lift for access to upstairs. There is a day centre attached to the home. The centre has a spa pool, ball pool and a sensory room. In addition there is a small farm with sheep, goats, chickens and rabbits. People living in the home can use these facilities. Access to the centre is separate from the home.

The home charges between £617.89 and £1426.74 a week for the service they provide. There are additional charges for personal items such as toiletries, hairdressing, holidays and chiropody. This information was given to the Commission in December 2009.

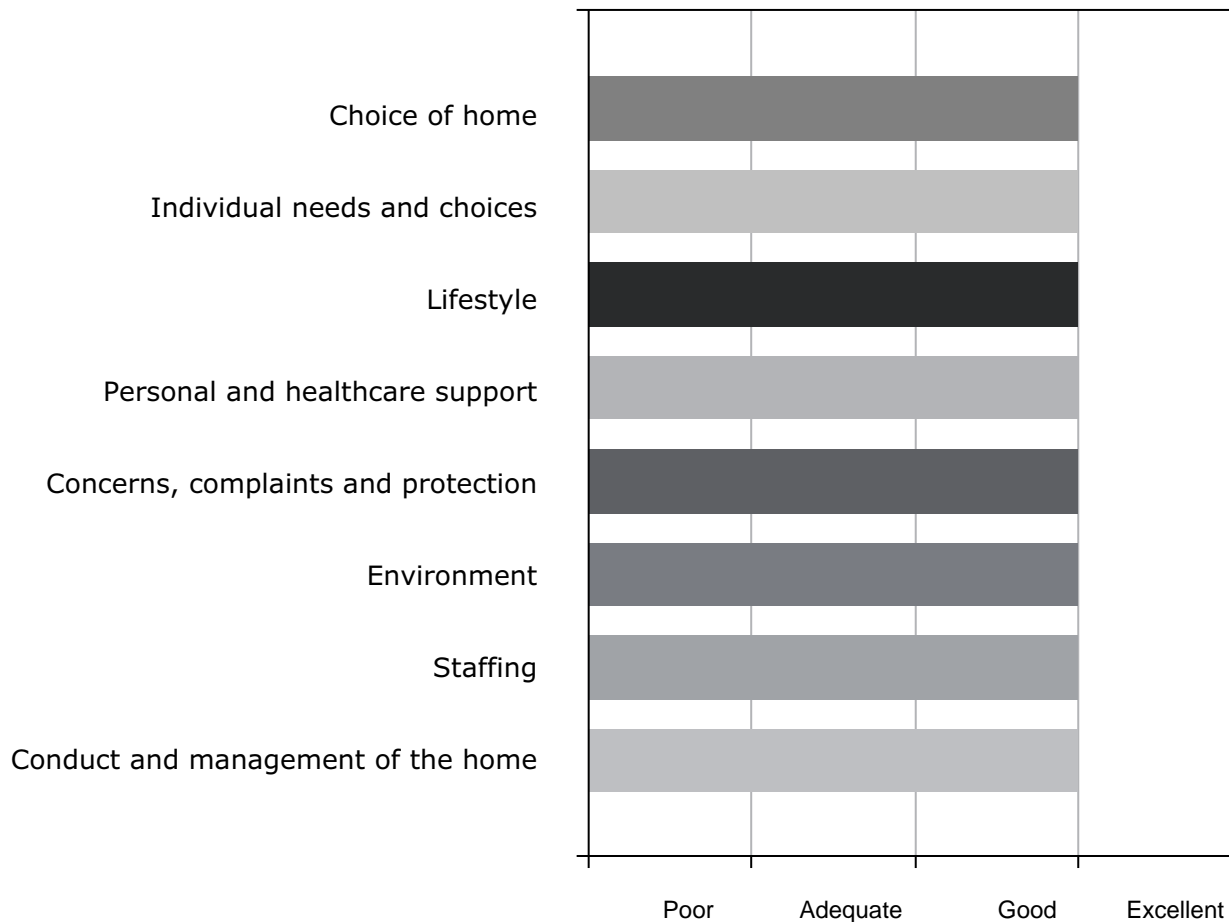
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

We looked at lots of different evidence for this report.

We looked at paperwork like care plans, staff files and menus.

The manager sent us information called an Annual Quality Assurance Assessment or AQAA. This gave us information about how they run the home.

We visited the home on 10th December 2009. We looked around the home.

We talked to people living in the home and staff.

We looked to see if people were happy with what goes on in the home.

What the care home does well:

Listens to people and helps them to do the things they want to do.

Looks after people's health and cares for them well.

Helps people keep in touch with their families and friends.

Helps people get out do lots of activities that they enjoy.

The home has comfortable rooms for people to live in.

People have comfortable bedrooms with their own things in them.

What has improved since the last inspection?

There has been some redecorating.

There has been some new furniture and carpets.

Peoples' care plans have been made clearer

What they could do better:

Carry on making the paperwork better.

Make sure staff have all the training they need

Carry on with the decorating to make the house nice.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information available, and assessments undertaken helps people to be confident that the home will be suitable for them.

Evidence:

The manager's AQAA stated: 'We always encourage potential service users and their relatives to visit the home so that they can receive a warm welcome and to familiarise with the home, we recommend coming to spend the day, stay for a meal or even overnight. In accordance with our policy we offer a 3 month trial to ensure the suitability of the placement for them and impact on existing service users. Following recommendation from our last inspection we have formulated a more easy to read service user guide using pictures and symbols. We plan to develop a more easy to read format of our Statement of Purpose'.

We saw a copy of the Service User Guide and this showed that the provider had further developed the document. The language had been simplified, the font enlarged and some pictures added to help people with cognitive impairments be able to understand. The provider informed us this project was still 'work in progress', the

Evidence:

Statement Of Purpose and Complaints Procedure would be developed in a similar format. The Service User Guide provided information about the home including a description of the home and the surrounding area, activities and transport, management and staff and the selection and placement process.

There have been no new admissions to the home since the present manager had been in post. However, as at the previous inspection, they continued to have an appropriate assessment process in place including input from relatives, carers and advocates and involvement from social services and mental health professionals.

Through discussions the manager was able to demonstrate a solid knowledge of the importance of having a robust assessment so that people could be confident the home could provide the support according to their individual needs and choices.

We saw contracts, signed by relatives or representatives of the people living at the home that clearly identified the rights and responsibilities of all parties.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People receive care and support based on their assessed and identified needs.

Evidence:

The previous inspection report for this service identified that care documentation was not sufficiently detailed concerning people's wishes, abilities, preferred routines and activities and were not being fully updated following changes in people's condition and that daily care records were not being completed so that there was not always evidence that people's care needs were being regularly monitored.

The manager's AQAA stated: 'We have spent a lot of time developing new person centred care plans for every individual by carrying out extensive consultation with residents and their families/ relatives or advocate to ensure they have an equal say in the process. We have formulated them in a user friendly design and used pictures and symbols to make them more accessible by the service users. We have gone into detail about individual backgrounds, beliefs, religion, cultural needs and how as a team we

Evidence:

can ensure that provisions are made for such needs'.

We looked at 3 peoples' care plans at this visit. These included informative personal profiles providing information about peoples' past and present lives. There was detail about individuals' disabilities, the symptoms of these and how they impacted on daily life. There were contact details for relevant health professionals involved in peoples' care. There was personal information about people such as height, weight and clothing sizes. Detail such as 'I have regular haircuts, I like to go to the barber's for my hair cut' enabled staff to ensure people had the support to meet their personal needs.

There was information available to show how people needed their support to be provided and what help they needed to develop and maintain the skills they had. For example 'I am able to wash the top part of my body with assistance, I need staff to wash my lower body and hair as I can't do it myself'.

The care plans we looked at included good detail about the assistance people needed with their personal hygiene however, as the previous inspection report identified, there was no recording to show that people received this support in accordance with their care plans to show their needs were being met. Daily records are a good source of evidence to show that care is being provided, as detailed in the care plan, and help ensure a consistent approach and good quality of care for people. Detailed daily records will help the manager to audit the care being provided for people, and ensure that staff are following the guidelines in the care plans.

We saw monthly reviews where each element of the care plan was considered to assess if the current support provided still met peoples' needs in areas such as communication, personal care, hygiene, dressing and grooming, sleeping, diet and nutrition and mobility.

Most of the people living at The Firs had very complex needs making it difficult or not possible for them to make informed decisions. Individual records examined contained Mental Capacity Act Assessments. There was information in the care plans we looked at about how individuals communicated. Staff we spoke with demonstrated that they were familiar with people's complex needs and how they communicated their feelings or what they wanted.

People living at the home were supported to spend their personal monies however they chose, monies were kept safely in a locked facility in the manager's office with records of all transactions together with receipts. We looked at records of monies for 3 people living at the home. Transactions were clearly documented however when we

Evidence:

checked the balance of monies held against the record we found discrepancies in two of the three records sampled. The discrepancies were in the residents' favour with balances held being higher than the records indicated. This did not reflect accurate record keeping and cast some doubt on the effectiveness of the current system of two signatures to double check transactions. The manager did not routinely audit the monies held on behalf of the people living at the home.

From discussions with staff and feedback from relatives/advocates it was evident that people were supported to take risks and be as independent as possible.

Most of the people living at The Firs did not have the capacity to take control of their personal finances however, we saw records that showed people were supported to shop for their own personal items and make choices with as much autonomy as possible.

Care plans contained a range of risk assessments, relevant to the individual, that described the identified risk and the agreed response to reduce the risk. The included areas such as self neglect, medication, self harm, inappropriate behaviours, inappropriate language, using the stairs, physical abuse towards others, accessing the community and using the minibus.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People enjoy opportunities for activity, good food and are able to welcome their families and friends.

Evidence:

The manager's AQAA told us that the plans for the next 12 months included: 'Continue the personal development of our service users. With the completion of the conservatory offer them opportunity to try new activities and to be able to fulfill more of their wishes such as an area to watch the birds or peaceful surrounding to read in. Develop a cooking activity that more service users can participate in safely'.

The people living at The Firs benefited from having a day centre attached to the home where they could mix and join in with others. The service had secured a minibus since our previous visit, the vehicle had an electric hoist to accommodate people using wheelchairs. 11 staff including the manager, the provider and the maintenance person

Evidence:

were licensed to drive the vehicle.

Care plans included a 'suggested activity rota' for each person. Examples being college, music, free time for 'own choice', trips out in the minibus, attending day care centre, art/crafts, bowling and social clubs. There was an activity review sheet in the care plans that was completed daily to show what activity the person had engaged in that day. Examples being: 'has been to college this morning which he/she seemed to enjoy' and 'has spent the afternoon watching TV in the lounge'.

Daily records showed that overall people were engaged in activities in line with their activity schedules with some deviation from this routine to take personal choice into account.

Family members we spoke with, subsequent to this inspection site visit, told us that the staff and management team always made them welcome when they visited the home and actively encouraged people to maintain their personal relationships and friendships outside the home.

We observed during the day of this visit that people were able to wander freely around their home and garden, eat their meals when and where they wished and to take part in activities of their choice unrestricted by routine. A healthcare professional involved with the home told us "Residents are always able to do what they like".

We looked at the menu provided for the people living at The Firs. This showed that there was always a choice of meals, for example chicken and vegetable pie with new potatoes and seasonal vegetables or bacon pasta bake with seasonal vegetables. Where people were able to communicate we were confident that choice was clearly respected and staff members were very aware of peoples' body language and consequently developed the knowledge of what people liked and didn't like. However, methods of communicating food choices to those people with impaired communication skills could be developed to support people to make their own meal selections.

We saw minutes of a meeting held with residents regarding their food choices, the choices that people had requested had been incorporated into the weekly menu. These included stew and dumplings, spaghetti bolognaise and jacket potatoes. We noted however that these minutes reflected the most recent meeting and were dated September 2008.

The cook worked Monday to Friday and the care staff were responsible for preparing and cooking weekend meals for the residents. Training records showed us that 11 of

Evidence:

14 staff needed to attend training or refresher training in basic food hygiene in order to ensure their skills were up to date and that they were aware of current practice. The manager was able to demonstrate that this training was planned and had only been delayed due to a change in the home's training provider.

Family members we spoke with said that their relatives really enjoyed the food at the home. Comments included "The food is excellent" and "(Person's name) is always clean and well fed".

The home had a vegetable garden that was tended by people from the day centre together with staff. This provided fresh salad ingredients and herbs for the home. We were told that the people living there enjoyed watching people working on the garden and found it to be a pleasant sociable time. The service kept chickens, one person living at The Firs enjoyed collecting the fresh eggs.

We saw there were good stocks of food in the freezer, the manager told us there was a weekly supermarket food delivery to the home and a meat delivery every 2 weeks.

At lunchtime there were 4 people eating in the dining room, we observed choices of drinks being offered. We observed one person having great difficulties eating roast chicken, vegetables and salad from a bowl with an ordinary spoon. The food kept spilling over onto the table so the person resorted to grabbing handfuls of the food and putting it into their mouth that way. A discussion was held with the registered manager around finding alternatives to enable the person to eat their meals more easily.

One person chose to eat their meals in the kitchen whilst another person chose to eat apart from the rest of the house, often at different times and very often with a different choice of food according to their wishes on the day. We saw records to confirm what people had eaten for each meal and whether they had eaten well.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Peoples' health and care needs are met and they receive support with medications in a safe way.

Evidence:

The manager's AQAA stated 'Following our last inspection we have worked very hard to put in place all the improvements that were required where these standards are concerned. We have relocated our medication room to ensure that temperatures are correct and safe. We have introduced new record keeping measures and audits to ensure that standards are kept. Staff have received up dates in their training and additional guidance so they are clear on what is expected. We have reviewed our medication policy and procedure, and we have improved individual care plans to contain more concise information on personal support preferences and also for recording and detailing healthcare appointments'.

Family members we spoke with were confident that people had the healthcare support they needed to keep them fit and well. Comments included: "Most of the staff are caring, they try their best", "I'm quite impressed with the care plans, the manager has done very well with those" and "On the whole I am happy with (Person's name) being

Evidence:

there".

A healthcare professional involved with the home told us: "Staff always provide me with any information I need", "With regards to the care, I have never had any concerns" and "Staff are always responsive to instruction".

People appeared to be well supported with their personal grooming. Peoples' hair and clothes looked clean and well cared for with very individual styles representing their different personalities.

Care plans detailed how people preferred to be supported with their personal hygiene however there was no daily recording to show that the support had been provided in accordance with the care plans. Daily recording covered areas such as activities, meals, trips and outings, healthcare appointments and any incident of note however did not include detail of the personal care and support provided for individuals.

Care plans included evidence that peoples' healthcare needs were given high priority. The manager and staff spoken with all were able to demonstrate a good awareness of individual needs around health and well being. Records examined contain evidence of appointments with healthcare professionals including Gastroenterology, physiotherapy, optician, and Occupational Therapy. There were a range of recording tools for people with specific conditions including weight charts and information about epilepsy and seizure charts. Peoples' weights were being monitored and there was evidence of action taken when residents lost or gained weight. Two GP practices provided services for people in the home.

Care plans contained a medication profile detailing prescribed medications, what it was prescribed for, when the medication started and any possible side effects. Medications were stored securely in a locked cupboard.

Medicines Administration Record (MAR) sheets examined were all completed appropriately and each had an up to date photograph of the person. Discussion with a senior carer responsible for the administration of medication assured us that appropriate and safe procedures were followed. Senior carer and shift leaders were the only people that administered medications within the home, all had undertaken pharmacy led training. The manager and senior carer assessed competency of people to administer medications to ensure they had the knoweldge and skills to do so safely. We saw the record of an observation of competency undertaken on one person that identified some shortfalls in practice, there was evidence to show that the person was receiving ongoing monitoring.

Evidence:

Since the previous inspection visit the home had received some support from the Primary Care Trust. A full audit of medications had been undertaken resulting in some changes to the wording on the MAR sheets to accurately reflect prescribing instructions. Prescribed medications were supplied by the pharmacy in blister packs, these were securely stored in a locked cupboard within the medication room, which was also locked when not in use. Bottles and boxes of medication were clearly signed and dated to show when they had been opened.

There were no controlled drugs used at the home at this time. There was a book used for the recording of medications to be taken as required such as Paracetamol and cough medicines.

There was a record of room temperatures maintained to ensure that the medicines were safely stored.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are safeguarded from abuse, neglect and self harm and any concerns will be listened to and taken seriously.

Evidence:

The manager's AQAA stated: 'We could improve by having our complaints policy and procedure in an easy to read format so that it could be more accessible by the service users, although we currently ensure that they are made aware of this by explaining it to them'. The AQAA informed us that the home had not received any complaints about the service or facilities at the home since the previous inspection visit. Relatives we spoke with said they had not made any complaints however said they were confident to raise any concerns with the staff or manager if they felt the need to.

The home had a complaints procedure that was included in the Statement of Purpose and User Guide. The procedure informed the reader about what actions they could expect the home to take and in what timescales. As the manager had identified in the AQAA the policy needed to be developed in a format appropriate to the needs of people with learning disabilities.

The training matrix showed that 10 of the 15 people employed to work at the home had received training in safeguarding of vulnerable adults, 6 of these were overdue for an annual refresher update. We spoke with staff members who confirmed they had received this training and demonstrated an awareness of what constituted abuse. 5

Evidence:

people working at the home, including 2 night staff members, had not yet received this training, the manager was able to tell us that this training was booked for February 2010.

Training was booked to provide the staff with the skills to support people exhibiting challenging behaviours.

The staff recruitment process was robust ensuring the right people were employed to care for the people living at the home including satisfactory references and Criminal Records Bureau checks.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a generally clean and safe environment.

Evidence:

The previous inspection report of January 2009 identified that some areas of the home were in need of painting, the laundry was in a very poor condition and staff were handling soiled linen as the home did not have washing machines with a sluice cycle or use dissolvable red bags for handling soiled linen.

The manager's AQAA stated: 'Service users commented that they would benefit from additional living space and an area to undertake certain activities such as a peaceful area to read a newspaper, undertake sensory activities or for bird-watching. As a result of this we have built a conservatory which will be equipped as multi-sensory room that will provide extra living space and house comfortable seating and has a view to the garden. There are some areas of the home that we are aware could benefit from adaption or improving, such as the possible renovation of the shower room. Also some of the doors in the home although fully compliant with fire regulations, could benefit from stripping and re-painting. The laundry room has been completely renovated, with the purchase of a new washing machine with a high temperature pre-wash setting. To further promote infection control we have introduced the use of dissolvable red-bags for washing of soiled laundry'.

Evidence:

We took a physical tour of the home, in last year all communal areas had been re-painted and some prints had been secured safely to the walls to make the environment appear more homely. The dining room had new curtains, flooring, 2 seater settee, 3 tables and 12 chairs and some pictures. This room had been painted since the previous inspection however skirting boards were becoming scuffed and showing signs of wear and the new flooring was becoming marked and stained in the corners.

The communal lounge had a new carpet and new scatter cushions, the manager told us that the blinds were due to be replaced by new curtains.

The manager told us that individuals had chosen the paint colours their rooms by pointing out the colours they liked on a colour chart. There was a rolling programme of refurbishment of peoples' rooms.

As the manager reported in the AQAA, since the last inspection visit there had been a conservatory added to the side of the building. This room was used for many purposes such as arts and crafts, sensory room, TV and karaoke. A bird feeding station had been installed outside this room because people living there took pleasure from watching the birds.

The laundry had been refurbished since the previous visit with new flooring and new machines. Water pipes had been boxed in for cleanliness however these had been disturbed when central heating had been installed in the conservatory, resulting in rough surfaces that could be an infection control hazard. The wash hand basin, in the toilet next to the conservatory, had a blackened area around the plug hole. This was where the mastic was not evenly finished and created small 'pockets' where water became stagnant.

The previous inspection report stated that the first floor shower room had a step up to get into the shower and the management team were aware that people in the home with physical disabilities would benefit from easier access if it was converted into a wet room with no step to negotiate. This remained at this visit, the providers told us that there were plans for this room to be developed into a wet room. We looked at this facility and saw that there was black mould growing around the rim of the shower tray. A specific cleaning regime needs to be in place to ensure this is eradicated as it could become a potential health hazard to the people living at the home. The manager and staff told us that this facility was in regular use.

Evidence:

The home was generally clean and tidy on the day of this inspection, comments received from relatives included: 'The home is always clean and tidy' and 'It is such a homely place, they have brightened it up a bit now'.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are cared for by competent staff who meet their needs and who have been employed safely.

Evidence:

The manager's AQAA stated: 'Having lost several members of staff in recent months we have had to rely on using agency support staff. When accessing staff from an agency we take care to deal with agencies that can provide us with staff that are experienced in working with people with learning disabilities and as far as possible to have the same staff that have worked in the home before to lessen the impact on our service users as well as the care team. We generally work on a ratio of 3 support workers per shift and an additional one if there are trips out planned such as college or social club in the evenings. The Senior carer, registered manager and directors are also present Monday to Friday to provide supervision and additional support'.

We looked at staff rotas, these showed that there were 1 senior and two support staff on duty during the day and 2 waking night staff. Additionally the manager, cook, handyman and proprietor were in the home daily.

The service had recently experienced considerable upheaval in the staff team with a number of established experienced staff members leaving. The provider told us that

Evidence:

the recruitment campaign has so far resulted in 3 new staff members. There has been increased agency staff usage lately to counter staff shortages. The manager told us that regular agency staff covered these shifts ensuring consistency for the people living at the home, duty rotas confirmed this.

The manager told us that when new night staff were recruited they were expected to work a mixture of day shifts initially so that the residents could get to know them, they could get to know and understand the residents' individual needs, they could get to know their colleagues and so that senior staff could observe and evaluate their practice.

Records showed that 7 of the 14 people providing care and support at the home had achieved a minimum of the the NVQ level 2 qualification in care and 2 people were working towards completing this qualification.

Learning Disability induction training had been requested from the training consortium however no resources had been made available yet, although it had been flagged up as a priority. In the interim the manager and proprietors had developed an induction tailored towards Learning Disabilities based on the Common Induction Standards. This has been piloted with one member of the established staff team to date. The manager and proprietors told us that the 3 new staff members employed in recent weeks were due to start this induction imminently.

The previous inspection of this service identified that some staff training was overdue. We looked at staff training records, there were still gaps in the training provision. However, the manager was able to demonstrate that training in the core areas such as Safeguarding Vulnerable Adults, Infection Control, 1st aid and caring for people exhibiting challenging behaviours was planned and booked for early 2010. The manager reported that a rolling programme of training had been developed with local College however a more cost effective arrangement had been made with a local consortium and this had been slow to 'get off the ground'.

The manager told us she received feedback from senior staff regarding the quality of the training courses attended by the staff and the relevance of the training. Feedback from seniors also included how staff had responded to training, this information was carried forward into staff supervisions.

There was a schedule on the manager's office wall identifying practical observation sessions alternate months to 1:1 supervision sessions. We looked at supervision records for 1 staff member, this confirmed they had received 1:1 supervision every 2

Evidence:

months with alternate practical observations undertaken by the senior carer in the months in between. We saw evidence that a new member of staff had seen the manager after one month of employment to sign to indicate she had received and understood the home's policies and procedures. The manager reported that a conversation had taken place to ensure the staff member was settling into their role well and felt supported however this 1:1 session had not been documented.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is managed in the best interests of people living there.

Evidence:

The manager had 20 years experience in various roles in care environments and became manager of The Firs in July 2008. The manager is currently undertaking the Leadership in Management of Social Care and anticipates this training to be completed during the first half of 2010. Further vocational training has been undertaken in courses associated with managerial responsibilities of a care home.

Throughout the inspection the manager displayed openness and transparency. Staff told us they felt very supported by the manager. Health professionals told us "The manager tries very hard, is very open to change" Relatives told us "I'm quite impressed with the care plans, the manager has done very well with those" and "There have definitely been improvements in the way the home runs since the new manager has been there".

The provider informed us they had sent quality assurance questionnaires to relatives,

Evidence:

advocates and outside professionals involved in peoples' care however none had been returned. In order to assess the quality of the service provided for people living at the home various internal quality audits had been developed encompassing areas such as the delivery of personal care, mealtimes and nutrition, peoples' bedrooms, administration of medicines, toilet and bathroom facilities and the kitchen and freezers. The provider told us the results of these audits will be collated into a report identifying any shortfalls and providing an action plan to meet any that were not immediately rectified when they were initially identified. A copy of this report will be forwarded to the commission.

The manager's Annual Quality Assurance Assessment (AQAA) was sent to us when we asked for it. The AQAA contained clear detail to show the management team are aware of what they need to do to improve the lives of the people living at the home.

The manager's AQAA stated that all maintenance certificates were up to date. We looked at records relating to such things as Health and Safety, Legionnaires testing, Portable Appliance Testing, Lifts, Alarms, Fire Equipment and the Heating system. We found that these were in order and up to date.

We saw that environmental risk assessments were in place for the laundry, kitchen, toilets and bathrooms. These had been developed in 2008 and had no date set for review to ensure that they remained appropriate to keep people safe.

Accident and incident reports were viewed, these were good records detailing circumstances of accident/incidents occurring within the home. These showed there had been incidents with people slipping in the shower. The manager was able to tell me about the strategies that were in place to keep people as safe as possible however risk assessments had not been undertaken.

The office was shared by the manager and the two registered providers. This meant that there were no facilities to undertake supervisions, interviews or appraisals in private.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	The manager and providers should continue with developing information about the home in an easy read format that would be accessible to people with learning disabilities.
2	6	A daily record of the personal care and support provided for people will ensure their care is consistently received in line with their agreed plan of care. Management will be able to audit care records to ascertain if the current care and support regime continues to effectively meet peoples' needs.
3	7	There needs to be robust procedures in place to ensure the accurate recording of peoples' personal monies maintained at the home.
4	27	The proprietors should consider converting the step in shower into a walk in wet room in order to make it more accessible to people with physical disabilities.
5	27	A cleaning regime needs to be developed to eradicate the growth of mould from the shower surround.
6	42	It is a recommendation of good practice that environmental risk assessments are routinely reviewed so that residents

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		can be reassured their home is safe for them.

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