



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### The Firs Nursing Home

**Elmswood Gardens  
Mansfield Road  
Sherwood  
Nottingham  
NG5 3FT**

*Lead Inspector*  
Richard Ramsden

*Key Unannounced Inspection*  
1st February 2007      9:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

| <b>Reader Information</b> |   |
|---------------------------|---|
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

|   |   |
|---|---|
| <b>Name of service</b>  | The Firs Nursing Home   |
| <b>Address</b>  | Elmswood Gardens<br>Mansfield Road<br>Sherwood<br>Nottingham<br>NG5 3FT |
| <b>Telephone number</b>                                       | 0115 953 1123   |
| <b>Fax number</b>   | 0115 953 1125   |
| <b>Email address</b>  |   |
| <b>Provider Web address</b>                                   |   |
| <b>Name of registered provider(s)/company (if applicable)</b> | Abbeyfield UK   |
| <b>Name of registered manager (if applicable)</b>             | Carmel Maria Fairfax  |
| <b>Type of registration</b>                                   | Care Home   |
| <b>No. of places registered (if applicable)</b>               | 31  |
| <b>Category(ies) of registration, with number of places</b>   | Old age, not falling within any other category (31)                     |

# **SERVICE INFORMATION**

## **Conditions of registration:**

1. The category of service users shall be OP

**Date of last inspection** 8th September 2005

## **Brief Description of the Service:**

The Firs is a recently completed purpose built care home, with nursing, for 31 older people. The home offers accommodation over three stories, with a lift to access the first and second floor. The lounges and dining area are on the ground floor. The bedrooms are all single with en-suite facilities including showers. The home is light, airy and spacious. The Firs Nursing Home is situated close to many local amenities and has access to good public transport.

The weekly accommodation charges range from £502.56 to £552.56.

A copy of the most recent inspection report is available in the home.

# SUMMARY

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

One Inspector completed this unannounced visit over one day it took approximately 8 hours. It included the inspection of care and other records, a discussion with the registered manager, one member of care staff and the cook.

The inspector spoke with four residents and one visitor to the home. A partial tour of the building was also completed.

Prior to completing this visit the inspector assessed the home's previous inspection reports, the service history and the Pre-inspection questionnaire completed by the registered manager.

11 completed residents satisfaction questionnaires were also received prior to this inspection.

## **What the service does well:**

People living at The Firs Nursing Home are generally very satisfied with the services provided by the home. Residents said that the staff are always friendly and respectful and ensure that their privacy and dignity is maintained at all times.

The observed interaction between residents and staff was of a very good standard.

A visitor confirmed that she can visit her mother at any time, that the staff are always friendly and welcoming and that she is always offered refreshments. She stated that she is kept fully informed about her mother's health and welfare.

All of the residents said they are very satisfied with their bedrooms and confirmed that they had been encouraged to personalise them with small items of furniture, photographs etc. People confirmed that they could use their bedrooms at any time.

The spacious purpose-built accommodation is comfortably furnished, well decorated and maintained to a very good standard.

The homes registered manager is well qualified and experienced. Residents and staff confirmed that the manager seeks their views about the way in which the home operates.

There were aspects of good practice highlighted in the main body of this report.

## **What has improved since the last inspection?**

The registered person is now insuring that residents' names are always recorded on their individual care plans.

There were no requirements made following the last two inspections.

## **What they could do better:**

Residents care plans should be reviewed at least once each month to ensure that staff always have up to date information about the care and support each resident requires. Bathing records should also be more accurately maintained.

People should be informed how to contact local advocates who can act on their behalf should they require independent support or assistance.

Complaints should be recorded in a format, which can be reviewed confidentially to preserve residents privacy.

It is good practice to record the names of staff that participate in fire drills within the home, so that senior staff can ensure that all staff attends at least one fire drill each year.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

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Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

## The Commission considers Standards 3 and 6 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

2,3.

The homes staff ensure they can meet the assessed needs of prospective residents by obtaining full written assessments prior to the residents admission to the home.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

Three residents records were assessed as part of this inspection. There was a signed copy of the homes Terms and Conditions of Residence document on each residents file.

The care plans viewed during this visit all contained a preadmission assessments, which had been completed either by health service staff or the homes manager.

The manager stated that preadmission assessments are used to ensure that the home will be able to meet the prospective residents assessed needs.

The Firs Nursing Home does not provide intermediate care.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7,8,9,10.

Residents care plans do contain sufficient information to ensure that staff are aware of what support and assistance each resident requires. The residents' health care needs are appropriately met and the management of medication is well maintained.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

Three residents care plans were viewed as part of this inspection. The care plans appeared to address all the issues highlighted in the preadmission assessment.

It was noted that one of the care plans had not been reviewed in January 2007 and another care plan had not been reviewed in December 2006 or January 2007. It is important that care plans are reviewed regularly to ensure that staff always has up-to-date information about the care and support each resident requires.

Appropriate risk assessments had been completed and were being regularly reviewed.

It was noted that two of the residents bathing records had not been kept up-to-date. One person's records show that they had only had one bath in July and September 2006 and no bath at all in August 2006. The residents daily records did not indicate why this resident had not received regular Bath's.

The residents spoken with during the inspection said that they believe that the health care needs are being appropriately met. The records viewed as part of this visit to confirm this.

However one resident said that his general practitioner is reluctant to visit him in the home and that he would like to see him more frequently. The manager confirmed that the doctors from one surgery are reluctant to visit their patients. She has taken appropriate steps to try and resolve this situation.

The homes medication has been very well maintained. Qualified nurses administer all the medication within the home.

The safe storage and records of receipt and disposal of medication were all satisfactory.

The residents spoken with during the inspection said that the staff are always friendly and respectful and ensure that their privacy and dignity is maintained at all times. Staff were observed knocking on residents bedroom doors and waiting for a reply, before entering the rooms.

The observed interaction between residents and staff was of a very good standard.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15.

Residents find that the lifestyle experienced in the home matches their expectations and preferences. They are supported to make decisions and maintain control over their lives.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

The home provides regular church services of various denominations.

Four of the residents who completed satisfaction questionnaires, prior to this inspection, stated that the home only "sometimes" provides sufficient activities and entertainment.

The manager acknowledged that, so far this year, there have not been as many planned activities for residents. The adjacent day centre, which residents could previously attend, is no longer operational. She was however able to provide evidence that she is in the process of arranging a programme of activities for residents, which will commence in the very near future. The manager stated that the programme of activities is usually displayed in the main reception hall however this was not available at the time of this inspection.

Residents stated that they can have visitors in the home at any time; they confirmed that their visitors are always made very welcome. One visitor said that she is always offered refreshments when she visits her mother. She confirmed that she could have a meal, with her mother, in the home if she chose to do so.

Residents meetings are held two or three times a year.

The home has an appropriate access to records policy and the staff spoken with were clear about the procedure they would follow if the resident or their representative asked to view a residents personal records.

The manager stated that the home usually displays Age Concern advocacy leaflets however these could not be located at the time of this inspection.

The meal on the day of this inspection consisted of roast pork or Cornish pasties with fresh broccoli, carrots, potatoes and stuffing. Eight people have soft diets; each element of the food was liquefied individually to preserve flavour and appearance. (This is good practice).

Residents confirmed that they liked the food provided by the home they stated that there is always a choice of food and that alternatives will be provided if they do not want the meal suggested on the menu.

## Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

16,18.

The home has a robust and accessible complaints procedure and staff are ensuring that residents are protected from abuse.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The home has an accessible complaints procedure, which is available to residents and visitors to the home. There have been two complaints in the home in the last 12 months. The homes complaints records show that the complaints were investigated and dealt with appropriately.

These complaints were being recorded in a book, however as several complaints had been written on the same page of the book it was not possible to view the information in a confidential format.

There have been two incidents of abuse reported in the home since the last inspection. The records show that the registered person rigorously followed the appropriate Safeguarding Adult Procedures. As a result of the investigations one person has been referred to the Protection of Vulnerable Adults list.

The home has an appropriate Whistle Blowing Policy. The member of care staff spoken with during this inspection was unclear about the homes Whistle Blowing Policy but assured the inspector that she would report any incidents which she believed would adversely affect the residents.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

The purpose-built accommodation is maintained to an excellent standard. At the time of the inspection the home was appropriately clean and there were no offensive odours.

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

A partial tour of the premises was completed as part of this visit; the purpose-built, spacious accommodation is comfortably furnished and very well decorated. There was good natural light throughout the building.

All of the residents spoken with said that they liked their bedrooms and confirmed that they could use them at any time. They said that they had been encouraged to personalise their rooms with small items of furniture photographs and ornaments.

All of the residents spoken with and one visitor confirmed that the home is always kept appropriately clean.

The laundry is extremely large and well equipped with washable wall and floor coverings.  
The home has comprehensive infection control policies and procedures.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27,28,29,30.

There are sufficient well-trained staff to meet the assessed needs of the residents. The home's recruitment policies and practices support and protect the residents.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The rota provided for the week of this inspection showed that sufficient staff are employed to meet the assessed needs of the resident. The manager stated that she has the flexibility to increase staffing levels where necessary.

As The Firs provides nursing care there is always a qualified nurse on duty and 50% of the care staff have completed NVQ level 2 or above training. The staff spoken with said that they are encouraged and supported to attend regular training courses. The staff training records show that a considerable amount of training had been provided since the last inspection.

The personal records of two members of staff were assessed as part of this visit. Both of the records contained all of the required information including application forms, two written references for each person and completed Criminal Records Bureau checks, which had been obtained prior to the staff commencing employment.

## Management and Administration

### The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

### The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35,38.

The home is well managed and run in the best interests of the residents. Where checked the health and safety and welfare of residents and staff are promoted and protected.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

The resident manager is well qualified and experienced she is currently completing the Registered Manager's Award. The residents and staff spoken with all said that the manager is a very approachable and that she seeks to their views about the way in which the home is run.

The registered person regularly seeks residents' views about the services provided by the home. Several residents said that the manager visits them each morning to check if there is anything they need. (This is good practice).

The home's line manager visits the home at least once each month she talks to residents and prepares a report on the conduct of the home.

In the past the home has sought the views of stakeholders in the community such as district nurses GPs etc however the manager stated that was not completed in 2006.

The manager stated that they will shortly be using the information gathered from the Quality Assurance System to produce an annual development plan for the home. (This is good practice).

The records of residents' finances were checked at random and had been well maintained.

The aspects of health and safety, which were assessed as part of this visit, had generally been well maintained. It was however noted that the records of fire drills did not contain the names of the staff that had participated. It is important that this information is included as it will help to ensure that all staff attends at least one fire drill each year.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

| <b>CHOICE OF HOME</b> |              |
|-----------------------|--------------|
| <b>Standard No</b>    | <b>Score</b> |
| <b>1</b>              | X            |
| <b>2</b>              | 3            |
| <b>3</b>              | 3            |
| <b>4</b>              | X            |
| <b>5</b>              | X            |
| <b>6</b>              | N/A          |

| <b>HEALTH AND PERSONAL CARE</b> |              |
|---------------------------------|--------------|
| <b>Standard No</b>              | <b>Score</b> |
| <b>7</b>                        | 3            |
| <b>8</b>                        | 3            |
| <b>9</b>                        | 3            |
| <b>10</b>                       | 3            |
| <b>11</b>                       | X            |

| <b>DAILY LIFE AND SOCIAL ACTIVITIES</b> |              |
|---|--------------|
| <b>Standard No</b>                      | <b>Score</b> |
| <b>12</b>                               | 3            |
| <b>13</b>                               | 3            |
| <b>14</b>                               | 3            |
| <b>15</b>                               | 3            |

| <b>COMPLAINTS AND PROTECTION</b> |              |
|----------------------------------|--------------|
| <b>Standard No</b>               | <b>Score</b> |
| <b>16</b>                        | 3            |
| <b>17</b>                        | X            |
| <b>18</b>                        | 3            |

| <b>ENVIRONMENT</b> |              |
|--------------------|--------------|
| <b>Standard No</b> | <b>Score</b> |
| <b>19</b>          | 4            |
| <b>20</b>          | X            |
| <b>21</b>          | X            |
| <b>22</b>          | X            |
| <b>23</b>          | X            |
| <b>24</b>          | X            |
| <b>25</b>          | X            |
| <b>26</b>          | 4            |

| <b>STAFFING</b>    |              |
|--------------------|--------------|
| <b>Standard No</b> | <b>Score</b> |
| <b>27</b>          | 3            |
| <b>28</b>          | 3            |
| <b>29</b>          | 3            |
| <b>30</b>          | 4            |

| <b>MANAGEMENT AND ADMINISTRATION</b> |              |
|--------------------------------------|--------------|
| <b>Standard No</b>                   | <b>Score</b> |
| <b>31</b>                            | 3            |
| <b>32</b>                            | X            |
| <b>33</b>                            | 3            |
| <b>34</b>                            | X            |
| <b>35</b>                            | 3            |
| <b>36</b>                            | X            |
| <b>37</b>                            | X            |
| <b>38</b>                            | 3            |

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|     |          |            |             |                      |

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

| No. | Refer to Standard | Good Practice Recommendations   |
|-----|-------------------|---|
| 1.  | OP7               | It is recommended that residents care plans are reviewed and where necessary updated at least once each month. This will help to ensure that staff have up to date information about the support and assistance each resident requires.                       |
| 2.  | OP7               | It is recommended that staff record each time a resident is offered a bath or shower. If the resident refuses a bath or cannot be bathed for any reason this should also be recorded. This will help senior staff monitor the care provided to the residents. |
| 3.  | OP14              | It is recommended that residents are informed how they can contact Local Advocates should they require independent advice or support.   |
| 4.  | OP16              | It is recommended that all complaints be recorded in a format, which can be viewed confidentially.  |

|    |      |  |
|----|------|--|
| 5. | OP33 | <p>It is recommended that the registered person resumes the process of seeking the views of stakeholders in the community about the services provided by the home. This information can be used to help produce the home's development plan.</p> <p><b>NOTE CSCI has been informed that the homeowners have sought the views of stakeholders in the community on a National level and that a report is now available in the home.</b></p> <p><b>This recommendation has been instituted,</b></p> |
| 6. | OP38 | <p>It is recommended that the registered person record the names of all staff who participate in fire drills. This will enable them to ensure that all staff attends at least one fire drill each year.</p>  |

## **Commission for Social Care Inspection**

Nottingham Area Office  
Edgeley House  
Riverside Business Park  
Tottle Road  
Nottingham  
NG2 1RT

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

Web: [www.csci.org.uk](http://www.csci.org.uk)

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