

Firs Hall Care Home Ltd

# Firs Hall Care Home Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Firs Hall is a residential care home providing personal care to up to 31 people. At the time of the inspection 20 people were living at the service. The accommodation is provided in one building with bedrooms across two floors and communal areas on the ground floor.

### People's experience of using this service and what we found

At the previous inspection we made a recommendation that the provider should review their medicine recording processes and their financial auditing systems. At this inspection we found improvements had been made in these areas.

The service had systems in place to help safeguard people from the risk of abuse. All risks were monitored and managed well. Health and safety measures were in place and required certificates were up to date. Medicines were managed safely at the home. All required infection control measures were in place. Staff had completed infection prevention training and were aware of all current guidance around COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited safely and there were sufficient staff to meet the needs of people using the service. Staff were positive about the support they received from the management of the service.

There was an open and honest culture at the home and notifications were made to CQC as required. People were as involved as they were able to be with their care and support. There was an on-going improvement plan, which included addressing environmental repairs and upgrades. Partner agencies reported good working relationships with the provider and new manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 14 July 2021). At our last inspection we recommended that the provider review their medicine recording processes and their financial auditing systems. At this inspection we found the provider had acted on the recommendation and improvements had been made in these areas.

### Why we inspected

We undertook this targeted inspection to check the provider had followed their action plan. This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall

rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Firs Hall Care Home Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Firs Hall Care Home Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Firs Hall Care Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Firs Hall Care Home Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the acting manager had applied to be registered with CQC.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection to assess any COVID-19 risks.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the acting manager, a team leader, a care assistant, the activities coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help safeguard people from the risk of abuse.
- Safeguarding concerns were recorded and addressed with appropriate actions.
- Staff had completed training in safeguarding and were aware of how to whistle blow if they witnessed any poor practice.

Assessing risk, safety monitoring and management

- The service assessed and managed general and individual risks appropriately.
- Risk assessments for issues such as falls, nutrition, moving and handling and mobility, were documented within care records. These were updated as required.
- All health and safety certificates and checks were in place and up to date.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff files we looked at included all required documentation and evidenced safe recruitment.
- There were sufficient numbers of staff on duty at the home to ensure people's needs were met.

Using medicines safely

- The service had systems in place to help ensure medicines were managed safely.
- The medicines room was clean, tidy and well organised.
- Staff completed medicines training and had regular competence checks to ensure their skills remained current.

- There was a clear procedure for staff to follow in the event of a medicines error.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- There was evidence that the provider had learned lessons from previous issues at the home and implemented changes where necessary.
- For example, the home's infection control performance had been rated poorly, scoring 67% with many areas requiring attention. An improvement plan had been put in place and the score had dramatically improved at the subsequent audit. The home had scored 96% in the latest audit, with many areas showing a significant improvement.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the previous inspection we made a recommendation that the provider should review their medicine recording processes and their financial auditing systems. At this inspection we found improvements had been made in these areas.

- Medicines records were complete and up to date.
- Financial records had been reviewed and improved. The provider had good oversight of all records via robust auditing systems.
- Systems with regard to monies kept in the safe in the office had also been reviewed and changed to improve security.
- We saw a number of audits around documentation, environmental issues, equipment, incidents and care.
- Health and social care professionals we consulted told us, "The home has developed a comprehensive service improvement plan following concerns raised by us in January 2022. This demonstrates that clear audit and oversight is now in place both from the new manager and the director."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service embraced an open, positive and inclusive culture, led by the provider and the manager. A health and social care professional said, "Our experience with [manager] is that she has been a positive influence in making improvements in the home and that the staff culture in the home has improved in recent months."
- Care plans included information about people's cultural, spiritual and individual requirements, and people's equality and diversity was respected.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider ensured they were open and honest about the things that went wrong at the service.
- Notifications about incidents, such as serious injuries, deaths and alleged abuse were submitted to CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- Care plans demonstrated people were consulted about the provision and review of care and support. A new initiative, 'resident of the day', had been implemented to ensure each person had a full review of their documentation, environment and care at least once a month.
- People who used the service were fully engaged with their support. One person told us, "We are like one big happy family here. [Manager] is a lovely person."
- Staff we spoke with felt well supported and were positive about the good influence the new manager had brought to the home. One staff member said, "[Manager] is brilliant, you feel like you are listened to. [Manager] deals with things immediately. It [the home] has changed for the better."
- There were clear staff handovers and regular supervisions gave staff the chance to discuss training and development needs and any other issues.

#### Continuous learning and improving care

- The service had an on-going improvement plan, which included addressing environmental repairs and upgrades.
- Issues identified within audits were documented, actions to address them recorded and the actions were signed off once completed.

#### Working in partnership with others

- Partner agencies reported good working relationships with the provider and new manager.
- Health and social care professionals, working with the home on the service improvement plan, told us, "The home engaged regularly with us around this work and we have visited regularly and noted not only physical improvement to the environment but also an improvement in relation to staff morale, activity and engagement of residents in the home."