

Georgia Rose Residential Care Limited

Firbank Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Firbank Residential Care Home is a care home registered to provide accommodation and personal care for up to 26 people in one adapted building. At the time of the inspection 17 people were living at the home.

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

Although people told us they felt safe, we found that people did not receive a service that ensured they were safe. Not all people living at Firbank Residential Care Home had appropriate care plans and risk assessments in place, in order to guide staff how to meet their needs and keep them safe.

People were not cared for in a safe environment and we found a number of safety concerns in relation to the environment throughout the inspection. Including, but not limited to, a lack of effective window restrictors, fire safety concerns; including unsafe escape routes and cluttered communal areas.

Risks associated with infection prevention and control were found at the inspection, including, but not limited to; areas of the home which could not be effectively cleaned due to wear and tear, lack of cleaning systems and staff not always wearing personal protective equipment in line with government requirements.

There were sufficient numbers of staff available to meet people's needs in a timely way. However, the recruitment of staff did not always ensure people were protected against the risks of unsuitable staff being employed. People were supported to take their medicines safely.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Robust systems were not in place to help ensure staff had received adequate training in a timely way to equip them to do their roles, safely and effectively. This had resulted in a system being implemented by the management team and a new training provider being introduced to the service. However, at the time of the inspection we could not be assured that all staff had received essential training.

Although people's care records did not always contain detailed and clear information for staff on how to best support people with their health conditions, most staff demonstrated they understood people's needs and how these should be managed. People were supported to access healthcare services when needed. People were supported to eat a varied and nutritious diet.

Feedback from people, relatives and staff was positive about the management of the service and the level of care received. We did observe interactions by staff that were caring, and kind and people were treated with dignity and respect. People were confident that if they had any concerns, these would be dealt with effectively by the management team.

Quality and safety monitoring systems were not adequate, and we found there was a lack of governance processes and systems in place to help ensure the safe running of the service. Without these systems, the provider and manager could not be proactive in identifying issues and concerns in a timely way and acting on these.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 8 January 2018).

Why we inspected

The inspection was prompted in part due to concerns received about unsafe medicines management, infection control, staffing, training, recruitment practices, fire safety and poor management and leadership. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe care and treatment for people, consent, recruitment, training, deprivation of liberties, premises and equipment and good governance at this inspection.

Following this inspection we served a Notice of Proposal to cancel the providers registration. The provider had 28 days to appeal this proposal. No appeal was received. Therefore the providers registration was cancelled.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Firbank Residential Care Home

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 Care Act 2014.

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 completed by two inspectors on the first day and one inspector on the second and third days.

Service and service type

Firbank Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager at the service at the time of the inspection. The last registered manager left the service in December 2020. The manager told us they had made an application to the Care Quality Commission in December 2020 to register as the manager of Firbank Residential Care Home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority.

We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the manager, deputy manager, care workers and the chef.

We reviewed a range of records. This included seven 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.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks were not managed and mitigated effectively.
- Although people told us they felt safe, we found people's care plans did not contain detailed and up to date information about their needs.
- Specific risk assessments had not consistently been completed as required. Risk assessments completed did not contain detailed information and clear guidance to staff about how people's needs should be met to mitigate risks. For example, one person was cared for in bed, which placed them at high risk of skin damage. There was no care plan or risk assessment in place providing guidance to staff on how to mitigate the risk of skin damage for this person. We asked a staff member about this person's care requirements in relation to pressure damage. This member of staff told us, "We change [person's] position in bed." However, they were unable to tell us how frequently this was done and told us this was not documented. We also discussed this with a second member of staff who said, "They [person] can change their position themselves." This highlighted that not all staff understood people's needs and this could result in the person receiving inappropriate care.
- Some people living at the home had pressure relieving mattresses in place to prevent the risk of skin breakdown. There was no system in place to ensure these mattresses were set correctly for people. We noted that one person's pressure relieving mattress was set incorrectly for their weight. This placed them at risk of pressure damage. We raised this with the manager and deputy manager on the first day of the inspection and asked for the setting to be changed immediately. However, we checked the persons mattress settings twice more on the same day, and the setting was not changed until we discussed it again at the end of the first day. The manager agreed to put a system in place to ensure this was addressed.
- One person had a catheter in place, the only mention of this within the person's care records was in the notes completed by a visiting healthcare professional. This person was being cared for in bed and their catheter bag was lying on floor and not attached to the person's leg or a frame. This is unsafe practice as it was at risk of being pulled out of position. In addition, there was no risk assessment or care plan in place to ensure safe management of this catheter. This meant we could not be assured staff were safely managing the person's catheter care or completing regular checks to monitor its effectiveness.
- Where people were at risk of falling, risk assessments had not consistently been completed to reflect this risk. For others, records provided some detail on the equipment and support they required to reduce the risk of falls. However, information within their care records was inconsistent and had not been updated when the equipment required to support this person, had changed.
- Personal emergency evacuation plans (PEEPs) had not been completed for all people. Three of the seven care records we viewed, did not contain PEEPs. Additionally, the summary of people's needs in the event of a fire did not contain up to date information. For example, this list stated that one person could, 'slowly walk with a walker' however, this information was out of date and incorrect. This meant in the event of a fire, the

fire service would be given inaccurate records placing both themselves and people at significant risk of harm. This was brought to the attention of the manager on day one of the inspection. However, this had still not been updated by day three of the inspection.

- Environmental risk assessments, general audit checks and health and safety audits had not been completed in a timely way. We found a number of safety concerns in relation to the environment.
- There were no window restrictors in place for a top floor window. Although window restrictors were in place on other windows on the top floor, these had been overridden, which meant these windows could be fully opened. This placed people at risk of harm. We raised this concern with the manager who agreed to address this. On day three of the inspection we rechecked these windows and found action had not been taken. We also found a number of windows on the first floor did not have window restrictors in place. This meant despite identifying these concerns with the manager, we could not be assured that people's safety was prioritised.
- The stairs between the ground floor and lower ground floor were long and steep. Although there was a door at the top of the stairs with a keypad lock on, it was not locked, so the stairs could be easily accessed by people. This posed a significant risk, particularly to people living with dementia or with poor eyesight who may not recognise the danger of using the stairs unaccompanied.
- Not all staff had received fire safety training. The manager told us that fire alarms were tested weekly; however, they were unable to provide us with evidence that this had been done. Additionally, the manager was unable to provide us with an up to date fire risk assessment and was unable to confirm when this was last completed. The manager explained this had been identified during a recent fire inspection, and it would be completed by an appropriate professional in July 2021.
- Not all fire exits would support safe evacuation of the building in the event of a fire. When leaving the home from one fire exit on the ground floor, the escape route people would be expected to use was narrow, with an uneven and slippery surface. This route would not have been a safe means of escape for wheelchairs or people whose mobility was compromised. Additionally, another exit from the building had a damaged wooden ramp which was unsafe to use. The manager explained this had been identified during a recent fire inspection. On day two of the inspection a professional visited the service to provide a quote for the work to make fire escape routes safe.
- The provider was unable to provide us with evidence that water temperature checks had been completed in accordance with legionella safety requirements. Additionally, the last legionella assessment had been completed in November 2019. This placed people at risk of harm. The manager agreed to address this issue.

The failure to ensure people were provided with safe care and treatment was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Risks associated with infection prevention and control were found.
- We found some areas of the home were poorly maintained and were cluttered, so could not be effectively cleaned. For example, some soft furnishings were worn and stained, a bath panel and a sink unit were damaged and there were gaps in the floor sealant around a sink and toilet. These were all infection control risks. Additionally, multiple hoist slings were seen hanging over the back of a chair in one communal area. Staff were unsure who these hoist slings were used for and we observed following the use of one of these slings, it was placed back on the chair in the pile. This meant people did not have their own identified sling, which could result in cross infection.
- Robust cleaning systems were not in place. For example, there were no systems in place to ensure deep cleaning was completed regularly and cleaning audits, to ensure robust processes were in place, had not been completed.
- We could not be assured that all the staff within the service were using PPE effectively and safely. Staff

confirmed and we observed that they had access to the appropriate PPE. However, during our inspection visits we observed two members of staff did not always wear their mask in line with government requirements. We addressed this with them at the time. Not using PPE correctly increased the potential risk of the spread of COVID-19.

- We could not be fully assured that visitors to the service were prevented from catching and spreading infection. Although visitors were requested to complete a COVID-19 lateral flow device (LFD) before entering the service, we were not confident visitors all waited the full 30 minutes to check the LFD result before entering service. The manager confirmed there was no system in place to ensure the 30-minute time frame had been followed as required. Additionally, the manager said, "We wait about 20 minutes." The NHS test and trace guidance clearly states, 'You must wait for the full 30 minutes to record a negative result as the test line (which indicates a positive test) may take longer to appear.' This meant we could not be assured the correct process was being followed and this placed people at risk.
- The provider was accessing testing for people using the service and staff. Staff were having regular Polymerase Chain Reaction (PCR) tests and also using LFD tests. However, as described above we could not be assured LFD tests were being completed as per guidance.
- People did not have robust risk assessments to consider the individual risks to them from COVID-19.
- There were no audits to monitor and check safe infection, prevention and control processes were followed.

The provider had failed to safely manage infection control risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Relatives have been informed of the up to date visiting process and how to book via phone calls or in person.
- We were assured any staff or people testing positive would isolate as required.

Staffing and recruitment

- Safe recruitment practices had not been followed to help ensure that staff employed were of good character.
- Some recruitment checks had not been completed. One of the files did not show evidence that checks with the Disclosure and Barring Service (DBS) had been completed. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Additionally, two of the files checked did not demonstrate full employment histories had been obtained. Therefore, the provider could not be assured that staff recruited were of good character or suitable to work at the service.
- We discussed the home's recruitment procedures with the manager. The discussion showed they clearly understood the need for good recruitment procedures to be followed and the requirement for pre-employment checks to be undertaken. The manager told us that due to impact of the COVID-19 pandemic on the home immediately following their employment start date, they had not had sufficient time to review the historic recruitment files.
- The manager agreed to review the recruitment files and follow up on any missing information.

The failure to ensure the safe and appropriate recruitment practices were followed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient numbers of staff available to support people. Staff had the time they required to

provide people with responsive and effective care in a relaxed and unhurried way. However, staff told us that over the last six months staffing levels had been compromised due to the COVID-19 pandemic, which had resulted in there not always being sufficient numbers of staff available. The management team also explained that a lack of staff over the last six months, had greatly impacted on their ability to complete their required management tasks.

- Staffing levels were determined by the number of people using the service and the level of care they required. The manager kept staffing levels under review and used a formal assessment tool to determine the numbers of staff required to meet people's needs. The management team regularly monitored the staffing levels by observing care, working alongside care staff and speaking with people and staff, to ensure that staffing levels remained sufficient.
- Short term staff absences were covered by a member of the management team, existing staff members or agency staff.
- People confirmed there was enough staff available to them to provide the support they required. People's comments included, "Oh, they [staff] always come when I need them", "There is definitely enough staff" and "They [staff] come quickly when I ring my bell."

Learning lessons when things go wrong

- Systems were not in place to monitor incidents, accidents and near misses. This meant when these occurred, trends or themes could not be identified to help mitigate future risk and prevent reoccurrence. For example, we found evidence that one person had slipped from their chair on one occasion in April 2021 and three occasions during May 2021. However, we found no evidence that the possible reasons for these incidents had been investigated or considered. This meant that effective action could not be taken to mitigate future risks.

Using medicines safely

- People were supported to take their medicines safely.
- Medication administration records [MARs] confirmed people had received all their medicines as prescribed.
- Person centred medicine administration care plans were in place, which provided information for staff on how people liked to take their medicines.
- People were provided with 'as required' (PRN) medicines when needed. PRN plans were in place, which included information in relation to when these medicines should be given, the expected outcome and the action to take if desired outcome was not achieved.
- There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- There were systems in place including daily, weekly and monthly checks to ensure medicine had been given as prescribed and to help ensure medicines were always available to people.
- Medicines that have legal controls, 'controlled drugs' were appropriately and safely managed and monitored.
- There were safe systems in place for people who had been prescribed topical creams.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate safeguarding policies and procedures in place, which had been developed in line with national and local legislation to protect people from abuse.
- However, of the 21 staff employed by the service we saw evidence that only six of these staff had received safeguarding training just prior to the inspection. Due to the lack of training systems in place (see the effective section of this report for more information in relation to this) the manager was unable to confirm if or when other staff members had received this training. Therefore, safeguarding training was in the process

of being arranged for all staff.

- Although we were not assured staff had received appropriate safeguarding training, staff spoken with were able to appropriately describe the actions they would take if abuse or concerns were suspected. A staff member said if they had a concern they would, "Report it to manager and take it further to CQC or the safeguarding team if I needed to."
- There were processes in place for investigating any safeguarding incidents. We saw records which confirmed where abuse was suspected this was investigated.
- All the people we spoke with during the inspection told us they felt safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- Staff had not all received training to equip them in their role and to ensure they could provide safe care to people.
- One month before the inspection we requested a training matrix from the manager to follow up on a concern we received in relation to staff training. The manager's response confirmed they were unable to provide us with up to date information in relation to what training staff had received and when this training needed to be updated.
- At the inspection we discussed staff training with the manager. The manager told us following our previous request, they identified there was not a clear system in place for monitoring staff training. This meant, they were unable to identify what training staff had received. The manager advised they had now sourced training for staff and developed a record for monitoring this.
- We reviewed a copy of the newly developed training matrix. This training matrix demonstrated that 21 staff were employed by the service. Of these 21 staff the training matrix indicated that none had received medicine training; only four staff had received infection control training, six staff only had received fire safety training, and no staff had received moving and positioning or mental capacity training. Although, the manager was able to provide us with evidence that additional staff training had been arranged, they were unable to provide us with assurances that at the time of the inspection staff were trained sufficiently to meet all people's assessed needs safely.
- There was not a formal process in place to ensure staff received appropriate supervision. Both the manager and staff confirmed one to one sessions of supervision had not been provided. One to one sessions of supervision provide an opportunity for the manager or member of the management team to meet with staff, feedback on their performance, identify any concerns, offer support and identify learning opportunities to help them develop. Supervision is also used to ensure staff competency is maintained. The manager told us; they had not had the time to provide staff with formal supervision since being in post. They said, this was due to the strain of the COVID-19 pandemic, which had resulted in them having to work as a member of the care team. The manager told us they planned to complete formal supervisions for staff. Additionally, the deputy manager told us they were completing supervision training in July 2021, to help ensure they had the appropriate skills to conduct staff supervisions in the future.

The failure to ensure staff received appropriate training was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff confirmed they had lacked training. Staff comments included; "There has been a lapse in training, but

we are starting to do this again now" and "We are now doing training online, training did stop for a while, but there is lots of training coming up."

- Although staff and the management team confirmed there had been a recent lack of training, people using the service had confidence in the staff and their abilities. One person said, "The staff are very skilled."
- Although formal supervisions had not taken place, staff told us they felt supported in their role by the manager and/or the deputy manager. A staff member said, "I can speak to the manager at any time and he will listen. They have been very good and support [me]." Another staff member told us, "I haven't had supervision, but can go to the manager or deputy manager if I had any concerns."
- New staff completed an induction to the service and a probation period before being permitted to work unsupervised. A new staff member confirmed they completed an induction.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights had not always been upheld and the service had not been working within the principles of the MCA.
- Where people lacked capacity to consent, mental capacity assessments had not always been completed for specific decisions. These included decisions relating to the care and support people received, the administration of their medicines and the use of bed rails. Prior to making decisions on behalf of people, staff had not always completed the required two-stage test to assess the person's capacity to make the decision or consulted with their family members. Therefore, staff were unable to confirm that the decisions were necessary or had been made in the best interests of people.
- Formal consent forms had not always been completed as required. For example, not all people had signed consent forms to receive care and treatment or consent to photos being taken and used. Additionally, a person had a consent form for photographs to be used by the service and for information to be shared with others, which had been signed by their relative. However, there was no evidence in the person's care plan that their relative had the legal permissions to make these decisions and no MCA assessment or best interest decision had been completed. We discussed this with the manager and deputy manager, who had failed to recognise these lawful processes were not being followed. The manager told us they would review people's care plans to update their records and ensure the MCA was applied where required.
- Some people living at the home were subject to restrictions upon their rights. For example, we observed bed rails in place for some people and a sensor alarm used for one person. Restrictive practices are when people are prevented from doing something by a form of restraint, usually in order to keep them safe. There was not always information in people's records explaining why these restrictions were in place. The MCA had not been followed and DoLS applications had not been made to ensure this practice was lawful. We discussed this with the manager who was able to demonstrate they understood the DoLS process and would ensure applications would be made for people who required it.

Providing care and treatment without the consent of the person or in their best interests following mental capacity legislation was a breach of regulation 11 of the Health and Social Care Act 2008 (regulated

Activities) regulations 2014 (Part 3).

- People told us they were always asked before care was provided.
- Staff were clear about the need to seek verbal consent from people before providing care or support and we heard them doing this throughout the inspection. People's right to decline care was respected.

Adapting service, design, decoration to meet people's needs

- The environment was not well maintained and did not promote people's emotional wellbeing or physical safety.
- Communal areas of the home were cluttered. For example, within the small communal lounge on the middle floor, we observed five unused wheelchairs being stored there. The manager stated that all these wheelchairs were in use, however, this was not confirmed by staff and we did not see them being used throughout the inspection. The manager also told us, "A lot of clutter had been cleared [from this area]." However, there remained limited space which could impact on people's safety.
- The carpet within one area of the home was heavily patterned and appeared to be dirty; there was also a musty odour in this room. The pattern of this carpet would not be conducive to people with cognitive or sight impairment.
- Areas of the home required redecoration and curtains within a number of people's bedrooms were not well fitted and were hanging off the curtain rails. This could have implications on ensuring people had a good night sleep and also impacted on their privacy and dignity.
- There were two baths within the home, however we were told by staff only one of these was used, as the other was used for cleaning equipment. We noted the bath hoist, which was used for people, was cracked and broken so appeared unsafe to use. The manager told us this bath had been checked by an appropriate professional who confirmed it safe, however the manager was unable to provide evidence of this. These meant we were not assured people could access safe bathing facilities.
- The premises had not been maintained or adapted to improve the quality of people's lives. We were concerned that living in an environment as described as above, could have a negative impact on people's emotional, psychological and physical health.

The failure to ensure the environment was properly maintained was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some adaptations had been made to the home to meet the needs of people living there. For example, some corridors had handrails fitted to provide extra support to people and toilet bathroom and bedroom doors were sign posted, so that people could recognise them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People living at the service had their needs assessed prior to moving into Firbank. However, not all people's needs had been reviewed or comprehensively reassessed following their admission to the home. For example, one person was admitted to the service in March 2021 and another in April 2021 yet care plans and risk assessments had not been implemented for these people. For one person their needs, and abilities had significantly changed since admission however, these changes had not been documented or reflected upon. This meant that staff were not provided with clear, detailed and up to date information on how this person should be cared for. This was discussed with the manager who told us that due to the management team having to cover care shifts, they had not had the time to review and update care plans accordingly. The manager informed us that care plans and risk assessments were in the process of being updated. We could not be assured people were receiving appropriate and effective care.
- A range of well-known tools were available to monitor people's health and wellbeing in line with best

practice guidance, such as nationally recognised tools to assess people's risks of developing pressure injuries and to monitor people's weight. However, we could not be assured that these were used as required, to help identify risks to people. For example, one person who was at risk of developing pressure sores had not been assessed in relation to this risk. Additionally, there was no procedure in place to monitor for potential head injuries following an unwitnessed fall. This meant people's care and treatment was not always delivered in line with the guidance and standards to support effective care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Peoples care records did not contain consistent detailed and clear information for staff on how to best support people with their health conditions. However, when we discussed people's needs with the staff and management team, most demonstrated they understood people's needs and how these should be managed.
- People were supported to access healthcare services when needed. Records confirmed that people were seen regularly by doctors, nurses and chiropodists.
- People said they would be supported to access healthcare professionals when unwell. Care records confirmed people were seen by health professionals including doctors, specialist nurses, dentists and opticians.
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. Staff used a prepared 'hospital administration form' to document people's care and support needs. This helped ensure continuity of care between care settings.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet.
- Mealtimes were a relaxing and sociable experience for people. People were complimentary about the food and told us they had enough to eat and drink. Comments from people included, "The meals are excellent" and "The food is lovely, and we get plenty of choice."
- People were provided with a choice of three main meal options however, they could request alternatives if wanted to. People were provided with drinks and snacks throughout the day.
- Where required, people were provided with specialist cutlery to help them to eat their meal independently.
- Individual dietary requirements and people's likes and dislikes were not always recorded in their care plans, however discussions with staff demonstrated they were knowledgeable of people's likes, dislikes and any specific dietary requirements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated in requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff took steps to protect people's privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly about any personal care if they were in a communal area. However, the staff had not considered the environmental factors that could impact on people's privacy. For example, poorly fitted curtains.
- Staff described how they protected people's privacy when supporting them with personal care. One staff member said, "I make sure the door and curtains are closed and would make sure they are covered up when helping them to wash and dress."
- People told us they were treated with dignity and respect. However, as described in the effective domain of this report, care plans had not been developed for people when they moved to the service. This meant people were at risk of staff being unable to meet their care needs in line with their wishes. Additionally, as described in the safe domain, one person's catheter was left on the floor. As well as being unsafe for the person this was also undignified.
- Staff supported people to remain independent. One staff member told us, "I encourage people to do what they can for themselves, such as brush their own hair or wash their face."
- Some people's care records contained information about what people could and couldn't do for themselves. For example, one person's care record stated, '[Person's name] likes to be as independent as possible. [Person] can wash his top half, clean his teeth and comb his hair.' The management team informed us they were in the process to updating all people care records to ensure people's abilities were clearly documented.
- People told us staff respected their choices and decisions. Comments from people included, "It is always up to me; when I get up or go to bed, when I have a bath or a shower" and "They [staff] always let me make the decisions about what I do." However, as described in the effective section of this report, the MCA was not applied or clearly understood by all staff.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people reflected they felt the staff were caring. Comments included, "The staff are very kind", "The staff are excellent and very patient" and "They are all very nice girls, I am very happy here."
- We observed positive interactions between people and staff. Staff showed kindness and patience when talking to people. Throughout the inspection staff and people were relaxed and clearly comfortable in each other's company.
- People were seen to be supported in a relaxed and unhurried way by staff. For example, we observed a

staff supported a person to eat. Throughout this interaction, the staff member had a friendly and meaningful conversation with the person about topics they were particularly interested in.

- People's protected characteristics under the Equalities Act 2010, such as religion and disability were considered as part of the assessment process. Although there were no people identified as having any specific cultural needs at the time of inspection, a staff member described how they would resource information on people's faiths and cultures, if required to ensure their specific needs could be met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We could not be assured that people received timely and effective care that incorporated their needs and preferences. As highlighted within the 'Safe' domain, staff had not always identified people's needs in relation to catheter care and pressure area management.
- Care plans were incomplete and there were significant gaps in some areas of the care records. There was a lack of critical care information, including people's communication needs, mobility needs and details around equipment required to support people. It was not always easy to discern that care had been undertaken in line with a people's assessed needs.
- Reviews of care had not always been undertaken as required, meaning there were no records of how people had progressed and whether the care they received remained appropriate.

End of life care and support

- End of life wishes had not been considered for all people living at Firbank. Some people's care records did not contain any information in relation to how they wished to be cared for at the end of their life. This included for one person who we were told was approaching the end of their life. This was discussed with the manager who told us they would update people's care plans to include their end of life wishes and preferences.
- Staff had not received training in end of life care, however the management team confirmed that specific end of life training had been arranged for some members of staff at the local hospice in July 2021.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were not always identified, recorded and highlighted in their care plans. This meant that new or agency staff may not always be aware of the best way to talk with people and present information.
- The management team was aware of the Accessible Information Standard (AIS). We were told that documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- An activities co-ordinator was employed by the service, whose role it was to arrange and facilitate a variety of activities, events and outings for the people to help prevent social isolation. Activities provided included; arts and crafts, music, quizzes, gardening and pampering sessions.
- People enjoyed and participated in a number of activities, including games, quizzes and pampering sessions.
- People told us they enjoyed the activities provided and most people said they had enough to do. Comments included, "I don't get bored, they [staff] keep us occupied" and "It's a very sociable here, we have loads to do; quizzes, bingo." However, one person told us, "There is enough to do, but I would like to go out more, I can't because I need someone to take me." A staff member told us, "The activities provided [in the home] are good, but I don't think the management always consider the value activities have to people. More money needs to be spent to allow a better range of activities, such as outings for people."
- Staff were knowledgeable about people's right to choose the types of activities they liked to do and respected their choice. Activities were discussed with people.
- People were supported to maintain friendships and important relationships.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint and were confident that action would be taken. Information on how to make a complaint was available to each person and was displayed within the home.
- No formal complaints had been received by the service in the last 12 months. There was a system in place for logging, recording and investigating complaints. Any complaints received would be acted upon immediately, investigated and action taken where required.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager at the service at the time of the inspection. The last registered manager left the service in January 2021 following a one month 'hand over' period with the current manager. The manager has been in post since December 2020, however we have yet to receive a completed application.
- There had been a lack of leadership, direction and oversight. The lack of leadership had impacted on the running of the service and the safety of the care people received.
- We found multiple breaches of regulation. These failings demonstrated there were a lack of systems in place to assess, monitor and improve the service. Systems that were in place had failed to identify or act upon risks in order to provide a safe service to people. This meant that people would have continued to be exposed to the risk of harm.
- There was a lack of governance processes and systems in place to help ensure the safe running of the service. Without these systems, the provider and manager could not be proactive in identifying issues and concerns in a timely way and acting on these. The concerns found at the inspection included but were not limited to, training, care records, risk management, consent and the mental capacity act, environment safety concerns and lack of person-centred information.
- The manager was unable to provide us with evidence of, included but not limited to, completed care plan audits, evidence of environmental checks, up to date infection control audits, detailed accident, incident and falls audits and health and safety audits. When this was discussed with the manager, they told us they believed that some of these tasks were being completed by a staff member who had recently left the service. However, they were unable to confirm or provide evidence that these had been completed.

Continuous learning and improving care

- Effective systems were not in place to allow continuous learning and improving care. For example, accidents and incidents had not been robustly investigated to identify further risks or triggers or prevent recurrence and to help ensure people's safety.
- Appropriate and effective audits were not completed in a timely way in ensure improvements of care and promote safety.
- At the time of the inspection the provider and manager did not have a formal action plan to demonstrate the plans for future development and for addressing any issues. This was discussed with the manager who advised they were in the process of completing one and agreed to send a copy to the inspector.

The failure to operate effective systems to assess, monitor and ensure the quality of the service was a breach

of regulation 17 of the health and Social care Act 2008 (regulated Activities) Regulations 2014.

- Following the inspection an action plan was received from the manager outlining how they and the provider plan to address the issues and concerns highlighted at the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Although written information in relation to people's needs and wishes was not available, we observed staff had good relationships with people and understood them as individuals. This was confirmed by people.
- People and relatives told us the service was well led. However, this was not always evident from the findings throughout the inspection. These findings are referred to throughout this report.
- When people and relatives were asked if they felt the service was well led their comments included, "I'm very happy here, I don't have any concerns or worries about it", "It seems to be (well led), [name of manager] is really nice and always stops and talks to me" and "[Manager's name] is really good."
- Staff also told us they felt the home was well led. A staff member told us, "I do think the home is well led. It has been a struggle but [names of manager and deputy manager] are working really hard to improve things, I'm confident things are progressing." Another staff member said, "There have been lots of changes in management, but you can speak to the manager and they will listen to you."
- The manager verbally demonstrated they genuinely cared and wanted to promote a positive culture within the service and provide people with person centred care. They were open and honest about the difficulties they had faced taking over the running of the service during the COVID-19 pandemic and attributed the shortfalls over the completion of management tasks to a number of staff leaving. The manager agreed they would put an action plan in place to help ensure all issues highlighted at the inspection would be addressed.

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

- There was an open and transparent culture within the home. People, relatives and staff were confident that if they raised any issues or concerns with the manager they would be listened to and these would be acted on.
- The manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Working in partnership with others

- There was evidence in care files of regular contact or appointments with health and social care professionals.
- The manager told us regular staff meetings had been difficult to facilitate due to the COVID-19 pandemic. Two staff meetings had been completed in the last six months. The minutes from these meetings demonstrated staff were encouraged to provide feedback and make suggestions.
- The manager told us regular meetings for people and relatives had been difficult to facilitate due to the COVID-19 pandemic. The manager told us there were plans in place to recommence these meeting. Although these meetings had not taken place, people told us they regularly spoke to the staff and management team about their views and wishes. Relatives also confirmed they received regular contact from the service.
- There was no evidence that formal feedback had been requested from people, staff, relatives and professionals since February 2019.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failure to ensure the safe and appropriate recruitment practices were followed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to meet the requirements of the Mental Capacity Act 2005 by assessing people's capacity and obtaining consent.

The enforcement action we took:

We cancelled the providers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed ensure people were provided with safe care and treatment. The provider failed to ensure people had a safe environment to live in. The provider failed to safely manage infection control risks.

The enforcement action we took:

We cancelled the providers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure the environment was properly maintained.

The enforcement action we took:

We cancelled the providers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to provide good governance to ensure the safety and quality of service provision.

The enforcement action we took:

We cancelled the providers registration

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure staff received appropriate training.

The enforcement action we took:

We cancelled the providers registration