

Firs Hall Care Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Firs Hall is a residential care home providing personal care to 31 people. At the time of the inspection 20 people lived 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

People were protected from the risks of harm and people said they trusted staff to keep them safe. People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Accidents and incidents were recorded and analysed. Medicines were managed safely. Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. There were enough staff to support people.

People's views had been sought through regular contact and resident meetings. Staff surveys had been collected and analysed. Staff felt supported and praised the acting manager and provider.

Medicine records were not always complete and the provider's auditing systems did not have oversight of people's finances. We have made recommendations about the provider reviewing their medicine recording processes and their financial auditing systems. The provider assured us they will be addressing these areas and submitted an action plan.

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 27 December 2018).

Why we inspected

We received concerns in relation to the registered manager and the management of people's monies. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Firs Hall 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.

The service had a manager registered with the Care Quality Commission. 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. However, the registered manager was absent. The service was being managed by an acting manager and the provider.

Notice of inspection

The inspection was announced from the service's car park 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. We used all of this information to plan

our inspection.

The provider was in the process of completing the Provider Information Return. 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 five people who used the service and eight relatives about their experience of the care provided. We spoke with six members of staff including the acting manager, senior care workers, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting professional who worked with the service.

We reviewed a range of records. This included three 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 provider to validate evidence found. We looked at COVID-19 risk assessments.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed an induction. Staff told us, "I am provided enough training and I am fully experienced to provide care."
- There were enough staff to support people. During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider had appropriate systems in place to monitor staffing levels. One person told us, "There are always enough staff, they [staff] always come and help me."

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from the risks of harm and people said they trusted staff to keep them safe. People told us, "I feel safe here and I am happy living here. The staff are first rate and I trust them implicitly." Relatives added, "I am happy with the care and the staff. Staff are friendly and [relative] is definitely safe."
- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were detailed and reviewed as part of their care plan reviews, or when needs changed. Relatives told us, "The staff are good at sharing what's going on and they [staff] are good at picking up problems with the residents."
- Accidents and incidents were recorded and analysed. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately.

Using medicines safely

- Medicines were managed safely. People received their medicines in a safe way and systems ensured timely administration of medicines. People told us, "I get my tablets on time and have some creams that the carers help me with."
- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely.

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 admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

- Cleaning regimes had increased, and some checklists were used, however, a specific checklist for high touch surfaces was not in place. Staff encouraged people to socially distance, however, there was no social distancing signage to prompt people. Staff had access to PPE and wore PPE appropriately, however, donning and doffing areas were not always clear.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality care.

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

- Medicine records were not always complete. There were gaps in room temperature recordings and consistent systems were not being used to record the administration of prescribed creams.

We recommend the provider reviews their medicine recording processes.

- The provider assured us they will be addressing this and submitted an action plan.
- Various auditing systems were in place. Where the service supported people with their monies financial audits were completed by the manager. However, the provider's auditing systems did not have oversight of people's finances.

We recommend the provider reviews their financial auditing systems.

- The provider assured us they will be addressing this and submitted an action plan.

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

- People's views had been sought through regular contact and resident meetings. There was no formal process to obtain relative's feedback. The provider was in the process of implementing an electronic care planning system which would also incorporate functions to obtain feedback from people's relatives. We will follow this up at the next inspection.
- Staff surveys had been collected and analysed. An action plan was implemented.
- Staff felt supported and praised the acting manager and provider. Their comments included; "I have enough support, [provider] is a real great help" and, "I feel supported at work. We work great in a team; we look after all the residents and each other. There is a great culture between everyone, we all get on."

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; Working in partnership with others

- The provider understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.

- The service worked in partnership with other health and social care organisations to achieve better outcomes for people. For example, they worked with people's district nurses and the local authority.