

Partnership Caring Ltd

Firbank House

Inspection report

24 Smallshaw Lane
Ashton Under Lyne
Lancashire
OL6 8PN

Tel: 01613431251

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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

Firbank House is a residential care home providing personal care to up to 42 people. The service provides support to older people. At the time of our inspection there were 32 people using the service.

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

People told us they felt safe. Risks to them were identified and managed. Where required people were supported safely with their medicines. Infection control measures were in place to prevent cross infection and staff wore appropriate PPE.

The home was clean throughout although some parts of the décor required some improvement. This was part of the provider's ongoing improvement plan for the service.

The provider had robust recruitment systems to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse.

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.

The management of the home promoted a person-centred service. There was an open and transparent culture and good partnership working with others. The quality and safety of the service was monitored through regular checks.

Audits were in place and the provider had oversight of the service and the ongoing improvements. Necessary referrals were being made and the provider spoke about being open and honest when things go wrong. Staff worked in partnership with other agencies to support people and enhance their quality of life. Staff spoke highly of the registered manager and people using the service spoke positively of the care they received. Feedback from relatives was mixed; however, the provider has a continuing improvement plan in place.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 February 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Firbank House on our website at www.cqc.org.uk.

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.

Firbank House

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 2 inspectors and 1 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

Firbank House 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. Firbank House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 took this into account when we inspected the service and made judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 7 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, care workers, cook, activity coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to protect people from risk as risk management plans were inaccurate. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Individual risks were managed safely, and staff were aware of people's specific care needs.
- We looked at care records for people that were at risk of choking, should they be offered the wrong diet. The records were up to date and consistent in guiding staff. All staff we spoke to, including kitchen staff were aware of people's dietary needs.
- Equipment was maintained, and the required health and safety checks had been completed. The provider had put in place checks of fire doors and practical fire safety training was planned for shortly after our inspection.
- Emergency evacuation plans were in place which included the level of support each person needed in the event of a fire.
- Accidents and incidents were recorded on the home's electronic system. Referrals to professionals, where relevant had been as a result of incidents and accidents. The registered manager looked at trends and took action to reduce risks.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored and administered safely and there were systems and processes in place for disposing of medicines securely.
- Time specific medicines were documented so staff knew what time the last dose was administered.
- Protocols were available to guide staff when to administer 'as required' medicines. However, they were

not always detailed. The provider acted on this during the inspection and ensured all protocols held detailed information.

- Staff were trained to administer medicines and had their competency checked to ensure they were safe to do so.
- Medicines records were audited regularly by the management team to ensure people received their medicines safely. Audits identified areas of concern and actions were taken promptly to address these.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff were aware of their safeguarding responsibilities. They knew how to raise concerns and were confident if they raised any concerns they would be dealt with promptly by the registered manager. One said, "I have no doubt [registered manager] would deal with anything."
- People told us they felt safe living at the home. They said, "Yes, it feels safe. Everyone is ok with me. I would tell one of the staff if they weren't" and, "Staff are nice, they have a chat with me. The night staff are great too. I do feel safe."

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

- There were safe systems of staff recruitment in place. All required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us staff responded to requests for support and staff call bells were always responded too. They said, "Staff answer it (staff call bell) quickly. I am quite settled, there is nothing I need", "They are always really nice, even when they are really busy" and, "If I do press it (staff call bell) they come. They are busy, but they do make time for you. I couldn't praise the enough."
- Staff told us there were enough staff deployed to meet people's needs. One said, "I think there is enough [Staff]. I don't think I have ever seen anyone wait too long [for support]."

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People were supported to receive visits from their loved ones in line with current guidance.

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

At our last inspection the provider had not always ensured full oversight of the operations of the home, leading to the concerns identified in this inspection. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and the team understood their roles and responsibilities. Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it, such as safeguarding's. The provider had notified CQC as required.
- Effective quality assurance systems were in place. The quality and safety of the service was well monitored through regular auditing and follow up actions had been taken appropriately.
- There was a clear commitment to drive continuous improvement at all levels of the organisation. Information from incidents was used to improve the quality and safety of the service.
- Staff told us the home was well managed. They said of the registered manager, "She is very professional and approachable. You can definitely go to speak to her" and, "[Registered manager] is great. She asks us how we are; she knows all the residents. Her door is always open, you can go to her with anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were mainly engaged and involved. The majority of feedback we received from people and their relatives was positive. However, concerns were raised about the environment and lack of involvement in the care planning process. Following the inspection, the provider confirmed they had provided access to relatives to the electronic care planning systems, where relevant. This would support involvement in care planning.
- The provider had an ongoing improvement plan for the home to address areas which we noted required updating. We observed work was ongoing during the inspection. This would ensure the environment was safe and inviting.

- People who lived at the home told us they could raise any concerns and were listened to.
- There was a system in place for managing and responding to complaints. The registered manager identified any lessons that could be learned to improve.

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

- Staff were positive about working at the home and spoke in a caring and empathetic way about people who lived at Firbank House. Staff said, "I absolutely love my job. The residents (People who used the service) are lovely" and, "I love my job. The staff are all good. A person who lived at the home said, "They do a damn good job. Compared to some places; Its excellent."
- An activities coordinator had recently commenced working in the home. They were developing 'life story' workbooks with people. They had also completed questionnaires with people to identify what their interests were and what they thought could improve the activities on offer. This information was being used to develop activities based on people's interests and hobbies. We saw requests had led to a library being organised within the home and reading sessions. One person said of the activities, "They are good. Its gives us something to do."

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

- Records confirmed managers of the service and the provider understood and acted on the duty of candour.
- The registered manager had organised for students from a local collage, undertaking health & social care courses, to gain experience at the home.
- The provider worked closely with other professionals, including the local authority, to improve the service.