

Partnership Caring Ltd

Firbank House

Inspection report

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Date of inspection visit:
04 August 2021
31 August 2021

Date of publication:
05 October 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Firbank House is a residential care home providing personal care to 39 people aged 65 and over at the time of this inspection. Care is provided across two separate buildings, the original house called Windsor was home to 19 people and the newer building called Balmoral was home to 22 people. Meals are prepared in the main kitchen on Windsor with Balmoral having a kitchenette where drinks and snacks could be made. People had their own individual bedroom and shared communal areas and adapted bathrooms. The service is registered to support up to 42 people.

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

People's risks were assessed, and incidents analysed to ensure lessons were learnt. There were enough staff to meet people's needs and people felt safe at the service. The service was clean and tidy and there were regular checks completed to reduce risk to people. We have made a recommendation about the management of medicines to ensure good practice across the service. The service was following guidance regarding the management of Covid-19 and PPE was available and used by staff.

People, relatives and staff felt positive about the ongoing changes across the service. We noted improvements within the service but there were still areas for further development and a need to demonstrate that change and improvement was sustainable. A manager was in place and people and staff told us they were approachable and proactive. Systems for checks and involving people, relatives and staff in service development were in place or being developed and the provider and manager were keen to work in partnership and drive improvement across the service.

People's needs were assessed and care plans in place to meet these needs. People were supported to eat and drink, and referrals made to health care services when additional assessment and advice was needed. Improvements had been made to the décor of the service and work was ongoing. Staff spoke positively about the induction, training and support they received. We have made a recommendation about training that is specific to the needs of the people living at Firbank House.

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.

People's needs and preferences were recorded in electronic care plans. Plans to improve end of life care planning for people living at Firbank House were in place. Activities were available to people including trips out of the home. People felt able to raise concerns and these were investigated by the manager.

Staff were kind and patient with people and understood their needs. Dignity and independence were promoted where possible and people were supported to make choices regarding their daily lives.

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 requires improvement (published 29 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last comprehensive 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. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 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 undertaken by one inspector, and a health and safety specialist advisor.

Service and service type

Firbank House 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.

At the time of the inspection the service did not have a manager who was registered with the Care Quality Commission. There was a manager in post who had begun their application to register with CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we held about the service including

notifications the provider had sent and any complaints and compliments we had received. We contacted the local authority to obtain their views about the service and Healthwatch for any feedback they had received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All this information was used to identify key lines of enquiry as part of the inspection.

During the inspection

During the inspection we looked at five people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; three staff personnel files, staff training records, policies, procedures and quality assurance audits. We observed how people were being supported during the day and walked around the service to ensure it was clean and a safe place for people to live.

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, nominated individual, senior care workers, care workers, and auxiliary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and obtained feedback from relatives.



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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last comprehensive inspection, we found shortfalls in how premises and equipment was managed. This was a breach of regulation 15 (Premises and Equipment) 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 15.

- People were being protected from environmental risks. People were protected from the risk of scalding through regular temperature checks and covers to protect hot surfaces. Regular checks of equipment such as moving and handling equipment were being completed.
- Checks of the building were completed by the manager to ensure the home was clean and free from hazards.
- The attic area, which was not accessible to people, was cluttered and posed a potential fire risk. This was immediately addressed by the provider and work undertaken to reduce the clutter and increase the fire detection system in this area of the service.
- Individual risk assessments based on people's needs had been completed. Risk assessments included areas such as choking, mobility, falls risk and nutrition. Care plans were in place to guide staff on how to reduce the risk for people and these were being reviewed.
- Some areas of the home needed updating and redecorating. There was a programme of redecoration in place and we noted many improvements since our last visit. However, there were still areas for improvement which included the kitchen.

Preventing and controlling infection

At our last targeted inspection, we found there was not sufficiently robust systems in place to ensure the service was clean and safe for the people living at Firbank House. 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.

- The home was generally clean and tidy. Any unpleasant smells and spillages were addressed by the team

of domestic staff based on the unit.

- The manager was following current guidance for managing the risks of Covid-19 in care homes. PPE was in place and staff generally used this appropriately when supporting people with personal care. We noted some shortfalls in how masks were worn by staff when not working directly with people and the manager addressed this during the inspection.
- Staff and people using the service engaged in a regular programme for testing for Covid-19 and people were supported to access the vaccination programme. Staff had completed training in infection prevention and control and other relevant areas to reduce the risk and spread of infection.

Using medicines safely

- Medications were not always being stored in line with best practice. The manager had identified the issues and resources were on order to address these issues. For example, blinds were on order to ensure the surplus stock of medicines were not being stored in direct sunlight.
- Medicines counts were not being consistently and correctly counted. We found some examples where a medicine count was incorrect and brought this to the attention of the manager who took immediate action to investigate this and raise this as a safeguarding concern. We found no evidence that people had been harmed as a result of any missed medicines. The manager had already identified short falls in how medicines counts were being completed as part of their auditing programme and was addressing this with staff.
- The necessary assessment and paperwork for medicines to be given for people covertly was not always in place. We discussed with the manager the need to ensure that medicines which are to be given in a different way from how they are prescribed, for example crushed with food, are assessed as being suitable to be taken this way and staff have sufficient detailed guidance about how to give people medicine covertly with the MARs records.

We recommend that the provider work closely with the local authority medicines team and pharmacist to develop best practice across the service.

- People had information about their health needs and allergies with the MARs records. People prescribed 'as and when' medicine, such as paracetamol for pain, had protocols and guidance for staff about when this medicine should be administered. We observed staff ask people whether they required this type of medicine when supporting them to take their medicines.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe. People living at Firbank House looked comfortable in the presence of staff and we saw positive interactions between them.
- Safeguarding information was clearly available to people. Information about safeguarding was on display in the communal entrance to the service and there was a safeguarding policy in place. Staff understood their responsibilities and had completed the relevant training, although some staff were due to complete a refresher in this area.

Staffing and recruitment

- There were enough staff to meet the needs of people. We had received historical concerns regarding staffing levels and the manager acknowledged there were challenges when staff were poorly and unable to attend work. The manager worked with staff and agency to cover any shortfalls in staffing levels and recruitment for new staff was ongoing.
- People, relatives and staff told us that generally they felt there was enough staff to meet people's needs. One relative told us, "I know that some say it can be understaffed but this is not something I have ever seen."

A staff member commented, "There is generally enough staff and we all muck in." We observed that staff responded quickly to people's needs and requests during the inspection.

- Recruitment checks were completed which included checks of reference and with the Disclosure and Barring Service. Shortfalls in the application process, such as exploring where there were gaps in employment and why a person had left a job role had been identified and addressed by the manager with the introduction of a new application form. We discussed with the manager the need to ensure all the relevant documentation is available in recruitment files including proof of identity and notes from interviews.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things went wrong across the provider locations. We saw evidence that learning was shared within the service.
- The manager looked at accidents, incidents and safeguarding's to reduce future risk. The electronic care record system allowed the manager to analyse significant events for themes and trends and these were reviewed on a regular basis.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and risk were assessed, and this information was used by staff to develop care plans. Where people required specific equipment, such as pressure relieving equipment or technology to reduce risk of fall, such as alert mats, these were in place.
- Staff understood people's needs and how to meet these and we observed choice was promoted. Staff told us they received updates through the handover process if anybody's needs had changed.

Staff support: induction, training, skills and experience

- Staff spoke positively about the induction they had received. Most staff told us they had received an induction which included mandatory training and the opportunity to shadow more experienced staff prior to working independently with people.
- Staff felt they had received the training they needed to do their role. One staff member told us, "We have been given the training we need and I think we all feel well supported in our roles." and another said, "I've been given the opportunity to progress and grow in my role."
- We noted that some staff training was out of date. The manager told us they were working with staff to address any shortfalls in training, but the impact of the Covid-19 pandemic had made this a challenge. There were arrangements in place for more face to face training to be completed. We discussed with the provider about providing specific training relevant to the needs of the people being supported at Firbank House and in line with the specific roles of staff.

We recommend the provider ensure that staff have the relevant knowledge and training to meet the specific needs of the people living at the service.

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

- People were supported to eat and drink a balanced diet by staff. People were referred for further assessment where additional needs were identified which included referral to dietician and speech and language therapy. One relative commented, "Although [family member] moans about the food at time, they have put on weight and look well."
- Staff working in the kitchen understood people's specific dietary needs. People had choking risk assessments and information about people who required a modified diet was available for staff in the kitchen. We saw staff patiently support people who needed assistance to eat to ensure they maintained a good diet.
- At the time of the inspection there was a vacancy for a cook, and this role was being filled by additional hours for the care team. This position had been recruited to and plans for menus were on hold until they

were in post. We observed that people were offered a choice of meals and the food looked appetising. We spoke to the provider about the use of pictorial menus to enhance people's ability to make choices.

- Work had been undertaken to improve the quality of mealtime experience. We saw that tables were nicely laid and that mealtimes were generally a social and positive experience.

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

- People were supported to access health care services as needed. Staff made referrals to healthcare services where people's needs changed, and any advice and guidance was incorporated into the care records.
- People said staff would get the support they needed if they became unwell. Records showed that staff had recognised when people were becoming unwell and would access medical advice and input when needed. One relative commented, "I feel the staff are pretty responsive and know [family member] well. This is the longest they have been out of hospital."
- The manager was building relationships with local services. The manager advised they had an open door for all visiting health care professionals and ensured they knew the outcome of any.

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

- Work had undertaken improve the design and décor around the service. The service was clean and bright although there was still some further work to be completed to make rooms feel more homely. The manager told us they had consulted people living at the service about the décor and furnishings.
- People had personalised their bedrooms with furnishing and pictures. There was a programme of redecoration for people's bedrooms which included new flooring for some people.
- Adapted equipment was in place to support people, for example in adapted bathrooms. We noted there were areas for further improvement which include best practice for people living with dementia, which had been discussed at previous inspections.

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. 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Capacity assessments were in place and part of the electronic care planning records. Staff assessed people's capacity to make decisions, and where people lacked capacity this information was documented.
- People who were subject to restrictions had applications for DoLS in place. The manager was clear on who had DoLS in place and where conditions were in place what these were. This information was incorporated into care records.
- People said staff requested consent before supporting them and we observed this practice during the inspection. Records of consent were in place within the electronic records.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people kindly and were patient when providing support. We observed staff took time to explain what they were doing when supporting people, for example when using the hoist to move people, and provided reassurance to them.
- Staff had completed training in equality and diversity, although some staff were due to complete a refresher in this area. Staff understood how to promote equality and diversity. The manager gave examples where they had focused on the individual and met the needs of those with protected characteristics such as race, sexuality and religion.

Supporting people to express their views and be involved in making decisions about their care

- Staff respected people's choices. Staff promoted choice with people throughout the day which included where they wanted to be during the day and what they wanted to eat and drink.
- The manager told us that people were involved in making decisions around the home and changes of decor. People generally told us they felt able to make choices and felt listened to.
- It was not always clear how people and relatives had been involved in developing care plans and reviewing care needs. The manager advised that work was ongoing to build relationships with families and involve people and families in all aspects of life at Firbank House.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw, and people confirmed, that staff would knock before going into a person's bedroom and obtain consent before providing support with people. One person said, "They're pretty good about it all." and a relative told us, "From what I've seen staff are respectful."
- Staff supported people to remain independent where possible. We saw that staff supported people to remain active and mobile within the home.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found that care and treatment was not meeting people's needs and reflecting their preferences in regard to following interests and activities. This was a breach of regulation 9 (Person-centred care) 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 9.

- People were supported to engage in activities by staff. There was an activity co-ordinator in place, and they supported people to go out in the local community including for shopping trips and lunch.
- People who were unable to go out were encouraged to engage with activities in the home including games and the activity co-ordinator would spend time with people having a chat and getting to know about them and their lives.

We recommend that the provider continues to develop the range of activities available to people.

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

- People had care plans in place that generally reflected their needs and preferences. An electronic care planning system had been introduced since our last comprehensive inspection. Care plans were relevant to people's needs and work was ongoing to ensure they were detailed and person-centred. It was not always evident how people and families had been involved in developing plans for care.
- Staff knew people and their needs and preferences. One relative commented, "Staff know my [family member] well. They can have a laugh and a joke and it's very natural, not just because I am there visiting."

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.

- Resources were available to ensure information could be adapted to meet the needs of the people living at Firbank House. The manager told us they had communication cards which included pictures to improve

communication and that staff would access online tools.

- People had assessment and care plans for their communication needs to ensure staff knew how to support them for example. We observed staff were patient when communicating with people and supporting them to make decisions.

Improving care quality in response to complaints or concerns

- People and relatives felt able to raise concerns and when concerns were raised these were investigated by the manager. Where possible the manager had taken steps to address the concerns and provide assurance to the person making the complaint. One relative told us, "The manager is very approachable. I am happy to raise concerns I have with them."
- The complaints policy was on display in the main entrance to the service and records of complaints and concerns, together with the response from the service, were kept to enable any lessons to be learnt.

End of life care and support

- At the time of this inspection nobody was receiving end of life care. We saw positive comments in cards from relatives whose family member had passed away at Firbank house thanking staff for the care that had been given.
- People living at Firbank House had not all had the opportunity to discuss end of life care wishes and develop care plans in this area. The manager had identified that some people needed plans regarding their wishes for end of life.
- Staff were aware of people who had 'do not attempt cardiopulmonary resuscitation' (DNACPR). This information was recorded on the electronic care records together with the relevant paperwork.

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 requires improvement. At this inspection this key question has remained the same.: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 we found that systems and processes were not in place to assess, monitor, and mitigate the risk in relation to the health, safety and welfare of service users. This was a breach of Regulation 17 (Good Governance) 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 was no registered manager in the service at the time of inspection. A manager was in place and had begun the process of registering with CQC.
- The manager and provider were completing a variety of checks and audits to ensure the quality of the service, identify shortfalls and drive improvement. We observed improvements across the service but noted there were still areas for development. We will review this at our next inspection to be assured that the positive changes will be completed and maintained.
- It was not always clear that staff were maintaining accurate daily records and the electronic care recording system still needed embedding.

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

- People, relatives and staff all felt able to raise concerns and share ideas and knew who the manager was. The manager was visible across the service and appeared to know the people living at the service and staff well.
- People, relatives and staff spoke positively about the changes that had been made within the service and the support provided from the manager. One member of staff said, "I can see that things are changing for the better. You can speak out and I feel that the manager has been upping their game. I feel confident they will follow through [to improve things]."

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 manager and provider understood the requirements of the regulations to make notifications and to

comply with duty of candour responsibilities when things had gone wrong.

- The manager would investigate any incidents, safeguarding's and complaints to enable lessons to be learnt. Written responses were made when needed which included an apology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager and provider were keen to work with the local authority and other supportive agencies to drive improvement in the service. The manager told us they would request additional support when needed.
- Staff had opportunities to share their views and ideas with the manager and provider. Staff meetings were in place and the manager often attended handover meetings with staff to discuss any issues. The provider had completed a staff survey and feedback from this had been mainly positive.
- People living at the service were consulted on the changes happening and there were plans to reintroduce meetings with people and families as well as develop a regular newsletter about the service.

Continuous learning and improving care

- The manager and provider were committed to continuous learning. The provider told us they ensure learning from all the provider locations was shared. This included learning from accidents and incidents, complaints and inspections and quality checks from the local authority.
- The manager and provider engaged fully with the inspection and took immediate action to address issues as needed. The clutter in the attic was addressed shortly after the first day of our inspection, for example.