

Community Integrated Care

The Firs

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Firs is a residential care home providing personal to six people at the time of the inspection. The service can support up to seven people.

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

Right Support

The care plans did not always focus on people's strengths and aspirations and did not highlight some key risks for people.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome, however there was further development needed with the, 'as and when required' medicine protocols. Following on from the inspection the management contacted the relevant health professionals to create the missing protocols.

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 service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Staff supported people to play an active role in maintaining their own health and wellbeing and enabled people to access specialist health and social care support in the community.

Right Care

The provider made sure that there was enough skilled staff to meet people's needs and keep them safe, however there was further development needed for staff to have training specifically for learning disability and autism. This was something that the provider was actioning.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The manager was very proactive in ensuring peoples had the care and treatment they needed; however, this did not always reflect in care plans.

Right Culture

Professionals spoke highly about the responsiveness of staff and the management team when supporting people.

The provider had recently developed a new quality assurance system. Actions were documented and improvements implemented. However there needed to be further development in capturing lessons learnt particularly where incidents and accidents occurred.

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 the service under the previous provider was requires improvement, published on 23 April 2021 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.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 July 2021 with the previous provider. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve managing risks to people's health and safety, ensuring staff were suitably qualified and skilled to support people.

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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 remained requires improvement. This is based on the findings at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Firs

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.

Inspection team

This inspection was completed by two inspectors.

Service and service type

The Firs is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. The Firs 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, however they were not involved in the inspection process. There was a new manager in post who had applied to register as the new registered manager.

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 and professionals who work with the service. The provider completed a PIR prior to the inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. As well as speaking with people we observed staff interactions and people's body language whilst in their home. We spoke with four staff which included the regional manager, the manager and support workers. We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. This was with a previous provider. At this inspection the rating has remained requires improvement. 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

- People's risk assessments were not always clear or coordinated with the information stated in the care plans. There were examples where we saw risks had been identified but risk management strategies were not clear or did not indicate how to support the person. For example, a care plan said a person had risk of pressure ulcers, however this did not give any detail as to why and how staff would support this person. This could leave staff misunderstanding how to support the person to manage these risks safely.
- Staff managed the safety of the living environment and equipment in it, through checks and action to minimise risk.
- Professionals we spoke to said they felt people were receiving support that met their needs and was safe. One professional said, "They are always respectful. I have no concerns. They are very kind they are very caring and knowledgeable."

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely, however, we found staff to be competency assessed by a designated staff member who had not received the training to be skilled to complete these competency assessments. The manager had already organised train the trainer courses moving forward to ensure staff can be assessed.
- People received medicines when they needed them. The staff ensured there was a clear checking system at the point of starting the medicine cycle. Where discrepancies occurred, the manager was proactive in looking into these. Where people had medicines 'as and when required', there was not always a protocol in place which detailed to staff when they should administer these. However, when speaking with staff they were knowledgeable about when to administer this medicine. Following on from the inspection the management contacted the relevant health professionals to create the missing protocols.
- People had regular medicine reviews and the staff and manager were in regular conversation with health professionals to ensure people were on medicines they needed and were medicines could be reduced this was done.

Staffing and recruitment

- Staff said they felt there was enough staff to keep people safe. We observed people being supported when they required it and did not need to wait for their support. People said they got on well with the staff that supported them. One person said, "The staff are quite nice. The staff are always here to help me."
- People were supported by a staff team who worked together and wanted positive outcomes for people. One staff member said, "The staff morale has picked up since we have got a manager. We always helped

each other. Now we have [Manager]. Any problems we communicate between each other."

- The provider operated a recruitment process; appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The manager made sure there was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff, following any incident.
- People were supported by staff who had training on how to recognise and report abuse and they knew how to apply it. The service worked well with other agencies to do so.
- Relatives felt their family member was safe and well cared for. One relative said, "[Person] is desperately happy, as one can identify. As a family we been really thrilled with the firs. They have kept her in touch and remarkably she is getting better after COVID-19."

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.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learnt. One staff member said, "We do raise them if we are concerned. We are here to protect them, anything physical, financial abuse. And if there is something really bad, I would whistle blow. If I do see something and I don't report it, I would be complicit. Any bruising we report it. And the training helps."
- The manager acknowledged that this needed to be formally captures to allow staff to reflect back on the lessons learnt.

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 our last inspection we rated this key question good. This was with a previous provider. At this inspection the rating remained good. This meant the effectiveness of people's care, treatment and support achieve good outcomes or was consistent.

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

- People had care and support plans in place, however there was a disparity in the quality of records across different people's care plans. Some of which were very descriptive, and others needed further development to ensure these were strength-based and reflected how to support the person with their needs and aspirations. The manager had already identified this as an of improvement and was working on developing these.
- Staff knew people well which meant they received support which was meaningful to them. We observed staff speaking in a respectful and kind way. Staff spoke about people's likes and dislikes and what was meaningful to them. For example, one staff member said one person likes to have their hand held and spoken to when they become anxious and offer words of assurance. We observed this interaction and it was done with kindness and care.
- People and relatives felt involved in support and felt listened to. We observed staff speaking to people in a respectful way and when people expressed a choice staff respected this. A relative said, "They do keep you informed if [person] is unwell, they will tell me. Good communication. They have settled and staff have done this beautifully."

Staff support: induction, training, skills and experience

- People were support by staff who were trained and had supported them for a long period of time so were aware of people's support needs. Staff have specific training relating to people's health and well-being.
- The provider did not ensure they met best practice when supporting people with learning disability and autism. Not all staff as a part of their training programme had training in learning disability and autism. The provider had taken this on board from recent inspections and had planned to start delivering the training the same month of the inspection.

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. We observed people having access to food.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Where people needed their food modified staff were knowledgeable about how to support the people. As part of the inspection we noted there was changes to people support needs around their eating, the management were proactive in ensuring the health professionals visited the person to review what support they needed.

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

- Staff were proactive in ensuring the person had the right support network around them for their health and wellbeing. The manager and staff worked exceptionally well with health professionals to achieve good outcomes for people. All professionals we spoke with spoke extremely highly about the dedication and kindness the staff showed people they supported to ensure they received the health support they needed.
- The manager had become a strong advocate for someone whose health deteriorated rapidly which impacted on their life. The person had a lot of barriers however, the manager continued to refer to health professionals until they got the desired outcome. One professional said, "They know the service users really well. If they did not know [person] so well, [manager] and her team would not have been pushed to determine what was wrong with them. [Persons] quality of life has improved so much."
- Another professional said, "The manager, is always very keen to talk after our sessions and is very proactive in asking questions around alternative ideas. The manager always has the service user's best interests at heart and will go above and beyond to ensure this. The manager is always contactable and always present at our frequent multi-disciplinary team meetings, where they are extremely thorough in the handover and asking questions to each professional."

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs. During the inspection the home was being decorated and new flooring fitted. One relative said, "The home is looking a lot nicer, they did all bathrooms and it is looking homely."
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One person was very happy to show their bedroom and talk about how they decided the colours and they were happy with how it was decorated.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people that the service assessed as lacking mental capacity for certain decisions, health professionals and people that knew the person well made the decision in their best interest, However, some day to day decisions needed to be reviewed and clearly recorded.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests.

- Staff understood the principle of the mental capacity act and how it related to their role. One staff member said, "We have to keep them safe, we have to put the application, if they can't make decision, we have to check if they have capacity. We need to make sure we have the least restrictive, we have to put a DoL's for bedrails for their best interest."

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 inadequate. This was with a previous provider. At this inspection the rating has changed to requires improvement. 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; 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; Continuous learning and improving care

- This service was taken over by Community Integrated Care in June 2021, in which they understood the areas of improvement required from the previous provider. The provider had meetings with the local authority and the Care Quality Commission to outline their goals and actions to bring about the improvement. The manager had clear service improvement plan in place and had taken strides to improve the service and was aware of the improvements that still needed to be made.
- The provider had not embedded a consistent quality assurance system. The provider had recently implemented a new audit which had been completed a month before the inspection. These had highlighted the improvements that were required. However, there were still the shortfalls in the staff skills and training, as well as medicine management. They required improvement with the overview of incident and accident but also evidence of lessons learnt. The manager acknowledged this and said that although they talk about lessons learnt they would improve evidencing this.
- The management team had a service improvement plan where they had detailed some key improvement. However, there were actions that they did not consistently capture to introduce improvements. For example, where people expressed their views to change the service, there was no indication that these had been actioned. The manager acknowledged this and spoke about steps they were taking to improve the quality audits and action plans.
- Since the service had changed provider, staff reflected on management changes and how the service was developing. One staff member said, "We have a new manager, the door is always open, the communication is open and a first time in a long time they listen to us and the service users. The manager will guide us. I cannot say anymore words, [manager] is great, I have not had this support before. We had to carry the home before and now have the pressure relieved."
- People, relatives and staff gave positive feedback on the responsiveness of the manager. One relative said, "We did not have a manager for the last part and the staff did not have anyone to go to. [Manager] made herself known straight away. They are approachable. I think they are marvellous." Another relative said, "[Manager], talks the talk, walks the walk and does the do. We are very happy."

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- The manager worked directly with people and led by example. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- The manager and staff put people's needs and wishes at the heart of everything they did.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. People were involved in meetings and discussion which allowed them to share what they wanted to do.
- There were formal listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider. One relative said, "We were in on all of the monthly updates with the provider when they took over to keep us informed."

Working in partnership with others

- The manager and staff worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. One professional said, "I have not got a bad word to say. I sent [manager] an email to say how amazing the team were. They did not have an easy time. When they took over it was pretty awful. The communication is fantastic. This is through talking with the team, phone calls and emails. And they keep us updated and that has changed. "
- Another professional said, "During the last year I have worked closely with the manager and one of the [staff members]. I have found all the staff very helpful during all of my visits. They demonstrate a good level of knowledge re their residents and I have witnessed a lovely rapport between all staff and residents. I find the atmosphere at the home very welcoming and friendly."