

# The Fircroft Trust (Trading) Limited

## Firs Court

### Inspection report

370 Hook Road  
Chessington  
Surrey  
KT9 1NA

Tel: 02087391530  
Website: [www.thefircrofttrust.org](http://www.thefircrofttrust.org)

Date of inspection visit:  
18 June 2021

Date of publication:  
12 November 2021

### Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service

Firs Court is part of a charity, the Fircroft Trust. It is divided into three parts, a care home offering accommodation and personal care for up to nine people in purpose-built accommodation, supported living services for six people, and four adjacent houses for independent living for five people. All the people who live at Firs Court have a learning and/or physical disability, or need support to maintain their mental health. There were eight people living in the care home, six in supported living, three in the more independent houses and two people who were completely independent and don't receive any support other than tenancy support.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service was not always safe for people to live and staff to work in. The whistle-blowing policy and procedure was not effective at senior management, board or trustee level. The culture was not always transparent at the senior management, board and trustee level. This was regarding the organisation's duty of candour, board director recruitment, areas of responsibility, accountability and auditing which were not clear, above registered manager level. The supervision of the registered manager was not focused on them and their support needs.

People and their relatives told us they enjoyed living at Firs Court and the staff were nice, kind and supportive. People had risks to themselves assessed, that enabled them to take acceptable risks, live safely and enjoy their lives. Accidents, incidents and safeguarding concerns were appropriately reported, investigated and recorded. There were enough appropriately recruited staff to meet people's needs. Medicines were safely administered. Health care professionals felt the home and supported living scheme were run safely.

The home and supported living service had a culture that was open, positive and honest, at the operational level with transparent management and leadership. The organisation's vision and values were in the statement of purpose and understood by staff. Areas of responsibility and accountability were identified, within the home and supported living service with quality frequently reviewed. The home carried out audits and records were kept up to date. Good community links and working partnerships were established. Health care professionals were very positive about the way the registered and deputy managers ran the home and supported living scheme and staff provided care.

People were not always supported to have maximum choice and control of their lives regarding being asked to move their accommodation in the interests of the organisation, not themselves. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service

supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was not always able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. In a trustees' report dated February 2021, it was proposed to consult with two people currently living in one part of the service about moving to another part to free up that area for the organisation's mental health resource centre staff until new premises could be found for a day centre. It was also suggested, in future, that area of the service could be used for transition for younger people or could be rented out commercially. This impacted on people by asking them to move from their home, although still within the same scheme, to benefit the service rather than them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating at the last inspection

The rating at the last inspection for this service was good (published April 2020).

Why we inspected

The inspection was prompted in part due to concerns received about senior management leadership, conflicts of interest, audits, record keeping and monitoring systems not always identifying issues in relation to people's care and safety. A decision was made for us to inspect and examine the risks associated with these issues.

The CQC has introduced focused/targeted inspections to check specific concerns. We undertook a focused inspection approach to review the key questions of Safe and Well-led where we had specific concerns about record keeping, monitoring systems and audit management.

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 coronavirus and other infection outbreaks effectively.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 provider's oversight, support, duty of candour and governance systems that had failed to address issues we identified at this inspection. This included issues relating to the whistleblowing policy, person-centred decision-making, duty of candour, board director recruitment and

registered manager supervision.

#### 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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

## 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Firs Court

## 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 three inspectors.

#### Service and service type

Firs Court is both a care home and provides a supported living service to people with tenancy agreements, living in their own flats. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided in the care home, and both were looked at during this inspection.

Firs Court supported living provides support and personal care to people living in their own homes on the same site, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone who lives in supported living receives a regulated activity.

The service had a manager registered with the CQC. 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.

The registered manager was not present during the inspection visit due to illness. The deputy manager and a board director who we understood to be the director of operations were present during the inspection

visit. During our inspection we identified some concerns with the provider's registration with CQC that we are looking into further.

#### Notice of inspection

This one-day 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. 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. This information helps support our inspections.

#### During the inspection

We spoke with six people, three relatives, one advocate, ten staff, the deputy manager and a board director, we understood to be the Director of Operations. We also received feedback from five healthcare professionals.

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.

We looked at a range of records that included five care plans of people who received a regulated activity, risk assessments, four staff files and other records relating to the management and governance of the service, including audits, policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included governance and management records, conflict of interest statements, and audits. We received the information which was used as part of our inspection.



# 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 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always safe living at the home and using the supported living service.
- There was a whistle-blowing policy and procedure that stated the registered manager would be responsible for investigating whistle-blowing concerns. However, if whistle-blowing concerns were raised about the registered manager or senior management, it stated, "If the concerns relate to the registered manager, concerns should be escalated to the Fircroft Trust" and "If the concerns involve both the [registered manager] and the Fircroft Trust or an individual is fulfilling both roles, the member of staff can contact the CQC. There was no indication of who in the Fircroft Trust would have responsibility for investigation of the registered manager or senior management. The CQC in its role as regulator, does not investigate individual concerns or complaints.

We found no evidence that people had been harmed however, due to the lack of robustness of the whistle-blowing procedure, people were placed at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's relatives thought the home was a safe place to live and the supported living service a safe service to use. People did not directly comment regarding feeling safe, during the inspection. Their positive body language and demeanour indicated that they felt safe. A relative said, "It is a good service, it's brilliant. They certainly do keep my relative safe and he wants for nothing." Another relative told us, "I think [my relative] is very safe there and the [registered] manager is keeping her safe. The home keeps my relative happy and that makes us happy. I couldn't wish for a better place for [my relative]." Health care professionals told us that on an operational level the home and supported living scheme were run safely.
- Staff were enabled by training to identify abuse and the action required, if encountered. Staff were aware of how to raise a safeguarding alert and when this was required. There were safeguarding investigations open and awaiting an outcome. The safeguarding, prevention and protection of people from abuse policies and procedures were available to staff. A staff member said, "I have done my safeguarding training and completed the care certificate."
- Staff explained to people how to keep safe and specific concerns about people were recorded in their care plans. Staff were provided with health and safety information and training that they understood and followed.

Staffing and recruitment

- The home and supported living service staffing and recruitment were safe.



- Staff received minimum six to eight weekly supervision and an annual appraisal.
- During the inspection there were suitable numbers of staff, on duty, to enable people to receive the care and support they required. This was also demonstrated by the staff rota, and what people using the service and relatives told us. There were three care staff in the care home during the day, two care workers in the supported living part of the service, as well as at least one manager. One waking night staff, one sleep-in staff and one on-call in case of emergencies covered the whole service.
- The recruitment procedure records demonstrated that it was followed for staff in the home and supported living. There was an interview process containing scenario-based questions identifying prospective staff reasons for wishing to work in health and social care, skills, experience and knowledge. Before employment prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. There was also a three-month probationary period with reviews and a mentoring system for new staff.
- Staff induction and mandatory refresher training was based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. Staff files had a checklist that confirmed when the recruitment process and training had been completed and when it required refreshment. Staff told us that the training was good and meant they could do their jobs well.
- Staff were facilitated to discuss best outcomes for people, including things that didn't work for them, during handovers and meetings. A relative told us, "Because I can't visit as much as I'd like, they send me videos, pictures and we do video calls."

#### Assessing risk, safety monitoring and management

- People had risk assessments, that enabled their care plans to support them to take acceptable risks and enjoy their lives safely. Some people's care plans' and risk assessments were sporadic with reviews monthly, two-monthly, or three-monthly, however each one recorded they would be reviewed on a six-monthly basis and the reviews were all recorded within six months.
- There was a pictorial chore chart on the wall of the kitchen showing when it was people's turn to do certain jobs, these were shared equally amongst people and risk assessed as part of their support plans. One person told us, "The staff are very nice people. They look after me, make sure I am safe." Another person said, "I can cook and clean and I do my own laundry."
- Risk assessments and care plans included aspects of people's lives such as health, activities, history, details of their life and daily living. Staff understood people's routines, preferences, identified situations in which people may be at risk and acted to minimise those risks.
- People had individualised COVID-19 risk assessments with specific risk assessments for returning to day activities when they re-opened. One person said, "I couldn't see my family during the lock down, but staff helped me ring them on the [tablet computer]. It's like the future, all these video calls." A relative told us, "When we have been to visit, we have had to be tested to make sure we don't have COVID-19. They've done a great job of keeping our relatives safe [during the pandemic]."
- People who displayed behaviours that others may find challenging at times, had clear records of incidents and plans in place to reduce those incidences. People had personal behavioural plans if required. Records demonstrated that action was taken, as required and the advice of specialist professionals sought if necessary. There was a staff disciplinary policy and procedure.
- The fire safety risk assessment was up to date, completed by an appropriate professional and records showed that fire drills were carried out at various times of the day and night to ensure staff and people who use the service participated. People had Personal Emergency Evacuation Plans (PEEPS) detailing their individual requirements should they need to evacuate the premises. Motion-activated emergency lighting were fitted throughout the service premises to support safe evacuation, in the dark if necessary. Fire extinguishers were serviced in March 2021. The provider used an external consultant to support the service in health and safety matters.

## Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. Each person had an up-to-date medicine profile including allergies noted in bold red capitals. I asked one care worker about a person's allergies and they told me straight away. A relative told us, "The home tell me everything and let me know when there are changes to her medicines."
- People's medicine records were kept in their rooms in lockable cabinets and fully completed and up to date. Records showed that where people had required urgent medical assistance, this had been sought by the staff and people were supported to access health care services in ways that met their needs. Contact with medical professionals was clearly recorded with actions for the staff when this was required.
- Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to self-medicate.
- Each person had an up-to-date oral health care plan.

## Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment [PPE] effectively and safely. PPE was also available for visitors use.
- We were assured that the provider's infection prevention and control policy was up to date, audits took place and appropriate government guidelines were followed for isolating after leaving and returning to the service. Staff received infection control, food hygiene and how to use PPE training that we saw them following, when working. One staff member said, "I can always go to [deputy manager] if I need anything. I don't have to worry about PPE or anything like that, anything we need we just have to ask for it. There were colour-coded mops and chopping boards to reduce the risk of cross-contamination."
- Visitors were subject to a temperature check and lateral flow test when entering the reception area and there were signs on the reception door noting the requirements. Staff were regularly tested, and no agency staff were used during the lockdowns with permanent staff covering each other's shifts, as necessary. People were supported to isolate in their rooms when there was an outbreak and they told us that isolating felt like they were 'staying in a hotel' and they enjoyed themselves, felt it was 'like a little holiday' as they were made to feel special.
- The provider had appropriate risk assessments in place with clear strategies to mitigate risks. The premises were spotlessly clean, there was an enhanced cleaning schedule and staff supported people to keep their rooms tidy while they were isolating. When visitors were restricted, the service made a room available in which visitors and their loved ones could meet while socially distancing. This room had a separate entrance and Perspex screens between the tables. A relative said, "The staff always have protective equipment on when I've visited. If I do go in, I have to have a gown, gloves and mask on, so they are also keeping me safe."

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

## Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Where required, staff supported people to manage their day-to-day spending safely, reducing the risk of financial abuse. The system used by the provider to record had recently been changed in response to feedback from a commissioner's audit. The provider's finance officer was responsible for Department for Work and Pensions [DWP] appointeeships, only day-to-day spending was managed within the service itself.
- Safeguarding concerns, accidents and incidents were reviewed to identify themes and take necessary action. Where people had sustained minor injuries, we saw body maps and incident reports had been completed with actions. One relative said, "They keep us informed of any accidents. But nothing serious has

ever happened."

# 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 and the culture they created did not always support the delivery of high-quality, person-centred care.

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 provider was not always aware of their duty of candour responsibility.
- During the inspection a person introduced themselves as a Director of Operations (DoO), who was also a Director of the organisation's trading company. They told us they were responsible for ensuring the service's compliance with regulations and had an objective to ensure people "Received a quality, person-centred support service." We checked this role with the Chief Executive Officer (CEO) who responded in an e-mail, "We do not hold a post for Director of Operations, as there is no such role for this post in our organisation. He was asked by the Board of Trustees to assist and support them with responding to the provider concern. I confirm he does not have a paid role, receive expenses or have management responsibility of Firs Court." Staff were also under the impression that the person held this management role. The DoO provided an improvement plan to include steps taken to improve provider transparency.

We found no evidence that people had been harmed however, due to poor duty of candour of the service people were placed at risk of harm. This was a breach of regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The reporting structure was unclear regarding the structure and responsibilities for senior management, The Fircroft Trust (Trading) Ltd and trustees. Staff commented that they did not feel well supported by the organisational senior management as they thought there were conflicts of interest at that level and therefore did not feel comfortable reporting their concerns. One staff member said, "We have been writing letters to the trustees for a pay rise especially during the pandemic and having been short staffed. This put a lot of strain on the team. We have had a response, saying we should help to look for cutbacks. We have made cutbacks and not used any agency staff which must have saved them thousands. I feel as though the trustees are not really interested and aren't being helpful. Staff feel discouraged by their response."
- On request the organisation provided documentation regarding conflict of interest for trustees, directors and the CEO. These were signed and dated between 19 May and 13 July 2021. Trustee eligibility Charity Commission documents were also provided dated 14 and 15 January 2020. In an e-mail dated 13 July 2021 the CEO stated "The last Director recruited for the Trading Company was circa 7 years ago. At that time there was no formal recruitment process in place, however for any future recruitment of a Trading Company Director a formal recruitment and selection process will be put in place, mirroring the one that is used for the Fircroft Trust." Further evidence has been obtained regarding possible registration and fit person issues.

We found no evidence that people had been harmed however, due to poor recruitment procedures of the board of directors' people were placed at risk of harm. This was a breach of regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management reporting structure was transparent within the home and supported living service with an open-door policy in operation. Staff told us they felt well supported by the registered manager and deputy. A staff member said, "He [registered manager] is pretty good and supportive. I can ask him anything really and he is quite stern which is a good mix. I can approach the registered manager if I need to, no problem in doing that."
- Only one relative commented on the trustees. They said, "I don't have any direct contact with them, other than they sometimes send me letters and we donate to them." A staff member told us, "To be honest with you, I have seen them a couple of times a year. There are only two that I have seen. During COVID-19 no one has come in. They will speak to staff members." After the inspection, the provider clarified that through the COVID-19 lockdowns, trustees had been unable to visit but had maintained contact with the service by telephone.
- There was a statement of purpose and mission statement and services available to people and their relatives were explained to them so they were clear about what they could and could not expect of the service and staff.
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required. The service's last inspection rating was displayed prominently in the reception area and on The Fircroft's Trust website.

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

- The culture of the home, supported living service and organisation was not always open, positive, honest and person centred.
- An extract from a trustee's report dated February 2021 stated "we have a new service user moving into Privett at the beginning of March so the main house will therefore be fully occupied. We plan to speak to two service users who currently live in Cherry. The plan is to suggest that they move into Oak the three-bedded house next door to Cherry where one tenant lives. Oak is an exact replica of Cherry. There would be no change to the support hours or funding. This would free up Cherry for Fircroft staff until new premises can be found for a day centre. In the future, Cherry could be used for transition for younger people or could be rented out commercially." This did not promote person centred care as these were their homes and other organisational considerations were being put first before their individual needs and wishes.

We found no evidence that people had been harmed however, due to poor person-centred care people were placed at risk of harm. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives said on a daily basis people were enabled to make their own decisions and this was because of the positive attitude and contribution made by the registered manager and staff who listened to them and did their best to meet people's needs. Some staff had worked at the service for a very long time, which assisted in consistency of support people received. A relative commented, "The [registered] manager is fantastic. He is at the home most of the time." Another relative said, "The deputy manager is really good and will give me updates on how my relative is doing. They keep me informed on their health." Another relative commented, "I think the [registered] manager is a good man and if something isn't right, he will of course phone me to let me know." A staff member told us, "I feel very supported here, I have worked in some other places and this is the best team, we are like a family." Another staff member said, "I think the

morale is quite good, you can pick up with staff are having a bad day and we are only human, but it's all put aside for the care of the people we support. I would say without a doubt there is a positive culture here." Health care professionals were very positive about the way the home and support living service were run and how staff supported people and delivered care.

- There was a vision and values, that staff understood, and people and their relatives said were reflected in staff working practices. We observed this during the inspection with staff putting people and their best interests first. This was also reflected in the inclusive atmosphere with friendly banter and laughter between people and staff. The vision and values were explained at induction training and revisited during staff meetings.
- There were clear lines of communication and specific areas of responsibility regarding record keeping.

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

- The quality performance checks were not always effective due to lack of appropriate oversight and support of the registered manager. The supervision minutes for the registered manager were provided to us on request. They recorded information that was similar to trustee reports written by the registered manager about the performance of the service, however did not chart discussion of their personal progress, issues or constitute personalised supervision of them. There was little reference to health and well-being and the minutes focussed on progress regarding the service, rather than the professional and personal development of the registered manager.

We found no evidence that people had been harmed however, due to insufficient supervision of the registered manager people were placed at risk of harm. This was a breach of regulation 18 (2) a (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager, deputy manager and staff were clear about their roles and their importance in the safety and quality of the care people received.
- There were quality assurance systems in place. They contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Monitoring and quality assurance audits took place at appropriate intervals.
- One staff member said, "We feel brushed off by senior management, with one senior manager making unprofessional comments about the decoration of a resident's room which they had chosen." They added that the senior manager was not pleasant or polite and did not understand person centred care.
- The service was changing to an electronic care management recording system at the time of the inspection. The provider had ordered three new computers to facilitate staff access to records and these were about to be delivered.
- Audits were carried out by the registered manager, deputy and staff and were generally up to date. They included people's personal monies, monthly keyworker reports, support plans, risk assessments, medicine administration records, complaints and staff supervision. However, one person's feedback in their keyworker report was identical for December 2020, January 2021, February 2021, March 2021 and April 2021 which was not picked up by the audit system. Other months had different feedback recorded. The identical feedback was already out of date the first time it was recorded in December 2020 as it referred to an appointment needing to take place, that had already happened.
- The records kept demonstrated that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way. A relative said, "They always tell me when there has been an accident. They have to go out and about and do things, so accidents do happen. The home called me and let me know, they took [relative] to the hospital for an x-

ray. They were really good and supportive for him. The home did a report."

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

- Staff engaged and involved people and the public. They made sure that people had access to local resources that provided advocacy and advice, if required. A local church minister told us, "They [people using the service] are no longer an addition to the community; they are part of the community and are involved with as much church community activity as they want."
- Relatives said they visited and had frequent contact with the home, who kept them informed and adjustments were made from feedback they provided. A relative told us, "There is a form I have to fill out about my views. It asks about my impressions on the care provided." The organisation sent out surveys to people, their relatives, staff and health care professionals. There was also a staff suggestion box and staff views were taken as a group or individually during staff meetings, supervision and an on an informal daily basis. Suggestions made were acted upon.
- Records showed that the provider had a system in place to ensure the requirements of the Mental Capacity Act [MCA] were met. People had assessments of their capacity to understand and make decisions about their care, as well as day-to-day life decisions. Where people had been assessed as not having capacity, we saw records of best interests' decisions showing that people, their relatives and relevant professionals had been consulted and decisions were made in people's best interests.

Continuous learning and improving care

- The service worked continuously to learn and improve care. The service worked closely with hospital learning disability liaison nurses when people were required to attend hospital, to ensure that all supports were in place to meet the person's needs during their stay or appointment.
- There was a management action plan being worked through that resulted from an audit visit by the Royal Borough of Kingston upon Thames. This detailed a review of policies and procedures and what had and had not been completed and a completion target of September 2021.
- The service identified areas for improvement to progress the quality of services people received, by working with voluntary and statutory partners, to meet needs and priorities. Feedback from organisations was integrated to ensure the support provided was what people needed including speech and language therapists, physiotherapists, community nurses and psychiatrists. This was with people's consent. Two people's records showed the service had worked with professionals to develop social stories to support people to better understand the need for certain appointments and medical procedures.
- The health care professionals' feedback received was very positive regarding the daily operation of the service, by the registered manager and team of care staff. One care professional said, "The [registered] manager of Firs Court continues to provide excellent verbal and written communication with us. I have a very good interprofessional relationship with him." Another health care professional told us, "I can say from my experience that it is an excellent service which is very well led by their [registered] manager and the staff. Staff are very patient orientated and readily act on the plans, decisions and referrals for peoples' well-being and safety. They have empathy with people's needs, are good at following advice and caring for people. Overall, it is a very good service in terms of care, safety, effectiveness and responding to residents' needs."
- There were pictorial feedback forms for people to have their say about living at the home, the care and support received and anything they were unhappy with as well as regular house meetings.



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  Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  We found no evidence that people had been harmed however, due to poor person-centred care people were placed at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  We found no evidence that people had been harmed however, due to the lack of robustness of the whistle-blowing procedure, people were placed at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  We found no evidence that people had been harmed however, due to poor recruitment procedures of the board of directors' people were placed at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour  We found no evidence that people had been harmed however, due to poor duty of candour of the service people were placed at risk of harm.



Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Personal care	We found no evidence that people had been harmed however, due to poor supervision of the registered manager people were placed at risk of harm.