

Emas Limited

Firlawn

## Inspection report

402 Chessington Road  
Epsom  
Surrey  
KT19 9EG

Tel: 02087860514

Date of inspection visit:  
13 July 2023  
20 July 2023  
03 August 2023

Date of publication:  
22 September 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

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

Firlawn is a residential care home providing personal care to 4 people at the time of the inspection. The service can support up to 4 people.

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

**Right Support:** 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.

**Right Care:** People received care that was person-centred. Staff promoted people's dignity, privacy and human rights.

**Right Culture:** Staff and the provider promoted inclusion of both people and relatives in the general day to day life in the home. The registered manager worked closely with all staff to support them to provide a good level of care in line with the provider's positive values and attitudes. There wasn't always clear oversight of audit processes within the home. We have made 3 recommendations in relation to concerns found.

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

### Rating at last inspection

The last rating for this service was good (published 21 October 2017).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 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 safe.

Details are in our safe findings below.

Good ●

### 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 ●

# Firlawn

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by 1 inspector.

#### Service and service type

Firlawn is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Firlawn is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We observed staff interactions with 3 people who used the service and spoke with 2 relatives about their experience of the care provided. We also spoke with 4 members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 3 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from harm at the home. Relatives told us staff kept people safe. A relative said, "The staff are brilliant at keeping all the people that live here safe. They know exactly how to keep each individual person safe."
- Staff were knowledgeable in how to report safeguarding concerns. A staff member said, "If I witness it (concerns) I would speak to the victim immediately, I would report to manager, if they don't listen I would speak to CQC."
- The registered manager was aware how to report a safeguarding and we saw evidence of them working with the local authority when concerns had been raised in the past.

Assessing risk, safety monitoring and management

- People were kept safe from risks. People's care plans documented their individual risks. This offered advice and guidance for staff to follow to manage the risk safely.
- Staff were aware of people's risks and we observed them supporting people with knowledge of individual risks. For example, a person was at high risk of falls and we saw staff use appropriate equipment to ensure the risk to the person was managed well and followed advice from the care plan.
- Where people were at risk of pressure areas due to their mobility needs and prolonged periods in the same position, staff were seen to regularly complete re-positioning charts. As a result the person, who was at high risk of pressure areas had not had any recent issues with their skin integrity.
- We saw evidence of regular risk assessment reviews. Although this had not been formally recorded in a care plan audit, we saw how following reviews from health professionals risk assessments had been updated. For example a choking risk assessment had been updated following a Speech And Language Therapy (SALT) review.

Staffing and recruitment

- There were enough staff to meet people's needs. A relative said, "There's always enough staff in the home. [Person] never has to wait and staff never seem rushed, I would say there was enough of them."
- Staff told us the registered manager ensured there was always enough staff on duty to ensure people could do a range of things when they wanted to. A staff member said, "There's always enough staff to look after people and do activities with them when they want to, never felt short-staffed."
- The registered manager followed safe recruitment processes. This included reference checks of previous employment, face to face interviews and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People were supported by staff with their medicines. A relative said, "I have never had any concerns about [person's] medicine. I know the staff know exactly what they're doing and I know [person] is getting their medicines at the right time."
- We saw evidence of a recent GP review of people's medicines. This ensured people's needs had not changed and confirmed people were receiving the correct medicines.
- Medicines were stored safely. Medicines were in locked cabinets and only staff who had received appropriate training supported people with their daily medicines.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- Relatives were able to visit people with very limited restrictions. A relative said, "We can visit whenever it is convenient which really works for our family and [person]. We are treated like family."

### Learning lessons when things go wrong

- There was an accident and incident procedure in place. The registered manager had just updated this process to record a more thorough investigation in response to any incident. There had not been any incidents since the new process had been introduced.
- We saw evidence of lessons learnt when they had been previous incidents. For example, following an incident relating to a person's change in needs, their care plan had been updated and all changes had been communicated to all staff.

# 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. The rating for this key question has remained 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 received care in line with their needs and choices. The registered manager completed initial assessments. This ensured the home could meet the needs of the people. A relative said, "[Registered manager] was so hands on and thorough when we first spoke about [person] moving here. She made me feel that [person] was going to be safe and well cared for."
- Care plans had detailed assessments that were reviewed regularly. These included people's individual choices and how staff needed to support them with their specific needs. We saw staff supporting people in line with their preferences detailed in their care plans.
- People's care plans also contained widely recognised assessment tools that had been used effectively. For example, to assess whether people were at risk of malnutrition and to what level. This assessment then gave advice and guidance for staff to follow.

Staff support: induction, training, skills and experience

- People were supported by well trained and knowledgeable staff. A relative told us, "Staff are incredible, they know what they're doing and they are very well trained. They tell me how they have specialist training as well in relation to people's specific needs like epilepsy training and learning disability training."
- Staff benefitted from a thorough training and induction programme. A member of staff said, "The training is very good here. We also do a complete induction for any new staff so they have time to work closely with experienced staff before they are left to tasks on their own."
- The registered manager showed us evidence of training completed by staff, however, these certificates were recorded and stored in various places in the home. The registered manager confirmed that she is aware when staff training is due. However, this was not always recorded in one, easy to find place.

We recommend the registered manager considers guidance on introducing a process that has clear oversight of the training needs of the staffing team.

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

- People were supported to eat and drink by staff who had knowledge of their individual preferences. Care plans were detailed with people's likes and dislikes with advice for staff on how to encourage a healthy balance. We saw staff following this advice during our observations.
- Where people required texture modified diets and thickened drinks, we saw staff were knowledgeable and provided people with food and drink in line with these needs.
- People were regularly offered snacks and drinks in between mealtimes. This ensured people were not at risk of dehydration or malnutrition.

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

- Staff supported people to access health professional in a timely way. A relative said, "I know if there is any change staff make the referral straight away. It's all we (relatives) could ask for."
- We saw evidence of staff making referrals to various healthcare services, chasing results and follow up appointments and adding and advice and guidance provided in to care plans.
- The registered manager explained how staff had a good working relationship with various professionals. These included the local GP, dementia co-ordinator and the palliative care team for example.

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

- Although the home was small and in need of some updating, the layout of the home was designed in line with people's needs. A relative said, "It's very nice, warm and welcoming here. It's not state of the art but it's a home and that's what we want."
- Hallways were wide enough for wheelchair users and we observed wheelchair users freely moving around the home.
- Bedrooms were designed to people's likes and dislikes with various posters and items to ensure the décor was effective in meeting people's preferences.

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.

- People were supported in line with the MCA principles. Staff were knowledgeable in how to apply the MCA effectively in the least restrictive way. A staff member said, "For example [person], we give them choices and ask them to decide. They can chose what they want to eat and what they wants to dress in, even though they lacks capacity in making other decisions. It means that we're still giving him as much choice as possible."
- Mental capacity assessments had been completed with best interest decisions to ensure the least restrictive option had been found. These had also been completed for decision specific restrictions such as sensor mats and bed rails.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People were treated with kindness by caring staff. A relative said, "I just can't fault the staff they are so kind towards [person], it's all I ever hoped for when they moved here."
- Staff treated people with respect and valued diversity. A member of staff said, "I just love how they are all so different. They have different personalities, different ways they like things to be done and it's so important to respect that."
- Staff received training in equality and diversity and the registered manager ensured staff applied this training into their day-to-day work. This was seen through supervision discussions.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged by staff to make decisions and choices about their day-to-day routine. We observed staff asking people how they would like to spend their day and acting on responses made by people.
- Staff took their time to make sure people had fully expressed themselves when given choices. For example, we saw staff give different options to people for lunch and observed staff wait patiently to establish they had fully understood people's decisions.
- Staff respected people's privacy. We observed staff knocking on people's doors prior to walking in. Staff told us how it was important to respect people's privacy. A staff member said, "It is important to respect people's privacy as this is their home and we should treat it like it."
- Staff encouraged people to be independent. A relative said, "They (staff) are very good at encouraging independence. Even with [person's] limited movement, staff still make sure they do hand over hand movement and stays as independent as possible. It's the little things which are nice to see are still happening even with the severe limitations they are trying to keep [person] as independent as possible."
- We observed staff encouraging independence during meal preparation by encouraging people to make choices about what they wanted. We also saw evidence where people had joined in preparing the food for mealtimes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received a good level of personalised care. A relative said, "Staff are very knowledgeable about [person] and their individual needs, risks and what they like and don't like. This was asked in assessment and I have seen it in [person's] care plan."
- Staff knew people as individual. A staff member said, "We know people's preferences. People are individuals and not one of them likes the same thing, so it is important we deliver person-centred care."
- Care plans were person-centred with details of people's individual preferences. For example, how people liked to receive care and how they liked to enjoy their day. We saw staff follow these guidelines when supporting people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People that lived at the home had high levels of communication needs and staff and the registered manager had utilised different communication tools to effectively communicate with people.
- We saw pictorial aids used for a person to be able to communicate what their food choices were for the day. We saw the person engage well with the resource book of pictures and show happiness when he managed to communicate well with staff.
- Care plans detailed people's individual communication needs. For example, a person used facial expressions and hand gestures to communicate when they were hungry or in pain. We observed this person make a symbol to staff during the inspection and staff quickly supported them with what they needed.

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

- People were supported to see relatives and friends as frequently as they liked. A relative said, "I can pop in (to the home) whenever I want, it suits me and means I can pop in more frequently than other living options. As a family we really appreciate it." This ensured the possibility of isolation was minimised.
- People were supported to follow their hobbies and interests. We saw evidence of people accessing the community on the day of our inspection. People also attended groups in the community and followed hobbies they enjoyed. For examples, sessions with percussion instruments and ball games.

- People who spent long periods of time in their rooms were accompanied by members of staff to avoid isolation. We saw staff try to engage with conversations a person who spent long periods of time in their room.

Improving care quality in response to complaints or concerns; End of life care and support

- There was a complaints policy in place and people and relatives were able to voice any concerns and were comfortable to do so. A relative said, "I haven't needed to make a complaint. I would go to the manager or any of the senior staff that have been here a long time. I know they would deal with it properly."
- Staff were knowledgeable in how to deal with complaints. A staff member said, "I would record all details of the complaint and relay it to the manager as quickly as possible and then provide the person or relative with regular updates until a conclusion."
- The registered manager and staff had worked well with the palliative nurse team to support people living in the home. This ensured people entering this period of their lives were supported well and in line with their wishes.
- End of life care and wishes were detailed in care plans. We saw staff following this advice and guidance when supporting a person at the end of their life.

# 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 good. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt involved and listened to by staff and the registered manager. A relative said, "The registered manager always asks us if we have any suggestions or concerns. Because we are always here this is probably once a week. If we make any suggestions, it's done on the next visit."
- Staff also felt included in decision making around the home. A staff member said, "It's a small home, so we all speak every day about ideas, suggestions and how we can keep improving the home."
- We were shown examples of the improvements that had been made, however, there had been nothing documented what had led to these the changes. This meant it was difficult for the registered manager to evidence the impact of the changes they had made in the home.
- Staff and relatives' meetings were all informal so there was no record of these. We were informed by staff that they occurred and positive changes were made as a result, however, minutes had not been recorded to evidence this.

We recommend the provider establishes a system to record how they ensure the voices of people and staff are heard and acted on to shape services and culture.

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

- The registered manager confirmed regular staff's competency checks and supervisions were completed and this was corroborated by staff who were spoken with. However, the records of these were not always available.
- We were shown examples of how people's care plans had been reviewed, and elements of the home and care provided was assessed. We saw evidence of checks being completed and examples of action taken to drive improvement. There was no structured approach to governance and quality assurance that would enable the provider to monitor progress effectively and consistently against delivery of the strategy.

We recommend the provider establishes a clear audit trail of all quality checks in the home to ensure action is being taken in a timely way and take action and update their practise accordingly to be in line with 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; Working in partnership with others

- CQC had been made aware of all relevant concerns or incidents, where required, by the registered manager.
- The provider and registered manager had worked well with the local authority and safeguarding team when any concerns had been raised. This ensured people were supported in a timely way and information shared resulting in a good level of care for people.
- We saw evidence of correspondence with a number of different health and social care professionals who had provided advice and guidance. We observed how staff had followed this advice and guidance to provide a good level of care to people.

Continuous learning and improving care

- The registered manager was keen to learn from all experiences. They said, "We encourage all professionals to advise us if we are doing something incorrectly, we want to get it right, so we welcome all feedback."
- Relatives spoke positively about the care and how staff were keen to learn about individual needs. A relative said, "I just can't believe how keen all the staff here are about constantly learning as [person's] health deteriorates and their needs change they're (staff) constantly learning and adapting, it's very impressive."