

The Firs Home Care Ltd

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Inspection report

The Firs Residential Home Calne LTD
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Date of inspection visit:
07 October 2021

Date of publication:
25 November 2021

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?

Good ●

Summary of findings

Overall summary

About the service

The Firs Home Care Ltd is a domiciliary care service providing personal care and support to people in their own homes. At the time of the inspection, 54 people were using the service.

Not everyone who used the service received personal care. 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

People received a kind and caring service. Staff were compassionate and committed to delivering high standards of care. The registered manager had strong values and led by example.

People and their relatives were complimentary about the service they received and about the quality of the care staff. People told us they were very happy, they felt listened to and were treated respectfully.

Staff were well trained and had access to a wide range of information and opportunity to develop their skills. Staff were knowledgeable about people's preferences and routines and ensured they delivered a person-centred service. Staff felt supported by the management team and said they could approach them with any issue.

People's care plans were reviewed regularly and people were involved in the review, making goals and achieving desired outcomes. Staff promoted people's independence, enabling them to make choices and decisions and supporting them to re-gain life skills and independent abilities.

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.

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

Rating at last inspection

This service was registered with us on 12 February 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Firs Home Care Ltd

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.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service short notice of the inspection. This was because 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, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, and care and support staff.

We reviewed a range of records. This included four people's care records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four professionals who work alongside the service and received feedback from two.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding processes in place and clear recording procedures to monitor and follow up on safeguarding incidences.
- The registered manager had notified the local authority safeguarding team and CQC appropriately with any safeguarding concerns raised.
- Staff were knowledgeable about how to recognise abuse and act upon any issues of concern. They had received regular training which we confirmed from training records.
- People and their relatives told us they felt safe with the carers. Comments included, "Yes absolutely, I feel there is always someone there and I feel safe" and, "100 or 1000%...they care about my safety."

Assessing risk, safety monitoring and management

- The risks people faced had been identified and thoroughly assessed.
- Risk assessments gave guidance to staff on how to recognise and minimise the risks identified.
- People received an environmental risk assessment which covered areas such as safe access, lighting and heating in the home.
- Individual risk assessments included falls, mobility equipment, self-harm and smoking. These were reviewed and updated regularly.

Staffing and recruitment

- Staff were recruited robustly. Checks included a Disclosure and Barring Service (DBS) check, references, work history, ID and UK settled status. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.
- There were sufficient numbers of staff to meet people's needs and the provider was continually recruiting.

Using medicines safely

- People received their medicines safely. Staff completed medicines training and had their competencies regularly checked.
- The service used an electronic recording and monitoring system to manage people's medicines. This increased the accuracy and efficiency of medicines administration. An alert was sent to the registered manager if any steps in the administration process had not been fully completed. Immediate action could be taken to minimise any errors.
- People had been given their medicines as prescribed. There were protocols in place to effectively manage 'as required' medicines and guidance to follow for the correct application of topical creams.

Preventing and controlling infection

- Effective systems were in place to prevent and minimise the risk of infection.
- Staff had access to plentiful supplies of PPE and had training in infection control and prevention, and hand hygiene.
- A weekly testing programme was in place for staff to minimise the risk of spreading COVID-19.

Learning lessons when things go wrong

- There were systems in place to record and monitor any accidents or incidences. An analysis of falls was to be carried out as an annual audit, but incidences remained low at the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were assessed before receiving care, to ensure their needs could be met. Assessments covered areas such as personal choice, preferred routines and the support the person required.
- Individual care and support plans were developed to guide staff and to capture important information about how best to meet people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and supported.
- Staff training was comprehensive and varied. The training matrix showed staff were up to date with training and staff we spoke with confirmed this.
- Staff had access to specific training where needed, for example how to manage PEG feeding and administration of specialist medicines for epilepsy. A percutaneous endoscopic gastrostomy (PEG) is a procedure to place a feeding tube through your skin and into your stomach to give nutrients and fluids.
- New staff were supported by shadowing more experienced staff during their induction. All staff had regular access to one to one meetings with their supervisor and an annual appraisal.
- Staff we spoke with told us they were well supported by the management team. They could request training of interest and progress their career by undertaking new qualifications. One staff member told us, "Feel really supported. They make you feel comfortable and that it's OK to ask if you are not sure."

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

- People were supported to maintain a good level of nutrition and hydration.
- People's dietary needs and preferences were included in the care plans.

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

- People were supported to access health and social care services where required.
- Health and social care professionals were contacted by the registered manager appropriately, when it had been identified the person required further support or assessment.
- Information and guidance from professionals had been incorporated into people's care plans. This included important information around the safe and effective use of equipment.
- People and their relatives confirmed they were supported appropriately. One relative told us, "They took him to the doctors for his COVID-19 and flu vaccines." A person receiving support told us, "Yes, they sent

photos to the doctor and he saw me the same day, they help me in any way I need them to."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service had effective procedures in place to assess people's capacity where appropriate.
- Where people did not have capacity to make a decision, best interest decisions had been made. These were clearly recorded and showed how the decision had been reached.
- Consent to receive care, share care plans and take photographs was gained and recorded in people's care plans.
- Staff were trained and knowledgeable about gaining consent and in their understanding of the Mental Capacity Act.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 supported by a caring, compassionate and dedicated team of staff.
- The registered manager ensured people were treated well by conducting robust recruitment practices, regular checks on staff and comprehensive training.
- The diverse needs of people were respected and staff had received equality and diversity training.
- Daily notes were written using respectful language and recorded interactions, the person's wellbeing and mood as well as the care interventions completed.
- The registered manager was proud of the staff and the service they provided. Regular telephone welfare checks were made to people to increase contact.
- When the local area had a major electrical failure, the service delivered hot drinks and hot meals to people living on their own.
- The service received many compliments and notes of thanks from the people they supported and their relatives. Examples included, "Without your support I could not have managed to care for Mum at home, it has been special working with you all" and, "The young ladies have been absolutely wonderful with their kindness and constant patience. They are compassionate angels."

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 to direct their care and be as independent as possible. People told us they made choices about what they needed support with and could change their mind or decline some support if they wished.
- The service had supported people to become more independent and fulfil positive goals and achievements. One person with a history of mental ill health was supported through a crisis period and into a voluntary work role which improved their well-being.
- The feedback we received from people was overwhelmingly positive in all aspects of their care. People we spoke to were fond of their carers and some mentioned staff were like part of their family.
- People praised the caring, compassionate attitude of staff and the way they had taken time to get to know them and their care needs. Comments included, "We sit and have a talk and a laugh, they know all about me" and, "Gosh yes, you couldn't wish, for better. They treat me as one of the family. They sit with me for a chat with a cup of tea and a biscuit."
- Relatives we spoke with were equally complimentary of the service provided. One relative said, "We are

100% happy with the care he is getting and it has taken the worry from us, we have no worries now, about his care or his health."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 person-centred service, which met their individual needs. This included consistency of staff to enable trusting relationships to develop.
- One person was supported to become more independent and achieve personal goals and wishes. This person has progressed from being solely dependent upon carers to independently cooking, cleaning and managing their own finances. They were supported to plan and undertake a local charity event which the community were involved in. The registered manager told us, "They have become fully empowered and it is wonderful to see."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- The service was fully compliant with the AIS.
- People were supported appropriately with their communication needs. Guidance to staff on how best to meet these needs, were detailed in the person's care plan.

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

- Within the limits of the pandemic, people were supported to maintain social contact and activities important to them.
- The registered manager developed 'Golden Outcomes'. This was an additional element to people's care and support plans where goals and wishes were recorded and a plan developed to achieve them.
- People were supported to access their community and attend various social and charitable events.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- Staff, people and their relatives knew how to raise concerns if they needed to. One relative told us, "[I would] go straight to the manager, verbally, then by email. I have never had to make a complaint." A person said, "Yes, I would phone the company, but I have never had to."
- There had been no complaints since the service registered with CQC.

End of life care and support

- All staff had received training in end of life care. The service had worked closely with community nurses and family members when previously supporting people at the end of their life.
- No-one was in receipt of end of life care at the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had very strong values of person-centred care, empowerment and quality support. These values were passed to the management team and the staff team as a whole. They told us, "Our philosophy is to keep people at home, set up goals and achievements on how we manage this. We want to make a difference to people and go above and beyond."
- The service delivered person centred care which produced positive outcomes for people, increased their life skills, confidence, independence and well-being.
- The registered manager was keen for staff to have access to a wide range of training interests and opportunities and develop their career in social care. They kept up to date with current good practice and information, and participated in manager forums.

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

- The registered manager was fully aware and compliant with their responsibility under the duty of candour.
- The registered manager was passionate about providing a good quality service. They told us, "Empowering people promotes a positive self-identity. It promotes their independence and gives people a sense of achievement and dreams to come true."
- There was regular monitoring and oversight of the service provided. Audits were carried out regularly and covered areas such as training, quality control, staff supervision, medication and policies and procedures.
- Care records including care plans were audited in addition to staff spot checks to monitor the quality of care visits.

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

- The registered manager encouraged people to give their views about the service, and kept them up to date with anything relevant. This included writing to people to give reassurances about their care, at a time of national staff shortages.
- The service produced a monthly newsletter for people, which introduced new staff members, upcoming events and items of interest.
- People and their relatives were very satisfied with the service they received from The Firs Home Care Ltd.

The overall feedback showed a well-managed company, which exceeded the requirements of the people they cared for and had a very positive effect on both their health and their lives in general.

- Similar to many other services during the pandemic, the recruitment of staff and covering sickness had been a challenge for the registered manager. However, all office staff were trained and worked alongside the care staff in the community to help out when needed.

Working in partnership with others

- The registered manager worked closely with their local GP and community nursing teams, the local authority and commissioners.