Emas Limited

Firlawn

Inspection report

402 Chessington Road
Epsom
Surrey
KT19 9EG

Tel: 02087860514

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Firlawn provides a care home service, without nursing, to four older people with learning disabilities. The home is situated on the outskirts of Epsom, Surrey.

The home is presented across one floor with access to the first floor via stairs. People's bedrooms are single occupancy. Communal space consists of two lounge. There is a private garden with a patio at the rear of the property, which is shared with one of the providers other homes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was well decorated and adapted to meet people's needs. Flooring was smooth and uncluttered to aid people's mobility needs. The home had a homely feel and reflected the interests and lives of the people who lived there.

The inspection took place on 22 July 2016 and was unannounced. We have identified two breaches in the regulations. You can see what action we told the provider to take at the back of the full version of this report.

There was positive feedback about the home and caring nature of staff from relatives and the people who live here. A relative said, "I am very happy with the care received by my family member." A friend of a person said the staff are focused, "Primarily with the care, comfort and safety of the residents."

This is a small family owned business and the registered manager and provider had a hands on approach to the care of people, however they had let the management of quality assurance processes stop, so records of care had become disorganised. Out of date information was mixed in with current care information. The risks to people were low, as the service did not use agency staff, and the staff knew people's current support needs. The registered manager and provider agreed they needed to review their records management, and quality assurance processes.

People's rights under the Mental Capacity Act (2005) were not completely met. Where people could not make decisions for themselves best interest decisions were made on their behalf. Although the requirements of the act were met, the records management could be improved. Staff were heard to ask people for their permission before they provided care.

The Staff and management had an understanding of the requirements of the Deprivation of Liberty Safeguards (DoLS), however they had not yet submitted applications in accordance with the act, for some people who were under constant supervision. The registered manager said they would do this.

People were safe at Firlawn. There were sufficient numbers of staff deployed to meet the needs and preferences of the people that lived here.

Risks of harm to people had been identified and plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

People would be protected in the event of an emergency. There were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

People had enough to eat and drink, and had the food they liked to eat. They received support from staff where a need had been identified, and had access to specialist equipment to maintain their independence and feed themselves.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with them and showing interest in what people were doing. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods in the care plans matched with what we saw on the day of our inspection, and with what people told us.

People had access to activities that met their needs, including regular trips and meals out. The staff knew the people they cared for as individuals, and had supported them for many years.

People knew how to make a complaint. No complaints had been received since our last inspection. Staff knew how to respond to a complaint should one be received.

People had the opportunity to be involved in how the home was managed. A relative said, "The managers are qualified professionals with many years of experience dealing with clients with profound learning and health issues. Their holistic and individual approach to the clients is, in my opinion, the way a good home should be run."

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.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home. There were enough staff to meet the needs of the people.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Requires Improvement

The service was not always effective

The requirements of the Mental Capacity Act were not always met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were not currently met.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff

that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family, or go and visit them, whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. However they were disorganised at the time of our inspection.

People had access to a range of activities that matched their interests. People had good access to the local community.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance records were not up to date and records of care and support were disorganised, and not easy for staff to follow.

People and staff were involved in improving the service. Feedback was sought from people to improve the home.

Staff felt supported and able to discuss any issues with the manager. The provider and registered manager regularly spoke to people and staff to make sure they were happy.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Firlawn

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 July 2016 and was unannounced.

Due to the small size of this home, with only four people living there, the inspection team consisted of one inspector who was experienced in care and support for people with learning difficulties.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with three people who lived at the home and three staff which included the registered manager and the provider. After the inspection we contacted two relatives and an advocate to ask for their views of the care provided. We also reviewed care and other records within the home. These included three care plans and associated records, three medicine administration records, one staff recruitment file, and the records of quality assurance checks carried out by the staff.

At our previous inspection in October 2013 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Firlawn. They looked happy and at ease in the presence of staff. One person said, "I feel safe here." Another person gave us a clear 'thumbs up' sign and a smile when we asked if they felt safe at the home.

There were sufficient staffing levels deployed to keep people safe and support their health and welfare needs. Staff said that they felt there were enough of them to support and meet people's needs. During our observations peoples support needs were met promptly by staff, such as when they wanted to use the toilet, or go for a walk around the garden. The registered manager calculated the number of staff that were required based on the support needs of the people that lived here. Staffing rotas for the last four weeks demonstrated that the number of staff on duty matched with the numbers specified by the registered manager. The levels of staff seen on the day of our inspection confirmed what the registered manager had recorded.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Board or police should be made if they thought abuse was happening. Staff knew about whistleblowing and felt confident they would be supported by the provider if they felt the need to raise any concerns. There had been no instances since our last inspection that needed to be reported to safeguarding.

People's safety was maintained because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

People were kept safe because the risk of harm from their health and support needs had been assessed. A relative said, "I feel that the home considers the risks appropriate to each client and ensures the correct environment. With my family member this entails safety whilst bed bound in terms of bed guards and appropriate padding." Assessments had been carried out in areas such as risk of choking, mobility, and behaviour management. Measures had been put in place to reduce these risks. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. External guidance on risk management was also in place, for example the Local Authority guidelines on reducing the risk of choking were in place. Staff worked in accordance with these guidelines to keep people safe.

The management of risk did not limit people's opportunities to do things they enjoyed. A friend of one person said, "There is a certain amount of risk involved in taking my friend out but the staff are experienced

and well able to manage this. I know that she would rather take a risk than be stuck inside all the time."

People were cared for in a clean and safe environment. The home was well maintained. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. The risk of trips and falls was reduced as flooring was in good condition. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Staff understood their responsibilities around keeping a safe environment for people.

People's care and support would not be compromised in the event of an emergency. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. Staff were able to describe how they would support people in an emergency, which matched the information in the plan. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place to ensure people would be cared for if the home could not be used after an emergency.

People's medicines were managed and given safely. Staff that gave medicines to people received appropriate training. Staff were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there are guidelines in place which told staff when and how to administer the pain relief in a safe way. People's medicines were reviewed regularly with the GP to ensure they were only given to benefit people's health. These reviews had resulted in one person's medicine being reduced, which resulted in a positive change in their behaviour and well-being.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were disposed of using the local pharmacy when no longer required, to reduce the risk of them being misused.

Requires Improvement

Is the service effective?

Our findings

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. At Firlawn people had varying capacity to make decisions for themselves and were not able to go out on their own if they wished.

Management had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They were able to demonstrate how it had been used to ensure a person's human rights were not ignored. Although documentation such as capacity assessments had not been completed, the process of the MCA had been followed by the registered manager. For example when a health care professional suggested a medical procedure for one person, the registered manager took action to ensure this was in the person's best interests. Correspondence recorded that the person would not understand the decision themselves, so family and other health care professionals were involved in making the decision. This resulted in the decision not to proceed with the operation. This ensured the person's human rights had not been ignored, and the MCA had been complied with. Staff were seen to ask for people's consent before giving care and support throughout the inspection. They also took time to explain decisions and possible consequences to help people make decisions for themselves.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had not completed applications for people whose freedom was restricted, or who were under constant supervision, as they did not feel they came under the DoLS. The impact to people was low because people were able to go out when they asked, bed rail use was to reduce the risk of a person falling out of bed, not to restrain them. It is recommended that the registered manager review where people's freedom is restricted and make DoLS applications as necessary.

Due to the requirements of the Mental Capacity Act not being fully adhered to, there was a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. A relative said, "I think the care received is exemplary." This was due to the knowledge and experience of the care staff.

Staff had effective training to undertake their roles and responsibilities to care and support people. This consisted of eLearning and face to face training. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. On-going training and

refresher training was well managed, and gave the staff the skills to be able to support people, and the registered manager ensured staff kept up to date with current best practice.

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member told us they had regular one to one meetings (sometimes called supervisions) with the manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. The also said they were able to raise any ideas of suggestions for improving the service at these meetings. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. One person said, "My favourite food is fishcakes." The refrigerator had a good supply of chilled fishcakes, so these were available for the person to have when they wished. A friend of a person said, "The home cooks fresh food every day and takes note of residents' likes and dislikes." People were able to choose where they would like to eat, choose the food they would like, and supported by staff when needed. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. Staff were able to tell us about people's diets and preferences. Menu plans, and food stored in the kitchen matched with people's preferences and dietary needs and showed they had the food they enjoyed. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Where people's health had changed appropriate referrals were made to specialists to help them get better. People's health and welfare was seen to improve due to the effective care given by staff. Prior to moving into the home one person had displayed behaviour that challenged themselves and others. The person was now relaxed, calm and happy. A relative said, "I am very impressed with how my family member has changed since living here. He is a lot spritelier, and takes care of his appearance."

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "I am happy here." A relative described staff as, "Friendly and approachable to relatives and caring and empathetic to the clients." A close friend for one person said, "The home has a lovely family feeling about it." A staff member said, "The best part of the job is working with the people here, it's a rewarding job to be able to do something to help somebody."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing.

Staff were very caring and attentive with people. A friend of a person said, "I have always found the staff very caring." Staff knew the people they looked after and involved them in making decisions about their life. Throughout our inspection staff had positive, warm and professional interactions with people. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home. People's independence was promoted and supported by staff. During mealtimes people were given equipment and support to enable them to eat without support where possible. This included large handled cutlery to make it easier for a person to hold, mugs with lids and straws so people could have a drink without spilling it. The equipment in use was individual to the needs of the person that used it.

Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us about people's hobbies and interests, as well as their family life. The information staff shared with us, for example how to touch a person's hand in a particular way to communicate with them, was confirmed as correct when we spoke with the people who lived here.

Staff communicated effectively with people. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. People were given information about their care and support in a manner they could understand. For example use of signing with the hands, or pictures to help people make a decision about their care. Information was available to people around the home. It covered areas such as local events that people may be interested in.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. Another example was where people could use the toilet on their own, staff supported them to the toilet, and then left them on their own until they called, rather than waiting in the toilet with them.

People's rooms were personalised which made it individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had

access to services in the community so they could practice their faith. They were supported to attend services at the local church. People could have relatives visit when they wanted, or go and stay with their relatives if they wished. People were able to maintain and develop relationships by spending time with people in the next door home.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. A relative said, "I am kept informed on a regular basis regarding any changes to routine, medication or any other matters regarding my brother's care." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People's choices and preferences were documented and were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The registered manager explained that they were in the process of organising the files as she had become aware they had become disorganised. Staff we spoke with knew the most up to date information about people's support needs, so the risk of people getting inappropriate care was low. The files gave a detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. People received support that matched with the preferences record in their care file, for example being supported to do activities they enjoyed.

People were involved in their care and support planning. A relative said, "The staff considers the individual care needed for each resident and tailors it accordingly." A friend of a person said, "They include me in any concerns that they have and listen to anything that I have to say." Care plans were based on people's care and support needs. They were written with the person by the registered manager. Family members, advocates and health or social care professionals, were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly so they reflected the person's current support needs. A relative confirmed this by saying, "Yes I have seen the care plan."

Staff would be responsive to people's changing needs, as information was shared when staff came onto shift. People's activities and any changes in their health were discussed to ensure staff were up to date and aware of any changes.

Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe in the environment, personal care, mobility support needs, behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. There was also a section that gave very specific important information about the persons support needs. This would go with them if they needed to be admitted to hospital so that staff there would have clear guidance on the person's preferences and choices, and how they liked to be supported.

People had access to a range of activities, many of them based in the local community. A relative said, "Each client's needs are considered on an individual basis as they have very different needs. My family member is provided with appropriate stimulation and I am very happy with this." A friend of one person said, "My friend particularly likes to get out and about and the home are very good at including her in shopping trips and

outings." People had access to day centres, social clubs, pubs and holidays and day trips out. During the inspection one person went out to visit a friend, and those that stayed home had activities such as listening to music and watching programmes on the television. Staff spent time talking with people, discussing programmes that people showed an interest in, or planning activities for the next day. Activities on offer for people for the days after our inspection included trips out to local parks and a meet up with family.

People were supported by staff that listened to and would respond to complaints or comments. All the people we spoke with said they had never had to make a formal complaint. The registered manager said she would welcome complaints, but would hope to deal with concerns before they became a formal complaint. There was a complaints policy in place, which people could access. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. There had been no complaints received at the home since our last visit.

Requires Improvement

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. When we arrived at the home, the staff introduced us to the people who lived here, and explained why we were there. It was clear people felt that this was their home, and not just a place they stayed to get support.

Regular checks by the provider on the quality of service provision had taken place, but these had stopped in the last six months, as the provider had felt they were not necessary, due to the small size of the home. Audits were still completed on some aspects of the home. These covered areas such as infection control, health and safety, and medicines. The findings of the audits matched with our observations on the day, the home was clean, safe and medicines were well managed. The audits generated improvement plans, if needed, which recorded the action needed, by whom and by when.

Because the provider had stopped their regular checks, they had not identified the issues with records around the home. It was difficult to locate people's current care and support records, as these were mixed with old versions. For example various SaLT (Speech and Language Therapist) assessment guidance sheets were in one person's care file. These detailed the consistency of food a person needed to have to reduce the risk of choking. The impact to the person was minimised because the current document was in the food file in the kitchen. Staff were also able to explain the correct consistency of food and drink for the person, which matched the most up to date SaLT guidance. Policies had not been updated, for example the Complaints policy still made reference to CSCI (Which was the regulator before CQC was formed). There was a risk that people would not know who to contact if they were unhappy about the home. Regular audits of the home should also have highlighted the issues that people's freedom had been restricted and no DoLS applications had been submitted. Due to the provider not maintaining an accurate records of care provided and decisions taken in relation to care, and the lack of audits to check on the service provision meant there was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Senior managers were involved in the home because it was a small family run business. Both the registered manager and the provider had a hands on approach to care and support, and were in the home on a daily basis. They were both in constant contact with the people, relatives and the staff, so could see that a good quality of care was being provided in a safe environment. This made them accessible to people and staff, and enabled them to observe care and practice to ensure it met the people's needs. The registered manager and provider had a good rapport with the people that lived here and knew them as individuals.

People were included in how the service was managed. A relative said, "Yes on a weekly basis" they were able to speak to the registered manager or provider. Due to people's communication and support needs, a formal house meeting was not the best way to gather information from people. Instead the registered manager and provider liaised with family, and advocate whenever they visited, and talked one to one with people to check they were happy with their care and support.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider. One staff member said, "There is no pressure here, the manager's door is always open to us if we

need to talk." Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.

Staff were involved in how the service was run and improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. One staff member said, "We have staff meetings every month, and we can give feedback. We raised an issue with the cleaning a few months back, and this has been sorted now."

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent. The registered provider had not ensured that where a person lacks mental capacity to make an informed decision, or give consent, staff must act in accordance with the requirements of the MCA 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(2)(d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. The registered provider had not maintained records as necessary in relation to the management of the regulated activity.