

Fircroft Services Limited

Fircroft Home

Inspection report

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Date of inspection visit:
27 March 2019

Date of publication:
08 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service: Fircroft Home provides residential care and accommodation for up to 18 older people who have a learning disability. Some people are living with dementia. At the time of our inspection there were 15 people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. 'Registering the Right Support' Care Quality Commission (CQC) policy.

People's experience of using this service:

There was a lack of management oversight in some areas of the service. Audit systems had not been effective in identifying shortfalls in the quality of the service people received. Records regarding the support people required were not always comprehensive and person-centred. People lived in a safe environment although consideration was required regarding ensuring the service was dementia friendly and that planned refurbishments were completed. We have made a recommendation regarding this.

Detailed guidance was provided to staff regarding how people should be supported to manage risks in most instances although continuous re-assessment of people's needs was required to ensure people continued to receive safe care. We have made a recommendation regarding this.

People were supported by staff who knew them well and positive relationships had developed. Staff treated people with dignity and respected their privacy. We observed staff and people sharing jokes and stories and the atmosphere was relaxed. People told us they enjoyed the food provided and were involved in planning the menu. People had access to a range of activities which they enjoyed. However, there were few opportunities for people who spent the majority of their time in their rooms to engage with staff socially. We have made a recommendation regarding this.

People had access to a range of healthcare professionals and guidance provided was followed by staff. Medicines were managed safely and people received their medicines in line with their prescriptions. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and staff told us they felt the service was well-led. Staff told us they felt supported in their roles and had the opportunity to contribute ideas and suggestions. Surveys were sent to people and their relatives and responses received were positive.

Rating at last inspection: At the last inspection the service was rated Good (report published on 25 October 2016)

Why we inspected: This was a planned inspection based on our last rating of the service.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service 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 ●

Fircroft Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by three inspectors.

Service and service type: Fircroft Home is a 'care home'. 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, and both were looked at during this inspection.

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: The inspection was unannounced

What we did: Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we spoke with three people who lived at the service and observed the care and support provided to people. We also spoke with the registered manager and five staff members. We reviewed a range of documents about people's care and how the home was managed. We looked at four care plans, three staff files, medication administration records, risk assessments, policies and procedures and internal monitoring checks. Following the inspection, we reviewed audit documentation forwarded by the registered manager.

Is the service safe?

Our findings

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

People were protected from harm although some aspects of the service were not always safe. Regulations were met.

Assessing risk, safety monitoring and management

- Systems were in place to manage risks to people safety and welfare. However, we found on occasions more robust actions were required. Records for one person who had epilepsy stated that staff should monitor, report and record all of the person's seizures. There were also emergency protocols in place which guided staff on the action they should take if the person's seizure lasted over a set period of time. However, the person spent the majority of time in their room and no monitoring equipment was in place to alert staff when the person was having a seizure. Records showed that on occasions staff were unable to state how long a seizure had lasted as they had entered the room during the person's seizure. This meant the person was at risk of not receiving the care they required to safely monitor their epilepsy. The registered manager acknowledged these concerns and assured us that an urgent referral would be made through the GP for advice. Following the inspection, the provider informed us the person was now spending more time in communal areas and the risks were therefore further reduced.
- Staff told us about the support they provided to one person who spent the majority of their time in bed, "We turn (name) every two hours within the routine of the day. We haven't been using a turning chart. (Person) is prone to pressure sores. When (person) has one we then use it." There was no specific guidance for staff around the support the person required to maintain their skin integrity. In contrast, we saw other people had risk management plans regarding their skin care.

We recommend robust risk management plans are in place and regularly reviewed in line with people's changing needs.

- In other areas risks were identified and guidance to staff followed. Risk assessments were completed in areas including choking, diabetes, finances and mobility. Staff we spoke with were aware of these risks and how to support people in a safe way.
- Plans had been developed to guide staff in supporting people who may display behaviours which could put themselves or others at risk. This gave an overview of what may cause the person to become anxious, how staff should respond and longer-term support. Staff ensured that any incidents of this nature were recorded to gain a better understanding of people's anxiety going forward.
- Regular health and safety checks were completed to ensure the environment remained safe for people.
- Personal emergency evacuation plans were in place to highlight the support each person would require to leave the building or move to a place of safety. The provider had developed a business continuity plan which guided staff on the action they should take in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Fircroft. One person told us, "The staff make me feel safe here

because they're nice." Another person told us, "I feel safe because there's always something going on."

- People were safeguarded from the risk of abuse. All staff had completed safeguarding training and were aware of their responsibilities to report any concerns. One staff member told us, "All staff know they need to speak to the person in charge, or to safeguarding, or the police."
- Information was available to people and staff regarding who to contact should they have concerns.
- Where concerns were identified records showed these had been reported to the relevant authorities.

Staffing and recruitment

- There were sufficient staff deployed to ensure people's safety. We observed staff had time to spend with people and no one needed to wait for their care.
- Staff told us they felt there were enough staff to meet people's needs. One staff member said, "There's enough staff because (registered manager) does the rota to make sure there is. If someone calls in sick she'll call around to make sure it's filled."
- Recruitment practices were safe and relevant checks had been completed before staff started work.
- There was a stable staff team with many staff member having worked at Fircroft for a number of years.

Using medicines safely

- People received their medicines in line with their prescriptions.
- Medicines were safely and securely stored. The temperature of the medicines storage area was taken daily to ensure medicines remained safe for use.
- Medicine administration records (MAR) were fully completed and contained an up to date photograph of the person, any allergies and GP contact details. No gaps in administration were noted.
- Guidance was in place to inform staff how PRN (as and when required medicines) should be administered.
- Staff explained people's medicines to them before administering them.

Preventing and controlling infection

- People lived in a clean environment. Housekeeping staff were employed and received training regarding infection control procedures. Staff were able to explain the colour coding system for mops and cleaning cloths to minimise the risk of cross infection.
- Cleaning schedules were followed and all areas of the service were found to be cleaned to a satisfactory standard.
- Staff had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to minimise the risk of them happening again.
- The registered manager ensured that regular reviews of accidents and incidents were completed to identify trends.
- Where improvements were identified following an accident or incident these were implemented. For example, following a staff member receiving a needle stick injury the registered manager liaised with health care professionals and implemented measures to minimise the risk of this happening again. They also ensured the policy was reviewed and staff were fully aware of the action to take.

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

The effectiveness of people's care, treatment and support helped to achieve good outcomes. Regulations were met.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where staff had determined people lacked capacity to make specific decisions best interest decisions were recorded. These covered areas including medicines, finances, personal care and the locked front door. However, the best interests forms available did not fully consider if there were less restrictive options available and any views the person may hold.
- However, the majority of people living at Fircroft had a DoLS in place which had been authorised by the local authority. The DoLS assessment process completed by the local authority had supported the decisions made regarding people's capacity and best interest decisions.
- Staff were observed to offer people choices throughout the day and to seek their consent prior to providing care.

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

- Consideration had not been given to people's needs in the design of the service. The registered manager told us that at least six people were living with dementia. However, the environment had not been adapted in order to create a more dementia friendly environment. The registered manager told us the community learning disability team had recently visited the service to advise on how the service could be adapted to people's needs. They told us this had given them a greater insight into how to develop the environment to meet the needs of those living with dementia.
- The environment was safe although dated and worn in some areas. The provider told us there was an on-going refurbishment plan in place. They said they had access to the services of an occupational therapist and planned to use their expertise when looking at developing the environment.
- There was a lift to support people moving between floors and adapted bathrooms were available where required.

- People had access to a large garden which had a ramp to ensure those using wheelchairs had full access.

We recommend consideration is given to ensuring the environment is dementia friendly and the refurbishment of the service continues.

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

- People's needs were assessed prior to them moving into the service to ensure they could be met.
- Following the assessment people were invited to visit to view available rooms and meet others living at Fircroft. The registered manager told us, "They can visit for the day, the afternoon or sleep over. It depends on the person and what they need, what their circumstances are."

Staff support: induction, training, skills and experience

- Staff records showed they received an induction into the service to learn about people and their routines.
- Staff completed training relevant to their roles including health and safety, moving and handling, safeguarding and dementia.
- Staff told us they found the training useful and informative. One staff member told us they had recently attended dementia training which they had found useful in their role. They told us, "It made you realise how important it was to have consistency and familiar faces helping people. I've started asking families to do scrap books now so we can look at photos and things with them."
- Staff were offered the opportunity to progress and complete nationally recognised qualifications. One staff member told us, "I'm doing my NVQ in team leading management. I'm really enjoying it and it's giving me lots of ideas."
- Records showed that staff received regular supervision and staff confirmed this was the case.

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

- People told us they enjoyed the food provided. One person said, "Lunch was really good today. It is usually quite nice." A second person told us, "The food here is really good, and I can always ask for an omelette if I don't like the main meal of the day."
- Staff were aware of people's nutritional needs and ensured these were met. A number of people required their food to be of a modified consistency such as pureed and this was well presented.
- People were involved in designing the menu during resident's meetings. Only one main choice was offered at lunchtime although people were able to ask for an alternative and this was provided.
- Staff supporting people to eat sat beside them and spoke to them through their meal.
- People were offered drinks throughout the day.
- People's weights were monitored and medical advice sought when significant variances were noted.

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

- A range of healthcare professionals were involved in people's care. One person told us, "If I'm ill they'll call the doctor for me. The dentist comes here to see everyone as it's easier."
- Records showed that people regularly saw their GP, dentist and optician where appropriate.
- Referrals were made to more specialist services such as the speech and language therapy team, occupational therapy, diabetic nurse and specialist consultants where required. People were supported to attend appointments and records of outcomes and advice given recorded.
- Positive relationships had been developed with the community learning disability team. Support was provided regarding individual people and training in aspects of people's care such as dementia, was provided to staff.

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

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 told us they liked the staff who supported them. One person told us, "The staff here are really nice. I like them a lot." Another person said, "The staff here are so lovely."
- People appeared comfortable in the company of staff and frequent signs of affection were displayed between them.
- People received consistent support from staff they had known for many years. One staff member told us, "It's like family here with the staff and residents. It's different to everywhere else." A second staff member told us, "It's a small home which I think is good for the residents. You can build trust and good relationships with people."
- People and staff shared jokes and chatted in a relaxed manner.
- Staff showed understanding and empathy towards people. When one person started crying staff sat with them and asked them if they were in pain. They spent time looking through pictures to help the person express how they were feeling. This seemed to cheer the person up.
- On another occasion a person became upset when remembering family and friend's bereavements. Staff spoke openly with the person and offered reassurance.
- Staff told us there were no restrictions on the times people could receive visitors. Staff knew people's family members well and supported people to maintain contact with their loved ones.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people's needs well and encouraged people to make choices regarding their day.
- Staff were observed to seek people's agreement before providing their care and respected their decisions. One staff member told us, "They need to be given choices. I'm always talking to them and letting them know what I'm doing. I always ask them questions about what they want to do."
- Staff offered people choices throughout the day such as where they wanted to sit, where they preferred to eat their meals and what activities they wanted to take part in. One person indicated they preferred to spend their afternoons in their room and felt staff understood this.
- Some people were supported to make choices using pictures to inform staff of their decision.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff. We observed staff knock on people's bedroom doors before entering. When approaching people to offer support with their personal care this was done discreetly.
- Staff told us they understood the importance of treating people with dignity. One staff member said, "You treat people how you'd want to be treated. If it was my Nan I would expect a standard of care and we should

provide that."

- People were supported to maintain their independence. People were encouraged to maintain their mobility and were assessed for mobility aids where they required this. Adapted crockery and cutlery was available to support people to eat independently.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they had access to activities they enjoyed. One person said, "I like going to the cinema, I've been to see two films recently with songs from my favourite bands in." A second person told us, "I don't like going out much, but I like the things that go on here. The music man comes in and plays the piano. He asks me to sing for him and I love it." A third person told us they enjoyed collecting autographs and books and would sit with the registered manager to order these from the internet.
- Staff offered people activities within communal areas during the day such as skittles, bingo, looking at pictures, music, exercises and art. People appeared to enjoy the activities during our inspection and staff encouraged people to take part.
- Records showed that people had access to community activities such as shopping cinema, walks and going out for drinks.
- However, there were few activities for people who spent the majority of their time in their own rooms. Although staff checked on people regularly they did not routinely spend time with them socially. We reviewed records for two people which did not reflect they did spend time with staff unless they were providing care. This meant people were at risk of becoming socially isolated.
- Staff told us they are reviewing activities to ensure they were relevant to people's individual interests. They were in the process of developing memory books for people containing pictures of family and friends and of memories which were important to them.

We recommend that the review of activities continues and the needs of people who spend time in their rooms are included.

- Staff we spoke with were able to tell us about people and the things which were important to them. One staff member told us, "I love getting to know people and finding out about them. It's good spending time with their families so you can learn more about what they used to be like."
- Staff were knowledgeable about how people liked their support to be provided and their communication needs. One person liked their collection of jewellery which staff supported them to wear. Staff were able to tell us what people's favourite music was and subjects they enjoyed talking about. Staff understood people's individual communication styles and pictures were available to support people's communication where appropriate.
- Staff used different approaches when responding to people according to their knowledge of them. Staff were very upbeat with some people whilst having a quieter, more sensitive approach with others.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and accessible. This gave clear guidance on how complaints would be responded to.

- Records showed that no complaints had been received in the last 12 months.
- Staff told us they would feel confident in passing any complaints they received from people or their families onto the registered manager or provider. One staff member told us, "I try to help if someone complained and see if I could sort things out straight away. I'd pass it on as well, so it could be dealt with officially. They (management team) would want to know so they could deal with it."

End of life care and support

- No-one was receiving end of life care at the time of our inspection.
- Staff had received training in providing people's care at the end of their life. One staff member told us, "With the training and through experience you know how to care for them to keep them comfortable. We know how to contact the district nurses so we're sure people aren't in any pain."
- One staff member described how they had recently supported someone with their end of life care, "We made sure (they) had their favourite music and the right clothes they liked and their favourite teddy bear with them."
- Care records were being developed with people regarding their wishes when they reached this stage 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's records were not always person centred and had not been fully reviewed for a number of years. Personalised information regarding people's past live, family, their likes and dislikes were not always recorded in detail.
- Care records were not presented in a format which was accessible for people such as by using photographs and pictures. The registered manager acknowledged they were aware care plans required review. They told us, "The basic information's there but they need to be more person-centred."
- Daily notes contained task orientated information regarding the care people received but did not provide any personalised information regarding people's day.
- Quality assurance systems were not effective in identifying areas which required improvement. The registered manager told us they completed checks of care plans and risk assessments but these were not recorded. The last provider audit completed in December 2018 stated that care plans had been reviewed although the concerns found during our inspection had not been identified.
- Peoples' care records did not always contain evidence of how people's capacity to make specific decisions regarding their care had been reached. At the time of the inspection there was no evidence available to determine how people's capacity had been assessed by staff. The registered manager later provided evidence of capacity assessments relating to one person.

The failure to develop and maintain person-centred records and ensure quality monitoring systems were effective in ensuring high quality care was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager knew people's needs well and continued to provide support to people as part of their role. One person told us, "(Registered manager) is really nice." A second person told us, "(Registered manager) is good. She's a very interesting person."
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Records were securely stored within the office area.

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

- Regular resident's meetings were held to give people the opportunity to discuss the service and make suggestions regarding any improvements they would like to see. Minutes showed that discussions included

activities, safety and areas of improvement to the environment such as repairs and redecoration.

- Surveys were sent to people to gain their views on activities and on menu's. Suggestions made by people were taken into account with some menu options being replaced where people had said they were not too fond of certain dishes.
- Relatives surveys were also distributed and a good rate of returns were received. Comments were consistently positive with no suggestions for improvements noted. One relative had said, 'I have visited numerous care homes and Fircroft certainly is league 1!' Another relative had commented, 'I love coming to Fircroft, it's such a happy place and so welcoming.'
- Regular staff meetings were held and minutes showed that staff were given the opportunity to contribute.
- Staff told us they felt supported by the registered manager and the provider. One staff member told us, "If I have any concerns or suggestions I can go to (registered manager) or the directors and they're very responsive." The staff member gave the example of requesting activity boxes for people and a tablet device for one person to aid communication. They told us both requests had been actioned promptly.

Working in partnership with others; Continuous learning and improving care

- The service had developed positive working relationships with the community learning disability team. This had led to support being offered regarding staff training and developing the service to further meet the needs of people living with dementia.
- The service had developed links within the local community including local schools and churches. During our inspection pupils from a local school came to spend time with people which was clearly enjoyed by everyone involved.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that person-centred records were developed and maintained and that quality monitoring systems were effective in ensuring high quality care</p>