

The Fircroft Trust (Trading) Limited

Firs Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Firs Court is a purpose built home divided into three self-contained sections; accommodation and personal care for up to nine people, supported living services and personal care for six people, and four adjacent houses for independent living for five people who may require personal care. All the people who live at Firs Court have a learning and/or physical disability. Firs Court can accommodate a total of 25 people and 23 people were living at Firs Court on the days we visited.

All rooms were en-suite, individually decorated and furnished. The rooms were bright and airy and people told us they could choose what they wanted in their room. Each room has a telephone so people can make and receive calls. There were lounges, dining areas and kitchens in each area and a central courtyard garden. It was close to local amenities including shops, cafes, a library, and churches and had good transport links to the local towns and London.

At the last Care Quality Commission (CQC) inspection in July 2015, the rating for Caring was Outstanding and the overall rating for this service was Good. At this inspection we found the service remained overall Good and Caring remained Outstanding. The service demonstrated they continued to meet the regulations and fundamental standards.

Firs Court provided outstanding care to people. People were supported by caring staff at all times but especially when their physical and mental health needs were changing. Staff worked with multi-disciplinary healthcare professionals to ensure people were cared for in an outstanding way. We saw clear evidence of a person-centred, innovative and creative approach that was taken towards people's individual rehabilitation so they were able to regain their strength, independence and understand their changing health conditions.

Comments from healthcare professionals to the provider included "The level of care given to this person was like that of a good nursing home, including the use of monitoring charts for sleep patterns and food and fluid intake" and "All the people I discuss with staff are approached as individuals and all the staff team demonstrate flexibility in administering care."

We could see that support records were comprehensive and staff said that after they had read them, they were aware of people's background, their skills and their challenges. This meant people were relaxed with staff who knew and cared for them.

Staff treated everyone as an individual and actively promoted the opportunity for people to express their individuality either in gender, religion or sexual orientation.

People remained safe at the home. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with the premises and equipment well. There were enough staff at the home to meet people's needs. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed

that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Staff were providing support in line with the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their needs. People had access to a range of healthcare professionals. People's needs were assessed before they stayed at the home and support was planned and delivered in response to their needs. People could choose the activities they liked to do. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Staff we spoke with described the management as very positive. We observed during our visit that management were approachable and responsive to staff and people's needs. Systems were in place to monitor and improve the quality of the service. Audits of the premises helped ensure the premises and people were kept safe.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service remains Outstanding

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Firs Court

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 checked 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 was a comprehensive inspection. The inspection took place on 4 July 2017 and was unannounced. The inspection was carried out by a single inspector 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.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection we emailed a questionnaire to the local health authorities who commission places at the home. We asked them for their opinion of their clients care, we received four replies.

During the inspection we spoke with 11 people who used the service and six relatives. We also spoke with the registered manager, the deputy manager and six care staff and a visiting entertainer. We looked at a range of records including three staff files, four people's care plans and other records relating to the management of the home.

Is the service safe?

Our findings

People continued to be safe at the home. Three people we spoke with told us they felt safe at Firs Court, there were always people around to help them and they had an alarm to activate should they need help. Six relatives we spoke with all agreed that their family members were safe at the home and confirmed that people had alarms to use when needed and that staff were always available.

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern about a person. A healthcare professional told us they had worked with people at Firs Court for many years and had never received complaints from people receiving a service or their families.

People had appropriate risk assessments in place. Staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified management plans were in place. This included risk assessments for people to access the community independently. The registered manager and a staff member told us about the travel plans they had developed so a person could travel independently to see their friends. The information was in picture format that could be shared with the taxi company and the person's friends, so that everyone was working together to help this person access the community independently and safely when they wanted to.

Following an increase in the number of falls people were having the staff team developed a falls strategy which included an easy read pictorial guide to staying safe. This included reminders to concentrate while walking and tying your shoes laces tighter. Staff told us the strategy together with the easy read guidelines had worked and people were experiencing less falls.

The provider continued to ensure people's finances were kept safe. Staff helped people to understand their budget; although how people spent their money was their personal choice. The provider conducted financial audits of people's money and this helped to ensure people's finances were kept safe from possible abuse.

People had a current personal emergency evacuation plan [PEEP] in place, which explained the help individuals would need to safely leave the building. Fire drills were held quarterly with a full evacuation of all people. Weekly tests of the fire extinguishers, emergency lighting and fire alarms were carried out by staff and residents. Staff had received training in fire awareness and safety. This helped to prevent an emergency occurring and helped ensure that people were kept safe in the event of an emergency.

The provider and staff managed risks associated with the premises and equipment well. A range of checks were in place including those relating to gas safety and electrical installations. We found the kitchens and food storage areas to be clean, with food stored correctly. Repairs were carried out promptly when necessary to ensure the premises were maintained and remained safe.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. Recruitment practices remained safe. We looked at three staff files and saw that recruitment processes had been followed to ensure that staff were suitable to work with people using the service. All staff had a current criminal records check and the registered manager had access to the staff criminal records on line through the Disclosure and Barring Service. This system updates staff checks every year and so helps to ensure that the most up to date information is available to employers.

Medicines continued to be administered safely. One person told us "Staff get it [medicines] out and I check it's correct, before taking it." One relative said "Staff make sure my family member takes her medicine to help keep her fit and healthy and she is." People were supported by staff to take their medicines when they needed them and medicines administration records (MARs) were kept. Medicines including controlled drugs were stored securely. Staff received training in medicines administration.

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. When speaking about the staff people said "This is the best place I've stayed because they let you do the things you want. They let you choose," "I'm very happy with the staff," "Staff help me" and "They respect my wishes." Staff told us each person was an individual and expressed themselves in different ways and the training and support they received helped them to support the person in the most appropriate way for their needs. One care worker said "I have to think how can I make a difference to a person's life and then put it into practice."

Staff continued to have the skills, experience and a good understanding of how to meet people's needs. One care worker commented "I am most proud of learning and developing new skills as a support worker." The provider had identified a range of training courses that were refreshed annually or biannually. The home had a team of 21 staff and we saw records that confirmed one to one supervision took place every six weeks plus a yearly appraisal. The yearly appraisal used the CQC five key questions for staff to answer to and rate themselves against. The registered manager told us this gave staff a good understanding of the expectations of how to deliver good person centred care. Staff meetings were held monthly and minutes were available for staff unable to attend. Staff spoke positively about the support they received from the registered manager and deputy manager and through training.

We heard from healthcare professionals about the referrals staff made to them to ensure people and staff were knowledgeable in all areas of communication. They said staff had been receptive to further training opportunities that the health teams had been able to offer. An example of this was a referral to the speech and language therapists [SALT] for support with visual resources to help people make choices by using 'Talking Mats,' photos, videos and social stories. We also heard about the continuing training and advice given to staff for people who used aids for hearing. Staff continued to be observed by senior staff in their practices of delivering care and support to ensure they had learnt and benefitted from the training.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. We saw that people could access all areas of the home when they wanted to. We saw people going back and forth to their bedrooms, the lounges, the kitchens and garden. People could also access the local shops, library, church, pubs and restaurants. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction to their liberty as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had arrangements in place to assess people's capacity in regards to making specific decisions. We saw that people's capacity to consent to their care had been assessed and the provider had made the relevant applications to the local authority for authorisation to deprive a person of their liberty.

A healthcare professional commented "Great care is taken to involve people in making decisions about their

life, choices, preferences, capacity and consent. All staff support people to communicate effectively using signs, the iPad, communication books and pictorial communication strategies. Firs Court is a good example of a home living up to good communication standards. Knowing how to communicate with individuals, involving people in decisions, using the best approaches to communicate, creating opportunities to communicate, and being encouraged to understand and express their needs in relation to their health and well-being."

Staff continued to support people to eat and drink sufficient amounts to meet their needs. Meals were planned according to people's wishes and changed on a daily basis if people changed their mind about what they would like to eat. People were encouraged to help with the preparation and cooking of meals and we saw people made their own drinks when they wanted to. On the day of our visit three people who had been out for the day were relaxing, watching the television with a drink and snack but no main meal. I asked the registered manager when a meal would be prepared and they told us the choice was theirs. They said often in the warm weather people would sit chatting inside or in the garden and not eat till late or just have a snack. The choice of what they ate and when was theirs and staff supported them to make those decisions.

Staff continued to take appropriate action to ensure people received the care and support they needed from healthcare professionals. Relatives told us how happy they were knowing their family member was being well looked after, that if they needed to see the GP or go to hospital then staff would arrange appointments, just as 'they would of done.'

Detailed records of the care and support people received were kept. Details included information about people's general health and wellbeing and any medical needs they had. Each person had an annual healthcare check and had a completed 'Hospital Passport.' A hospital passport is a booklet designed to accompany the general notes that medical professionals refer to when treating a patient. It contains essential and useful information for professionals about the particular needs, likes and dislikes of a person and helped to reduce the incidence of distress or misunderstanding.

Is the service caring?

Our findings

The service continued to be outstanding in its care of people. People commented that they were happy living here, this was their home and the other people were their friends. People said "I'll never move on now, I'm happy here. I'm going to do my ironing today, and then I'll do the dinner and go out again until half past nine" and "Staff really love you and care about you. They are second to none."

Relatives also describe Firs Court as a family home and expressed how happy they were with the care received, "Very happy with the care she receives, she's so happy here. We've been so shocked at how happy and quickly she's settled in," "He loves it here. He comes home regularly for the night, he likes coming home, but he loves going back to Firs," "It's like a family. It's all you would wish for your child," "When she comes home she wants to go back." "Staff are fabulous, they're brilliant, staff are devoted, people are never miserable, they're all friends."

We continued to see and hear clear evidence of a person-centred, innovative and creative approach that was taken towards people's individual rehabilitation. One person who lived in the supported living part of Firs Court had fallen and broken their hip and was in hospital for some weeks. They had also developed a long term degenerative health condition. Staff and the person's partner visited the person every day in hospital to support hospital staff with the person's care. During their time in hospital their mobility had significantly deteriorated. On their return to Firs Court it was clear they could no longer live in their previous supported living flat. In order to accommodate the person within the home, staff gave up their own bedroom, used for sleeping night staff and developed this into a bedroom for the person.

Since returning the person with staff support and encouragement has started to regain their independence with their personal care, being able to manage much of the care themselves. Staff told us about the routine they used in the morning which gave the person the time to wake up, start to move and re-engage with the day. Staff said this had really helped the person. Instead of breakfast being given to them they would go with staff to the kitchen and be shown a variety of breakfast options, so they could decide for themselves what they would like to eat and then would help to prepare it themselves. Staff worked with the GP to review the person's medicines and reduce the amounts taken, which had made the person more alert. Through working with the different healthcare professionals the person's mobility had improved. The person was supported to maintain their relationship with their partner who visited them every day. In order for the person to understand their on-going condition the SALT team, occupational therapist, physiotherapists, psychiatry and psychology team had worked together to develop a play about dementia which was attended by staff, the person and their partner. Staff told us it was really helpful to understand the person's condition. A healthcare professional commented that the level of care given to this person was like that of a good nursing home, including the use of monitoring charts for sleep patterns and food and fluid intake. The above shows the excellent care staff had taken to ensure this person regained their mobility to the best of their ability.

We also saw evidence of how another person whose mobility, social ability and personal care skills had declined following a hospital stay and was being helped back to fitness by staff. With staff help they had

regained their personal care skills, including their continence. They were starting to re-engage with people and their goal was to return to the daily activities they used to do.

Another person was being fully supported through a difficult period in their life in terms of their health and a long term developing condition. Staff were ensuring they understood what was happening to them, accompanying them to medical appointments and explaining in an easy to understand way the changes that were happening to the person. The registered manager told us the additional care, support and dedication staff showed to people was very time consuming. Supporting a person to get up in the morning could take from 40 minutes to an hour but they continued to do this at the person's own pace, to help them gain their independence. Where necessary additional staff were placed on the rota to ensure there were enough staff to support people effectively. These examples showed the registered manager, deputy manager and staff were caring and thoughtful and considered people's individual needs.

Staff continued to actively promote the opportunity for people to express their individuality either in gender, religion or sexual orientation. The manager told us that they believed in the importance of treating each person as an individual. The choices people made in life were theirs and the role of staff was to support people in those choices where appropriate.

We could see that information in people's care records were comprehensive and staff said that after they had read them, they were aware of people's background, their skills and their challenges. Firs Court held monthly house meetings and everyone was encouraged to attend. Advocacy services were available at the day centre or workplaces that people attended. This gave people the opportunity to speak to an independent person about any aspect of their life that they wanted to discuss.

People's privacy and dignity was maintained by staff when giving or prompting people in their personal care. Staff spoke to us about how they would maintain people's privacy and dignity, by asking people how they would like to be treated. We saw that people chose what they wanted to wear and staff gave people help if required. Two healthcare professionals commented "All the people I discuss with staff are approached as individuals and all the staff team demonstrate flexibility in administering care" and "Whenever I visit all conversations about a person take place in private and where possible the person is always part of that conversation, people are always treated with respect."

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. A comprehensive assessment took place which looked at a person's health, their ability to consent to support including a mental capacity assessment, the level of their personal care needs and their social needs. This was all explained to the person in an easy to understand way.

Support plans were in an easy read format, written in the first person and comprehensive. We saw where people were able to they had been involved in the development of their care and support plans and had signed them. Support plans detailed a person's likes and dislikes, how they communicated, their skills and daily activities. They had considered who the person was, their background, knowledge and wishes of how they would like to be cared for. Support plans were tailored to a person's individual needs. The support plans were up to date and were reviewed annually or when a person's circumstances changed. People could access their plans at any time from the main office. Each person was allocated a member of staff as their key worker. A keyworker is a member of staff who has the lead role for the care of that person. We saw monthly records of meetings that keyworkers had with people and we saw that people were very much central and involved in their care planning. The local authority review officers had complimented the staff on the comprehensive support plans.

People continued to choose the activities or events they would like to attend and staff helped them if required. People told us "I go to the day centre Monday to Thursday and I love it. Then I do arts and crafts on a Friday. We do all sorts of things here and on Saturday we've got a barbecue,"

"I was going to college and church on Thursdays, we sing and pray. Friday I go to the day centre and keep fit. I do dancing, lifting the weights" and "On Saturday we are getting ready for our fun day – we have one every year, then on Sunday morning I go to church and I help set up."

One person also told us about a planned holiday to Exeter in October, where staff would support them to do the things they would like to do on holiday. Other people told us about the places they liked to go, the different clubs they attended, about going out on the bus and one person said "Sometimes we go out [staff and people together] and have a drink and a laugh."

We saw the provider had arrangements in place to respond appropriately to people's concerns and complaints. There was an easy read version of the complaints procedure and people told us they knew who to make a complaint to and said they felt happy to speak up when necessary. One person said "I've never complained I always talk to a member of staff if things are not right and they sort it out." The four local authority commissioners of services at Firs Court confirmed they had not received any complaints from either people living at the home or relatives. One commissioner said "I have worked with people living at Firs Court for many years and have never in that time received or been aware of any complaints from people or their families."

Is the service well-led?

Our findings

On the day of our visit there was a registered manager and the deputy manager managing the service. 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 managers were supported by senior care staff.

We observed and heard people talking freely to the managers and staff. All the people we spoke with and the interactions we saw between people, staff and management were positive, relaxed and friendly. Relatives commented "We collaborate with [manager] and work things out, we work together to make sure our family member gets what they need," "The media should do a programme on Firs Court to show people what good care you can get," "They [managers] are approachable and you can talk to them anytime," "I'm pleased our family member is with them [staff and management]. If there was more staff like that the world would be a better place" and "[Manager] is wonderful looking after the place."

The healthcare professionals commented "The manager of Firs Court is excellent; if I ask for something I am very confident it will be achieved. The manager and his team will always let me know if they feel actions are appropriate and are able to make helpful suggestions to ensure any plan is appropriate to people's needs. They will always let me know if there is a problem. I am very confident in the care provided by Firs Court and would recommend the home to others," "The manager appears to manage a well lead team. The home is excellent at communicating with the neurodevelopmental team, making relevant referrals, attending meetings with people, acting on professional guidelines and recommendations for example. The speech and language therapists work very closely and effectively with staff at Firs Court; this is a good example of two organisations working closely together to provide an excellent service to people who reside there" and "Excellent – the management appear to know our client very well and always seem available to staff for discussion and support. Management are also aware of the personal impacts a person's situation may have on staff and are open to co-ordinating support for this."

We asked the registered manager what made the staff team so good at working with people and building a good team. They commented "We have changed the language we use, so this service is people led. We don't tell people what to do but let them lead. We talk through problems and find solutions. Staff support people how people want to be supported. I'm passionate about people receiving excellent care and support. As well as this I want people and staff to have fun."

The home had built good relationships with the local community which enabled people to freely visit the local area safely. On the day of our inspection the home was preparing for a BBQ in their garden to celebrate five years of living at Firs Court and 50 years of the Fircroft Trust. Local people, family and friends were all invited. The home had also taken part in the national 'Open Day for Care Homes,' and been part of a community tea at the local church. All of which were attended by family, friends and neighbours.

The provider conducted surveys to gain feedback from people, staff and relatives about the service that was

being delivered. We asked the commissioner of services how they gained the views of the people they supported at Firs Court and they replied "I usually just ask people, the staff at Firs are always able to give feedback about a person's general mood and response to interventions if the person is unable to give feedback," "Through effective communication, using a range of communication approaches" and "Through informal discussion, involving the person in decisions about their care and asking about for their views and priorities."

The provider continued to assess and monitor the quality of the service. They conducted weekly and monthly health and safety checks of the home including the environment, people's rooms and equipment. Audits were also conducted of peoples risk assessments, support plans and MAR's. Both types of audits generated action plans detailing what actions needed to be taken and were signed off once completed.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.