Hampshire County Council

The Firs

Inspection report

Aldermaston Road
Basingstoke
Hampshire
RG24 9NA

Tel: 01256314717

Date of inspection visit:
19 July 2018
23 July 2018

Date of publication:
03 September 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Firs was established in July 2017 to provide short-term re-enablement in a dedicated facility based at North Hampshire Hospital, managed by Hampshire County Council (HCC). The Firs provides short term rehabilitation and enablement to support up to people 17 people with identified medical needs, that require ongoing support with personal care and accommodation, and have the potential to benefit from rehabilitation and therapy following a discharge from acute hospital care. The service supported people to recover, regain independence, and facilitated a safe discharge back to their own homes. At the time of inspection, staff were supporting nine people with their rehabilitation and reablement.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. At the time of our inspection the day to day running of the The Firs was managed by the operational manager, supported when required by the registered manager, who was also managing another service nearby. The operational manager had almost completed the process to become the registered manager.

This comprehensive inspection took place on 19 and 23 July 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

People experienced care that met their needs and helped them feel safe. Staff had completed the required training and understood their role and responsibility to protect people from avoidable harm and abuse. Staff were aware of people who were at risk of choking, developing pressure areas or falling and knew how to support them safely to prevent and mitigate these risks.

There was an open culture in the service where reflective practice encouraged learning from mistakes, incidents and accidents. The provider thoroughly reviewed all incidents and acted quickly to reduce the risk of a future recurrence.

The provider completed relevant pre-employment checks to ensure staff were safe to support people to rebuild their confidence and re-enable them to return home. The operational manager analysed staffing needs to ensure sufficient staff were deployed with the right mix of skills to meet people's needs safely.

Medicines were managed safely and administered as prescribed, by staff who had been assessed as being competent to do so.

Staff understood their roles and responsibilities in relation to infection control and hygiene and followed current relevant national guidance if there was an outbreak of disease. High standards of cleanliness and hygiene were maintained within the service.

Staff understood the importance of food safety and prepared and handled food in accordance with required standards.

The provider enabled staff to develop and maintain the required skills and training to meet people's needs. People were supported to have enough to eat and drink to protect them from the risks associated with malnutrition. Where required people were supported to eat and drink safely to avoid the risk of choking.

The multi-disciplinary approach adopted by the provider, ensured that people were referred promptly to appropriate healthcare professionals whenever their needs changed.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives and were supported by staff in the least restrictive way possible.

Staff supported people with kindness, and respect, whilst empowering them and promoting their independence. The provider enabled staff to have time to listen to people, answer their questions, provide information, and involved them in decisions about their care. Staff responded promptly, with compassion and kindness when people experienced physical discomfort or emotional distress.

People were involved in developing their support plans, which were detailed and personalised to ensure their individual preferences were known. People were supported to take part in stimulating activities of their choice.

The service re-enabled and rehabilitated people in a way which ensured flexibility, choice and good continuity of care. The provider complied with the Accessible Information Standard and was meeting the information and communication needs of people with a disability or sensory loss. The service had received no formal complaints. However, people felt confident that if they did complain, they would be taken seriously, and their complaint or concern would be explored thoroughly. People were offered the opportunity to make decisions about their preferences in relation to their end of life care.

The service was well managed and well-led by the operational manager who provided clear and direct leadership, which inspired staff to provide good quality care. The provider had a clear vision and credible strategy to deliver high-quality care and support to re-enable and rehabilitate people, which staff had embraced. The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement of the service. The service had clear and effective governance, management and accountability arrangements, which were well-embedded into the running of the service. The service worked effectively with partner agencies, to ensure that people's needs were effectively assessed before they moved into the service.

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.

People were consistently safe and protected from avoidable harm, neglect, abuse and discrimination.

People were enabled to take positive risks to promote their independence and maximise their control over their care and support.

The operational manager ensured that sufficient numbers of suitable staff were deployed to support people to stay safe and meet their needs.

People's prescribed medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's needs and choices were comprehensively assessed and staff delivered care and support in accordance with current guidance to achieve effective outcomes.

The provider enabled staff with the required skills and knowledge to provide people with effective care and support.

People were supported to eat and drink enough to maintain a balanced diet.

Staff teams within the service worked effectively in partnership with other stakeholders to deliver care to re-enable people and promote their independence.

Staff consistently sought consent from people in accordance with legislation and guidance.

Is the service caring?

Good

The service was caring.

People were consistently treated with dignity, respect and

kindness.

People were supported to express their views and were actively involved in making decisions about their care.

Respect for privacy and dignity was at the heart of the service's culture and values.

Is the service responsive?

Good

The service was responsive.

The service re-enabled and rehabilitated people in a way which ensured flexibility, choice and good continuity of care.

The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.

People felt confident that if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly.

People were offered the opportunity to make decisions about their preferences in relation to their end of life care.

Is the service well-led?

Good

The service was well-led.

The provider had a clear vision and credible strategy to deliver high-quality care and support to re-enable and rehabilitate people.

The service had clear and effective governance, management and accountability arrangements, which were well-embedded into the running of the service.

The views of people were at the core of quality monitoring and assurance arrangements.

The service effectively worked in partnership with others to achieve desired outcomes for people based on good practice.

The Firs

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, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection took place on 19 and 23 July 2018 and was completed by one adult social care inspector.

The provider was not requested to complete a 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. We took this into account when we inspected the service and made the judgements in this report. We obtained this information during our inspection.

We reviewed other information held in relation to the service, including statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

We also reviewed quarterly reports sent to us by the provider which detailed the length of time each person was accommodated at The Firs; and the number of emergency readmissions to hospital of people who had been accommodated at The Firs.

During our inspection visit we spoke with seven people using the service, some of whom had limited verbal communication, and five relatives. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of four people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the

management team, including the operational manager, the registered manager, and the nominated individual, who was also the assistant director of Hampshire Adult Health and Care. We spoke with 19 members of staff covering the day and night shifts, including a senior case worker, two team leaders, an occupational therapist, two therapy practitioners, a senior care coordinator, seven health care assistants, four housekeeping staff and an office administrator.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at 11 staff recruitment and supervision files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering June and July 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the four people who had used the service, three relatives and three health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with the commissioners of people's care.

This was the first inspection of this service since it opened on 24 July 2017.

Good

Is the service safe?

Our findings

People told us they felt safe because they were supported by staff who had taken time to develop meaningful relationships with them, which meant they understood their needs and how to meet them. One person told us, "From the moment I knew I was coming here everyone [staff] has been marvellous. It is so reassuring and they explain everything so well." Another person told us, "I have never experienced anything like this. All of the nurses [care staff] come and talk to you whenever you need anything and take a real interest in you."

Without exception, relatives told us the operational manager and staff instilled confidence in the service from the outset and found the assessment process very reassuring. One relative told us, "We have been really impressed because everything is on hand and the planning is exceptional. They always seem to be one step ahead and have thought about problems before they happen."

Visiting health professionals told us they had consistently observed staff supporting people safely, in accordance with recognised best practice, in relation to dementia awareness, moving and positioning, pressure area management, wound dressing, infection control and management of pain relief.

The provider operated systems, processes and practices to safeguard people from abuse. Staff had completed relevant training and understood their role and responsibilities to keep people safe. Staff could explain their understanding of the provider's whistleblowing policy. Whistleblowing is a process that supports staff to report concerns in confidence and their disclosure is protected in law. People were kept safe by staff who could recognise signs of abuse and knew what to do to protect people when safeguarding concerns were raised.

Risks to people's safety had been identified and management plans had been created, which gave staff required guidance about how to mitigate these risks. Risk assessments were completed with the aim of keeping people safe, whilst re-enabling them and promoting their independence.

During daily shift handovers the staff reviewed people's needs and associated symptoms, for example; people's changing needs and increased risk of falls, deteriorating skin integrity, diminishing nutrition, and increased emotional risk.

The service held weekly multi-disciplinary team (MDT) meetings with associated health and social care professionals, including retained GPs, occupational therapists, the community nursing matron, and hospital social workers. During this meeting issues relating to people's progress, changing needs and best practice were discussed.

Staff understood the provider's incident and accident reporting process to ensure all risks and near misses were identified and managed safely. All incidents and accidents were analysed by the management team to identify themes and trends. The necessary learning points from incidents were shared immediately during staff handovers and meetings, to ensure that similar risks to people were managed more safely in future. For

example; measures to reduce the risk of falls while promoting people's independence.

People and their relatives told us staff responded immediately whenever they required assistance, which we observed in practice, for example; when people required support to move. One person told us, "The carers [staff] are very good, if they need to leave to help someone else in an emergency they tell you and always come back."

The operational manager completed a daily staffing analysis to ensure there were sufficient staff deployed to meet people's needs. Rosters were completed six weeks in advance and demonstrated that the required number of staff to meet people's needs was provided. Advance rotas ensured there was a good skill mix on each shift. Staffing for The Firs had initially been provided from different areas of the health and social care sector, with some staff on secondment. The provider hoped permanent staffing would be finalised by March 2019. At the time of inspection, whilst The Firs was registered to provide care for up to 17 people, the operations manager had restricted the care provision to 12. This was to ensure people received safe and high-quality care. We observed the availability of staff to provide one-to-one care increased people's safety and reduced the risks of harm to them.

The Firs were directly linked to GPs from a local practice, who completed weekly rounds and attended frequently whenever required. This afforded consistency and continuity of care for people who got to know GPs well, and regarded them as part of the staff team.

Documents confirmed that staff underwent relevant pre- employment checks as part of their recruitment. These included the provision of suitable references, to obtain satisfactory evidence of the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

The provider operated health and safety systems to protect all people from harm in the unit. Regular audits and daily checks by nominated staff ensured that the environment and equipment used was safe and fit for purpose. Environmental risk assessments identified the risk from potential hazards, for example; the use of chemicals and hazardous substances.

The service had contingency plans to manage emergencies, for example; how to evacuate people safely in the event of a fire or flood. Plans also prioritised people's care provision during such an event. People were protected as processes were in place to manage emergencies to ensure people were safe.

We observed people's medicines administered safely by staff who had completed relevant training and had their competency to do so regularly assessed. Staff knew about people's different medicines and why they were prescribed, including any potential side effects. People's medicine administration records (MARs) had been correctly signed by staff to record when their medicine had been administered and the dose given.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented, for example; any known allergies. Where people were prescribed medicines, there was evidence in their care plans that regular reviews were completed to ensure the medicines were still required to meet their needs, for example during the MDT and subsequent GPs round. People were supported to take their medicines safely.

There was appropriate storage for medicines to be kept safely and securely. People's prescribed medicines

were managed safely in accordance with current legislation and guidance.

People were protected by the prevention and control of infection. Staff told us that infection control was a priority because many people they supported had reduced immune systems and were vulnerable to infection. Staff understood their roles and responsibilities in relation to hygiene. Housekeeping staff maintained comprehensive cleaning schedules and were observed to follow best practice guidelines to reduce the risk of infection. Staff maintained and followed infection control and hygiene policies and procedure in accordance with national guidance. All relevant staff had completed food hygiene training and we observed correct procedures were followed when food was prepared, served and stored.

Good

Is the service effective?

Our findings

The operational manager and staff worked effectively in partnership with other stakeholders and organisations, for example; the linked GPs surgery, community matron and nurses, hospital discharge teams and community reablement teams. One health professional told us, "The strength of this unit is how they communicate with all of the other relevant health services to make sure all of the right support is available at the right time."

The service applied a holistic approach to assessing, planning and delivering the care and support people needed. This began before people came to the Firs when they underwent a detailed assessment. This initial assessment ensured that people had low medical needs, that required ongoing support with personal care and accommodation, and had the potential to benefit from rehabilitation and therapy.

A senior health professional told us, "They are really delivering the Gold Standard of reablement care now. To make this system work it is imperative to identify the right sort of patient who can benefit from the quality of care and rehabilitation. I really believe this has developed into an excellent model, where people receive a wide range of help in a short space of time." Another health professional told us, "The system is now working really well because everyone is now starting to understand the concept of the unit and not regard the Firs as extra hospital beds."

Staff had a clear understanding of the service remit and spoke with pride about the pro-active preventative care provided to people at The Firs. One staff member told us, "I love working here because it allows us to work with people who don't need a hospital bed but aren't ready, safe or confident to go home and live independently." Another staff member told us, "We help people recover, regain their confidence, help them tackle any problems and make sure they're ready to go home so they don't need to return to hospital. It really is special seeing people get well and then achieve their wish to go home."

People, relatives and professionals told us the staff consistently delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection. One person who had used the service told us, "It was like a breath of fresh air. They [senior case manager] came to see me to find out what I wanted, then worked out how we were going to do it. Then they made it happen. I still can't believe they got me home."

People experienced effective care based on best practice from staff who had the necessary knowledge and skills to carry out their roles and responsibilities.

People, their relatives, and visiting healthcare professionals consistently praised the quality of the service. People and their relatives told us they received care and support tailored to meet their individual needs. One person told us, "Coming here has really helped me get back on my feet. Before I came here I was frightened but the doctors, nurses [staff], the therapists, well everyone has helped me get my confidence back." One relative told us, "This is the best place for someone like [their family member] to be, because they [staff] are very good at supporting them to get better and ensuring they are able to cope before they are

allowed to go home." Another relative told us, "The best thing about the care here [The Firs] is that everyone is dedicated to helping people get well, but also making sure they are properly supported so they don't have to come back."

Before The Firs began to provide a service, staff were recruited who had already completed validated training required to fulfil their roles and responsibilities. This assured the provider that staff possessed the required knowledge and skills to support and care for people effectively.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included the provider's mandatory training, such as moving and handling, infection control, safeguarding adults, fire safety and first aid. Required training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively. Some staff training was outstanding at the time of inspection. However, this had already been identified by the operational manager who had arranged for staff to attend the necessary training.

Staff with specialist skills, for example; the occupational therapist and therapy practitioners, told us they were supported maintain and update their professional qualifications, which records confirmed.

Whilst the provider had confirmed that staff had the required skills and experience to support people effectively, the operational manager ensured that all staff had completed an induction to the service, which records confirmed.

Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities. Staff had formal one-to-one supervision meetings with their designated line manager every six to eight weeks. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff consistently told us that they were well supported by the management team and they were encouraged to speak with them immediately if they had concerns, particularly in relation to people's needs.

People and their relatives, consistently told us they enjoyed food that was nutritious and appetising. People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant dietetic professionals.

Mealtimes were unhurried and arranged to suit individual needs and preferences. One person told us, "The grub is top drawer and you can eat what you want when you want." Staff understood the different strategies to encourage and support people to eat a healthy diet. Relatives consistently told us that staff perseverance and willingness to try new ideas had a positive impact on their loved one's diet.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in reablement services are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the provider was following the necessary requirements, in accordance with legislation.

We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible. People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.

Staff had consulted with relatives and healthcare professionals and had documented decisions taken, including why they were in the person's best interests. For example, one person had been supported with decisions relating to their ongoing care and support once they were well enough to leave The Firs. The operational manager effectively operated a process of mental capacity assessment and best interest decisions, which protected their human rights.

People were supported to stay healthy. People were assessed in relation to their health needs to ensure they received the required monitoring and support to meet their needs. Records showed that people had regular access to healthcare professionals such as GPs, district nurses, dieticians, occupational therapists, physiotherapists, opticians and dentists.

Good

Is the service caring?

Our findings

There was a strong, visible person-centred culture in the service. Staff in all roles were consistently highly motivated and offered care and support that was compassionate and kind.

People, their relatives, visiting professionals and commissioners of people's care, consistently made positive comments about the caring attitude of the staff. For example, one healthcare professional told us, "The whole atmosphere as soon as you walk in is friendly and welcoming. There is a real 'can do' approach from the staff who are all caring and support one another."

People valued their relationships with staff and felt that they were "always there for them." One person told us staff made them feel that 'they really mattered'. People consistently told us the caring and positive nature of staff played a major role in their recovery.

One person had experienced life changing surgical procedures in the previous two years, which had had an adverse impact on their mental well-being. They told us, "I want people to know [named case workers and therapists] and all the carers at The Firs have given me my life back. Before I went there I felt I had been abandoned by the system and had given up all hope of a happy life. For the first time in a long time someone was listening to me and supporting me. They were all so kind and inspiring, especially when I was feeling down and negative."

Another person who had used the service and lived with Chronic Obstructive Pulmonary Disease (COPD) told us, "I cannot believe I am back in my own home. I thought I was going to be in hospital forever. The therapists and staff were so encouraging. Before I went there I couldn't walk at all, now I can even walk up and down my stairs. It [The Firs] is a special place because of the staff." COPD is a progressive lung disease, characterised by increasing breathlessness.

We observed staff consistently treat people in a compassionate and caring way, according to their individual needs. One person told us, "They [staff] are really so kind and gentle with me. They are so patient and always take their time and never rush me." Another person said, "The carers are very caring and are always encouraging and supporting me." Another person said, "They make me think I can do things." A relative told us, "The staff here get it just right, they are always smiling and will do anything for the patients, but are very good at getting them to do things for themselves."

Staff anticipated people's needs and quickly recognised if they were in distress or discomfort. We observed staff consistently show concern for people's wellbeing in a caring and meaningful way, whilst responding promptly to their needs, for example; if they felt confused or disorientated.

People told us staff consistently treated them with dignity and respect when supporting them, which made them feel valued and more positive about their future. One person told us, "They [staff] are so kind and caring. They treat me so well which makes me feel I can get better."

People were encouraged to make choices during the day, including the clothes they would like to wear, activities they took part in, what, where and when they would like to eat. People's cultural and spiritual needs were taken into consideration and accommodated.

People and relatives told us the case workers went out of their way to reassure people and answer any questions they had, before they received any care from the service. Family members told us they were invited to visit at any time to see their loved one, to ensure they were happy with the quality of care being provided.

Staff spoke about people with passion and fondness, recognising people's talents and achievements, which demonstrated how they valued them as individuals. The occupational therapist and therapy practitioners gave several examples of people who were unable to mobilise when they came to The Firs who had then left the service walking independently. One staff member told us, "I still get an amazing sense of satisfaction every time I see someone walking out of here, and knowing things are in place to support them at home." One person told us, "The thing they [therapy team and staff] do is make you believe you can do it, then help you to get stronger day by day." People who had used the service and returned home, consistently told us their individual recovery and rehabilitation had surpassed their personal expectations.

Staff consistently supported people to move in accordance with their moving and positioning plans. When people were being supported to move, staff engaged in day to day conversation with people which put them at ease, whilst also providing a commentary about what they were doing to reassure them. When supporting people to move, staff were patient and unhurried, encouraging people to take their time and not to rush. When people required to be supported to move in communal areas using equipment, staff maintained and promoted people's dignity.

We observed staff consistently engage with people in a sensitive and positive manner, which made them feel valued. Staff used people's preferred names and approached them in a friendly, professional manner, which placed them at ease.

When medicines were administered staff checked people were happy to receive them and explained what they were for. We observed one person ask if they could have their medicines later. The staff ensured the person was made comfortable and returned a short time later, when the person happily took their medicines.

People's privacy was respected. We observed staff discreetly support people to rearrange their dress, to maintain their personal dignity when required. Staff always asked for permission before entering people's rooms and private spaces Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn.

People consistently told us that staff treated them with dignity and respect, which we observed when staff supported people in their day to day lives. People responded to staff with smiles or by touching them, which showed people were comfortable and relaxed in their company.

When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Where necessary, staff used gentle touch to enable people to focus on what was being discussed.

When people were upset, we observed that staff recognised and responded appropriately to their needs immediately, with kindness and compassion. Staff knew how to comfort different people with techniques

they preferred, for example, by holding their hands. Staff understood guidance in people's care plans regarding their individual emotional needs and mental wellbeing.

Staff were focussed on delivering care and support which promoted people's independence, by developing their confidence to enable them to be safe at home. People and relatives were often anxious about going home and welcomed the empowering approach taken by staff. One person told us, "[Named case worker] is always one step ahead. She's already sorted things out before you start worrying about them." One person who had used the service told us, "When I went home I was really worried but they had sorted everything out for me." People who left The Firs consistently reported that the ongoing support arranged by The Firs staff made them feel their care really mattered and had a positive impact on their thoughts about the future.

Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. Staff told us about the importance of treating people's personal information confidentially. During our inspection all care records at the service, including those held on computer, were kept securely to ensure they were only accessible by those authorised to view them.

Good

Is the service responsive?

Our findings

People consistently told us they experienced care that was flexible and responsive to their individual needs and preferences. Care plans were person centred and reflected people's physical, emotional and social needs. Staff told us care plans were live documents which contained detailed guidance that clearly identified how people's assessed needs were to be met. Plans had been reviewed and updated regularly which ensured staff were enabled to meet and respond to people's changing needs and wishes.

The service had a very clear admissions policy as the provider recognised not everyone would be able to benefit from the service. The operational manager told us how other departments and organisations now understood the ethos behind the service so the quality of the admission and discharge process had significantly improved, which records confirmed.

People were assessed before they were admitted to the service to ensure they met the criteria and would benefit from the care and support offered. People, relevant professionals, case workers and the therapy team then worked together to develop a care plan to achieve their reablement.

Care plans were centred on the needs of each person including information about people's medicines; continence; skin integrity; nutrition; and mobility. Staff clearly understood people's needs and how they wished to receive their care and support with the aim of promoting their independence and confidence.

People's daily records of care were up to date and showed care was being provided to meet people's needs, in accordance with their care plans. Staff could describe the care and support required by each person. For example; staff knew which people needed support to be re-positioned regularly or to mobilise.

People confirmed the service responded appropriately to their needs and supported them to regain their independence. Staff consistently described feeling elated knowing they had contributed to helping people take back control of their lives.

People consistently highlighted the positive approach to reablement and highlighted the flexibility of the unit. People and their relatives who recognised that The Firs was different to being in hospital, often described their freedom to move around, eat and sleep when they wished, and engage with a range of staff and professionals when needed.

The multi-disciplinary team collaborated effectively to ensure they were all working towards the same goals for people. Members of the multi-disciplinary team consistently told us they worked well together and there was good communication across the professionals.

People's changing care needs were identified promptly and were referred to relevant professionals when required, for example; when people had developed chest and other infections. We observed the GP round following the MDT meeting and saw issues raised were addressed with people, which reassured them.

Where aspects of people's health were being monitored, records demonstrated that staff responded quickly when required. We observed changes to people's care were discussed at shift handovers to ensure staff were responding to people's current care and support needs.

People and those lawfully authorised to act on their behalf, were fully involved in the planning of their care and support. People, their relatives, care managers and commissioners of people's care consistently told us the operational manager and staff ensured individuals were enabled to have as much choice and control as possible.

People and their relatives told us the staff had made significant improvements to the opportunities people had to experience different stimulating activities. However, the operational manager and staff had identified this was an area for improvement.

People were supported to follow their interests and hobbies, for example; various arts and crafts. On the second day of inspection people enjoyed the service's first birthday celebration together with their families and supporting professionals. Without exception, those in attendance praised the flexibility and quality of support provided at The Firs, to rebuild people's confidence and independence.

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics, as part of the planning process and provisions had been made to support individual's diverse needs. The Equality Act covers the same groups that were protected by existing equality legislation age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called `protected characteristics'. Care plans showed people's individual religious beliefs and preferences had been considered.

The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss. People had benefitted from the service's multi-disciplinary approach when members of the sensory team completed joint assessments with the case workers and therapy team.

There were regular opportunities for people and staff to feed back any concerns at review meetings, staff meetings and supervision meetings. Records showed these were open discussions and a two- way process. The operational manager spoke with people and relatives daily, when they sought informal feedback. Visitors were encouraged to complete satisfaction questionnaires whenever they visited the service, which were analysed by the operational manager.

Feedback from people and staff was analysed and shared within the service for the information of people and visitors. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

There had been no formal complaints about the service since it began to provide support to people. However, people and their relatives knew how to complain. The provider's complaints policy and procedure was prominently displayed within the service. People and relatives told us if they had a complaint they would raise it with the staff and were confident action would be taken to address their concerns. Relatives told us the management team made a point of speaking with them when they visited, to make sure their loved one was happy and ask if they had any questions or concerns.

Whilst the ethos behind The Firs was to rehabilitate people so they could return to their homes in a short

period of time, they were offered the opportunity to make decisions about their preferences for end of life care. Where people had made advanced care decisions, for example, regarding their wishes regarding cardio pulmonary resuscitation, these had been recorded and were known by staff.

Good

Is the service well-led?

Our findings

People, relatives, staff and professionals consistently told us the service was well managed. One person told us, "She [operational manager] is very good. She makes the service feel like a safe and caring place." A relative told us, "The manager is very good at making people feel they are in the right place and feel they are included in all decisions. A staff member told us, "The manager is a very calm and reassuring influence. She never panics but sorts things out." A professional told us, "The service has developed quickly under the previous manager and new manager who have embedded the new philosophy based on reablement and person-centred care."

People and their relatives trusted the operational manager and their management team and felt confident to express their views and concerns. Families consistently made positive comments about the operational manager and staff's devotion to promoting people's independence and rebuilding their confidence.

Staff consistently told us the management team had created a transparent culture within the service, where their opinions and views were discussed and taken seriously. This made staff feel their contributions were valued and cultivated a strong team spirit. One member of staff told us, "The manager is very approachable and encourages us to think about how we can improve things." Another staff member told us, "We have staff from different backgrounds and departments but the manager has been very clear about how we are all now one team, The Firs."

Staff seconded from different areas of the health and social care sector consistently praised the team work at the service, and expressed a strong desire to work there permanently.

There was a clear management structure, which consisted of an operational manager, a senior case worker, two team leaders and the head of therapy. The management team were supported by other managers who visited the home regularly and completed monthly quality assurance audits.

Staff clearly understood their individual roles and responsibilities and had confidence in the management team who frequently worked alongside them and provided constructive feedback about their performance. Staff reported that the management team were quick to recognise and thank them for their good work. Rotas demonstrated there was always a designated manager available out of hours. Staff received clear and direct leadership.

People and staff told us they were fully supported by the operational manager whenever they raised concerns or sensitive issues. The operational manager dealt with the issues promptly, in an open and transparent manner. The operational manager encouraged an open and honest culture focussed on learning from mistakes. Staff told us the operational manager had introduced reflective practice sessions to explore incidents, learn and develop individuals and the service. Staff consistently praised the operational manager for their emotional support, tact and diplomacy, whilst dealing with sensitive issues.

Equality and diversity were actively promoted and causes of any workforce inequality were considered and

action taken to address these. For example, care staff had been given the opportunity to develop further expertise in their roles. Staff consistently told us they were treated fairly.

The provider had suitable arrangements in place to support the operational manager, for example, through regular meetings, which also formed part of their quality assurance process.

There were effective systems in place to monitor the quality and safety of the service provided. The provider had also commissioned an independent evaluation of the service.

Professionals and commissioners consistently told us the service was extremely dynamic, very well organised and staff knew how to support people to rebuild their confidence and rehabilitate.

Professionals told us they experienced good communication with the management team and staff, who were always open and honest. Relatives told us they experienced good communication with the service and staff always knew what was happening in relation to their family member whenever they called or visited. People and their relatives consistently told us that the operational manager and staff made time to talk to them and provided excellent information about the next stage in the reablement process.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. The provider undertook quarterly, unannounced quality and compliance visits, to assess whether staff were working effectively and to inform The Firs continuous improvement plan.

The operational manager and other managers completed a series of quality audits including care records, staff records, health and safety, infection control, medicines management, accident and incidents. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service, for example; the operational manager and senior case worker were in the process of updating all care plans to make them more person centred.

The provider sought feedback to improve the service from a variety of different sources. People and their families told us they were regularly given the opportunity to provide feedback about the culture and development of the service. People and their relatives told us they had been impressed with the provider's willingness to listen to their concerns and how quickly they acted upon them.

Accidents and incidents were logged and reviewed by the provider and operational manager. This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately.

The provider had effective systems, which supported the reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented.

The operational manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care. For example, there was close liaison with the community matron, linked GP practice, hospital and local authority social workers, hospital discharge teams and the community reablement team. Representatives from all partner agencies have made extremely positive comments regarding the management of The Firs.