

Partnership Caring Ltd

Firbank House

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out the inspection on 4 and 5 April 2017 and the first day of the inspection was unannounced. We last inspected the service in October 2015 where we found the service required improvement.

Firbank House consists of two buildings. The building previously known as the 'old' building is now known as the Windsor Unit. This unit has bedroom and communal facilities for up to 22 people. The building previously known as the 'annex' building is now known as Balmoral Unit. This unit has bedroom and communal facilities for up to 20 people. The home is registered to provide residential care and accommodation only. At the time of this inspection there were a total of 27 people using the service. One person was in hospital and a total of five people were on respite stays.

At the time of our inspection the registered manager had left their employment with the service early in March 2017. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider of the service had recruited a new manager who was in post at the time of our inspection.

Prior to the registered manager leaving the service the provider had ensured they had received regular and on-going support from their line manager, who had been based at Firbank House for at least three months. This support continued when the new manager came into post, with additional support also being provided by the nominated individual (providers representative). In our conversation with both the line manager and nominated individual, it was confirmed that this support would continue whilst all pre-employment checks had been satisfactorily carried out for the new manager.

We found that that the breaches of regulations identified at the inspection conducted in October 2015 had been satisfactorily addressed.

People and their relatives told us they felt the care and support they received kept them safe and met their assessed needs.

Staff we spoke with were familiar with the safeguarding policy and knew the procedure to follow should they have any concerns. Staff spoken with confirmed they had undertaken mandatory safeguarding training.

We found that all individual care plans and risk assessments had been reviewed regularly and updated where required.

At the time of the inspection we found there to be sufficient staff to meet the assessed needs of the people living at Firbank House.

Medicines were managed safely and people were receiving their medicines in line with the prescriber's instructions.

The recruitment processes which were in place were robust and required pre-employment checks were carried out to ensure staff working in the home were of good character and were suitable to work with vulnerable adults.

The service was working within the legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) applications were made appropriately.

People were encouraged to make decisions themselves and consent was sought prior to staff carrying out any interventions with the person.

Within care plans seen, people identified as being at risk of malnutrition had nutrition and hydration assessments in place and were weighed and monitored on a weekly basis.

Complaints were recorded, investigated, resolved and responded to in line with the organisations policy.

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.

Health and safety checks of equipment used in the home had been carried out and regular servicing and maintenance of such equipment had taken place, with records kept.

People told us they were happy, safe and well looked after.

Medicines were stored and managed safely. Staff with the responsibility for administering medicines had received appropriate training and regular competency checks.

There were sufficient staff to meet the needs of people living at Firbank House.

Is the service effective?

Good ●

The service was effective.

People's nutritional and hydration needs were assessed and monitored. When concerns were raised, referrals had been made to other health care agencies.

Care records seen showed that people had access to other health and social care professionals, such as social workers, district nurses, general practitioners and various community practitioners.

Where people had capacity, they were encouraged to make their own decisions.

Is the service caring?

Good ●

The service was caring.

People using the service who we spoke with told us about the kindness, caring nature and support provided by staff at the home.

Staff we spoke with demonstrated that they knew the care needs of the people they supported.

People's response to staff showed they knew the staff and trusted them when being supported and assisted with their care.

Is the service responsive?

Good ●

The service was responsive.

Systems were in place for receiving, recording and responding appropriately to concerns and complaints.

People's diet and fluid intake were closely monitored and action taken where concerns had been raised.

Appropriate action was taken when the service could no longer respond safely and appropriately to a person's individual assessed needs.

Is the service well-led?

Good ●

Systems were in place to seek feedback from people who used the service and other interested parties.

Staff spoke positively about the management of the service.

Systems to monitor the quality of service had been much improved since the last inspection and records had been completed to demonstrate this.

Firbank House

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 4 and 5 April 2017 and was carried out by one adult social care inspector.

Before this inspection we reviewed the previous inspection reports and notifications that we had received from the service. We also contacted the local authority commissioners of the service to seek their views about the home. They told us they had raised some concerns with the provider about the management arrangements for the service and would be carrying out a visit to the service later in April 2017.

The overall rating for the service following the last inspection was found to be 'Requires improvement'. This inspection was carried out to see if the required improvements had been made.

We had not, on this occasion, requested the service to complete a Provider Information Return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

During this inspection we spoke with six people who used the service, one visiting relative, the manager, the nominated individual, the manager's line manager and three care staff. We looked at records relating to the service including three care files, three staff personnel files, daily record notes, quality assurance records and some policies and procedures.

Is the service safe?

Our findings

At our last inspection of the service in October 2015 we found there were areas in the building known as the Balmoral Unit that needed action taking to make it safe for the people who lived there. These findings resulted in a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked that those areas identified in the last inspection report that required action taking had been appropriately addressed. These included the replacement of floor covering to room 26, the removal of furniture used to hold fire doors open, the door to the upstairs boiler room to be locked at all times and repairs to the pathway leading from the front door of the premises.

We found that floor coverings had been replaced where required, no fire doors were being held open with pieces of furniture and the boiler room was locked. We also found that the pathway leading from the front door of the premises had been repaired and made safe.

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

Many of the people who used the service were unable to fully express their views due to their varying levels of dementia and limited abilities to communicate verbally but we did observe that people appeared relaxed and comfortable with the care and support they were receiving.

One person we spoke with told us, "Everything is fine. I love it here. I am well looked after by the staff." Another person confirmed they were happy living in the home by using the 'thumbs up' when asked if they felt safe and looked after.

We spoke with one relative who visited the service on a regular basis and asked them if they thought their relative was cared for in a safe environment. They told us, "I have no worries about how [name] is looked after, this is a wonderful place and the staff are very kind."

We saw that procedures were in place for safeguarding vulnerable people from harm, including the latest copy of the local authority's 'safeguarding adults at risk multi agency policy'. Staff we spoke with were familiar with the safeguarding policy and knew the procedure to follow should they have any concerns. Staff spoken with confirmed they had undertaken mandatory safeguarding training. The training records (matrix) we viewed, confirmed they had.

Staff spoken with also understood their responsibility to report any unsafe or known risks to people's health and wellbeing to the relevant agencies, including the Care Quality Commission (CQC). One care worker said, "I definitely would report any concerns I had, and, if the manager did not deal with my concerns I would take my concerns 'right to the top'." They also told us that the new manager was very approachable and dealt with things quickly when issues about people's safety had been raised with them.

We looked at three staff personnel files and saw a safe system of recruitment was in place. Each file contained an application form, proof of identity, and two appropriate references, including one from the person's last employer. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS carries out checks and identifies to the provider if any information is found that could mean a person may be unsuitable to work with vulnerable adults. The information we saw in files demonstrated that the provider had taken appropriate steps to ensure staff employed in the service were suitable to work with vulnerable people.

We looked at three people's care files and saw that assessments had been carried out to enable the management of identified and known risks. Each file contained risk assessments relating to, for example, falls prevention, nutrition and hydration, pressure care and tissue viability. We found that all individual care plans and risk assessments had been reviewed regularly and updated where required. The new manager of the service had commenced working through each person's care file to review care plans and risk assessments to ensure the information they contained was centred on the person, including information on their abilities and support needed to maintain their independence wherever possible.

Environmental risks had also been considered, for example, actions to be taken in the event of a fire within the home, including evacuation of the premises. Each person living in the home had a separate emergency evacuation plan (PEEP) contained in one file for ease of access. Such information provided support both to staff and emergency services in the event of an emergency occurring. The manager confirmed that the information was reviewed regularly and as and when people's individual needs changed.

We looked at the staffing rotas for the home which indicated that staffing levels were planned in accordance with the individual needs of the people using the service. All sickness and holiday absences had been covered and from our observations during inspection and our discussions with both people using the service and staff on duty, we found there to be sufficient staff to meet the assessed needs of the people living at Firbank House. The manager told us that a dependency tool had been used to determine staffing levels and the deployment of staff had been decided based on this tool and the individual day to day needs of the people using the service. Firbank House consisted of two separate buildings, Windsor Unit and Balmoral Unit, and both units were staffed separately.

We looked at what systems were in place for the receipt, storage, administration and disposal of medicines to ensure the service was managing this safely. We looked at the Medication Administration Records (MAR's), observed a senior carer administering medicines on the Windsor Unit and checked balances of medicines for four people. Each MAR contained a photograph of the person to minimise the risk of the wrong person receiving the wrong medicine, and we found that all the MAR's had been signed at the time of medicine(s) being administered to the person. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These are called 'controlled drugs'. We saw that controlled drugs were stored securely in a locked metal cupboard bolted to a wall. We checked the balances of some of the controlled drugs and found that the balances of this medicine tallied with the numbers recorded in the records.

All medicines were stored securely in locked medicine trolleys which, when not in use, were kept securely anchored to a wall. There were clear guidelines in place, including a policy and procedure for the recording, administration and disposal of prescribed medicines, although this policy had not been signed or dated by the registered provider. During our observation of medicines being administered to people, the member of staff did ask people if they required any of their medicines that were prescribed to be given 'as and when' required, but this was done inappropriately as the member of staff shouted across to the person instead of asking discreetly.

At the time we observed the medicines being administered, the nominated individual (providers representative) was in the office and we later spoke with them about what we had observed and heard. They confirmed they had also heard the staff member and would ensure that action would be taken to address the matter through staff supervision and team meetings.

All unused medicines were returned to the pharmacy at the end of each month. Staff with the responsibility for administering medicines told us they had received appropriate training and we saw the details recorded on the training matrix. The training was provided by the supplying pharmacist, which included competency assessments on staffs knowledge and observation of them administering medicines.

During our walk round of both Windsor and Balmoral units we found all areas to be clean and tidy. Each bathroom and toilet contained hand washing facilities, including hand soap dispenser and paper towels. Each door had a privacy lock which could be over-ridden in the event of an emergency situation. We did notice however, that the flooring in some of the toilets and bathrooms were sticky when walked on and were informed that this was due to the product used to keep the floors clean and safe to walk on. Action was taken to remedy this during our inspection visit.

The corridors, lounges and dining areas on the Balmoral Unit had been re-decorated and new lighting had been fitted in the lounges and dining areas, making the rooms brighter for the people using the service. On the Windsor Unit some refurbishment work was still continuing on the upper floors where rooms were not in use. In our walk round of these rooms we noted that some wardrobes needed securing to the wall to minimise the risk of them 'toppling' over. The manager informed us that these wardrobes would be secured to the walls before the rooms were allocated for use. We were also informed that a full check of all wardrobes throughout both units would be carried out to ensure all were safe and we saw the maintenance person start this process during our inspection.

We saw evidence that any accidents and incidents which had occurred had been recorded and the manager of the service analysed these records on a monthly basis. Appropriate action had been taken where recurring accidents or incidents had taken place for example, if a person suddenly had a number of falls, a referral would be made to the falls team.

Regular servicing and maintenance checks had been carried out on equipment used in the home, for example, hoists. We also saw evidence that health and safety checks of the premises were routinely carried out including, water temperature checks, nurse call bell checks, and fire alarm and fire extinguisher checks. Records seen to record these checks were seen to have been completed and up to date.

Is the service effective?

Our findings

People using the service who we spoke with provided positive comments about the staff who supported them. One person told us, "The staff are great, they look after me – I wouldn't want to live anywhere else." In our discussion with the staff who worked at Firbank House they were able to demonstrate that they had a good understanding of people's care and support needs including people's individual daily routines and preferences.

Where able, people should be supported and helped to make their own decisions when needed. 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 any made on their behalf must be in their best interests and as least restrictive as possible.

During our inspection we observed staff asking for people's consent prior to them offering any care or support. Each person's ability to consent to certain aspects of their care and support had been recorded in their care plans and, where able, people had signed the documentation to confirm this. Where people did not have capacity to give consent, we saw that discussions had been held with people who knew the person well in order to decide what was in the person's best interest. Some of the documentation had been signed by a relative or a family member of the person but no information was recorded to state if this person had the authority to do so. We discussed this with the manager who confirmed they would add such information to those care plans where this information was relevant.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw copies of DoLS applications / authorisations on file and referrals had been made to the local authority when required. This demonstrated that the service was supporting people to make their own decisions wherever possible and was not restricting people's liberty when they were not authorised to do so.

Our observation of staff carrying out their caring duties demonstrated they had an understanding in relation to obtaining a person's consent before providing any care and support. It was observed that where a person declined the support of a particular member of staff, that member of staff tried again later or requested that another staff member offer the person support. This showed that the staff worked as a team to meet people's needs.

Staff we spoke with told us they had completed an induction to their work role and all documentation and pre-employment checks had been fully completed before they were given a date to commence working in the home. We reviewed three staff personnel files, including the files of two of the most recently employed members of staff. We found evidence of induction to the service and a record of training completed to date. We were provided with an up to date training matrix that showed what training staff had undergone and

when refresher training was next due. New staff we spoke with told us they had undertaken to complete the care certificate training. The Skills for Care, Care Certificate is a professional qualification to equip new staff with the knowledge and skills they need to provide safe and compassionate care. Staff had also completed training in areas such as moving and handling, first aid, dementia awareness, medication and safeguarding vulnerable adults.

New staff spoken with told us they were yet to receive formal supervision with the new manager but told us they could approach the manager with any worries and concerns and were confident that the manager would listen and respond. We saw records of supervision sessions held with other staff and records of staff meetings were also provided. Such meetings allow staff the opportunity to discuss any learning and development needs they may have and any particular concerns they may have about carrying out their job role. The manager used a 'dignity audit tool' to carry out observations of staff in the process of carrying out their duties. On a weekly basis the manager would take a random selection of staff on duty and carry out a 20 minute observation of each person. Comments were then recorded on good and poor practice and this was then discussed with the member of staff as part of a reflection process with any actions required identified.

Information recorded in care files demonstrated that people had access to a number of external health care professionals, including speech and language therapist, physiotherapist and district nursing services. Visits by these professionals were documented and any recommendations or advice given was then recorded within the care plan information. We also saw that people had attended appointments with opticians, dentists and hospital consultants. This demonstrated that the service made sure people's health care needs were being met.

The manager told us that people's nutrition and hydration was closely monitored and where there were any concerns or a person had been identified as being at risk, a referral would be sent to the community dietician to request a nutritional assessment be carried out and for advice for staff to follow. Within care plans seen, people identified as being at risk of malnutrition had nutrition and hydration assessments in place and were weighed and monitored on a weekly basis. We also saw that support had been requested from a speech and language therapist (SALT) for those people identified as having more complex dietary requirements, for example, where suffering with swallowing difficulties.

We checked to see if people were provided with a choice of nutritionally balanced food and drink. At the time of this inspection the service was in the process of recruiting to a vacant post for a cook and on the day we observed the dining room experience for people, the meal had been prepared by a member of the care staff team. We observed people being assisted into the dining room by staff and being encouraged to sit down ready for their meal. There was a choice of main meal which looked appetising, well presented and was served hot. People were asked for their preferred choice and were given portions in accordance with people's request. Tables were appropriately laid for the meals being served and included serviettes, condiments and place settings. Choices of drinks were offered including tea, coffee and fruit juice. It was noted however that no table had been provided with a tea or coffee pot enabling people who may wish to help themselves following appropriate risk assessments being completed.

Kitchen staff were provided with details of people's specific requirements and likes and dislikes. They were also provided with details of any person who had swallowing difficulties and guidance from the SALT including the different diet stages and fluid consistencies to be used to meet the individual needs of people at risk. During our observation of the mealtime we saw that one person had been prescribed a powder used to thicken liquids. A member of care staff had provided this person with a hot drink and, as the person went to take a drink the member of staff took the cup away from them, without explain why, and proceeded to

add the thickening powder. The member of staff was unable to find a spoon so decided to stir the powder into the drink using the end of a knife. This was poor practice and we later discussed this during our feedback to the management team.

Is the service caring?

Our findings

Those people using the service who we spoke with provided only positive comments about the kindness, caring nature and support provided by staff at the home. One person told us, "I love all the staff. They are all very kind to me and look after me really well." Another person said, "Wonderful people – all of them. I can't think of any one of them that isn't." A visiting relative also told us, "I'm very happy with the staff and how they look after [name]. They have always been very caring, not only to [name] but me as well when I visit."

People looked well groomed, well cared for and wore clean and appropriate clothing. Staff told us that sometimes they had difficulties in encouraging certain people to change and wash regularly but this information was included in the persons care plan and the best way to deal with this when such a situation arose.

We found the atmosphere in the home to be relaxed, warm and friendly and our observation of staff carrying out their duties demonstrated that they knew the people well and provided care with consideration and kindness. We observed staff upholding people's privacy and dignity by knocking on bedroom, toilet and bathroom doors before entering and giving their name so the person knew which member of staff it was. People's response to staff interactions showed they knew the staff and trusted them when being supported and assisted with their care.

Staff were observed interacting with those people with limited verbal communication using sensitive gestures, such as gently touching a person's hand when speaking with them or smiling at the person when assisting them. It was also noted that most staff got down to the persons eye level when communicating with them. This meant the person could have direct eye contact with the member of staff and did not appear 'overpowered' when being assisted.

In our conversations with staff we found that they knew people well, and could describe to us their individual needs, likes and preferences. Staff also confirmed that they were kept up to date, on a daily basis (via daily handovers) about the health of each person and any changes that may have taken place to their needs within the last 24 hours.

We observed staff responding to people on an individual basis and those people unable to express their views appeared settled and at ease with the staff that supported them.

Each member of the staff team had been provided with a copy of the organisations confidentiality policy. They had also signed a 'declaration sheet' to confirm they had read and understood their role in maintaining the confidentiality of the service and of those people using the service.

The manager was able to provide details of various advocacy services that were available for people to access. Advocates are people who provide a service to support people to get their views and wishes heard. We were told that one person was supported by an advocate.

We saw letters and cards from relatives of people who had died in the care of the service, thanking staff for their 'kind and compassionate' care given during this difficult time. The manager told us that arrangements would be made for staff to undertake the Six Steps end of life training. This training supports staff in enabling people who are nearing the end of their life to remain at the home to be cared for in familiar surroundings by people they know and could trust to carry out their wishes.

Is the service responsive?

Our findings

Staff were observed being responsive to people's needs and those staff we spoke with told us that the care plans helped them to understand people's needs and how to support those needs in the way the person preferred. At the time of this inspection, the new manager was in the process of reviewing all care plans and associated documentation to familiarise herself with the needs of people who lived in the home and to ensure all care plans were person centred and that all identified risks had been appropriately recorded.

Before a person moved into Firbank House a pre-admission assessment of their needs would be carried out by the manager. This would be done to make sure the service could meet those needs identified at the time of the assessment. To gain as much information as possible, the manager would also liaise with the person (if appropriate to do so), the local placing authority, family members and any health care professional that had previously been involved in supporting the person.

The manager informed us that she had recently carried out a review of the current care needs of two people who had been admitted into Firbank House before she took up post. Following those reviews the manager was concerned that the needs of these two people could not be safely met at Firbank House and following discussions with relevant people involved in their care, the decision was taken that, in their best interests, they both required nursing care. At the time of this inspection, suitable nursing care placements were being sought.

We reviewed the care plans of three people. We found that each care plan had been written in a person centred way and were being updated with information about the person's past history and family background. People's likes, dislikes, preferences and daily routines had been detailed into their care plans. We saw that care plans and associated documentation had been reviewed regularly and we saw that, where needed, information was updated to reflect the person's current support needs. Such changes in a person's care plan / needs would be fed back to staff during daily handover meetings and this was confirmed by those staff we spoke with and records seen of those meetings.

People's diet and fluid intake were closely monitored and action taken where concerns had been raised. We saw evidence to demonstrate that the person's doctor, dietician or speech and language therapist had been contacted to discuss and take appropriate action where those concerns had been raised.

We looked to see what activities were provided for people. The manager told us that one of the domestic staff also carried out some 'activity' hours and we could see that activities such as making Easter cards had taken place. Activities were limited and relied on staff arranging time in the afternoons to carry out things like playing games, armchair exercise and hold sing-a-longs. The manager told us that the intention was to employ a person in the specific role of activities coordinator, once approved by the registered provider (owner). Although activities were limited, people were seen reading newspapers and magazines, completing puzzle books and generally chatting to each other and with staff.

We looked at how the service dealt with complaints. Details of how to make a complaint were displayed in

the main hallway of the home and we were provided with a copy of the organisations complaint procedure. We were told that any complaints received would be acted on appropriately and in a timely manner and the manager confirmed that no complaints had been received in the last six months. Although most information was included in the complaints procedure, the information displayed in the hallway of the home may benefit from including other information such as the contact details of the Local Authority and Local Government Ombudsman.

At the time of our inspection, the nominated individual (the provider's representative) visited the home and they confirmed that all the policies and procedures for the service were due for review and this would include the complaints procedure. It was also confirmed that, following review, all policies and associated documentation will be dated and signed by the provider to confirm their approval of the policies use.

Displayed on notice boards throughout the home were a number of 'thank you' cards from relatives thanking the manager and staff for the care and support given to their relative during their stay at Firbank House.

The opinions of people using the service were sought through residents meetings and relatives meetings which were held every two or three months. We were provided with minutes from these meetings, during which people had the opportunity to discuss what they wanted and expected from the service. The topics for these meetings included menus and meal planning, staffing, environmental issues and available activities. We were told that people had to be encouraged to attend the meetings and that people and their relatives had a tendency to speak with the manager and discuss any concerns, ideas or suggestions about the service.

Is the service well-led?

Our findings

The home had a registered manager who had been in post since June 2016 and registered with the Care Quality Commission since 2 March 2017. However, at the time of our inspection this manager had recently left their employment with the service and a new manager was in post. The new manager was in the process of having all pre-employment checks completed and a Disclosure and Barring Service enhanced check had been applied for.

At the time of our inspection the new manager had been in post approximately three weeks and was settling in and getting to know the service, people who used the service and the staff team. The manager told us that the nominated individual (providers representative) and their line manager had and were being very supportive of them and their line manager was continuing to work a number of days per week at the service to provide additional support and whilst the new managers pre-employment checks were being completed. This meant the manager had time 'off rota' to familiarise themselves with the management of the service.

Staff we spoke with were very positive about the new manager and the improvements made to the service in the short time they had been in post. One member of staff told us, "It has been like a breath of fresh air since [name of manager] has been in post, there has been a big difference for the better in the way the service is being managed. [Name] is very approachable." Another staff member told us, "Yes, [name] is definitely a good manager, I know I can go to [name] with any worries or concerns and [name] will listen and give support."

We observed the manager as they walked around the home and interacted with both people using the service and the staff team and saw that positive interactions were taking place and positive relationships had already started to develop with many of the people using the service. We observed people talking with the manager, giving clear indication that they knew who the manager was and found her approachable and easy to talk with.

We asked the manager to tell us how they monitored, reviewed and evaluated the service to make sure people received safe and effective care. We were provided with copies of audits that were being completed within the home. Evidence provided showed that the audits consisted of daily, weekly and monthly checks as well as monthly and quarterly checks carried out by the nominated individual on behalf of the provider. The checks consisted of areas such as care plans, staff training and supervision, medication, infection control, complaints and accidents and incidents. We saw that spot checks of staff practice were also being conducted to ensure that staff were working safely.

Staff capability assessments had been carried out for those staff with the responsibility for administering medicines in the home. Where shortfalls were noted, appropriate action had been taken, including refresher training for the member of staff involved.

People living at Firbank House, their relatives, friends and visiting health care professionals could give feedback via a prominently displayed 'suggestions / feedback' box in the main hallway of both Balmoral and

Windsor units. Feedback could be given anonymously, although the manager told us that most people would come to the office to voice any concerns or raise suggestions.

We saw evidence that the provider sent out an annual questionnaire to people living in the home and their relatives. We were provided with some of the completed questionnaires from 2016 which indicated that those people who had responded were happy with the service being provided. In our discussion with the nominated individual we were told that questionnaires for 2017 would be sent out in June.

Staff we spoke with told us that staff meetings were held approximately every three months and we were provided with minutes from these meetings which showed that a range of agenda items had been discussed. These included, staff training, people using the service, areas for improvement and care planning. Staff we spoke with told us that they felt supported by the management team, including senior care staff.

There was a range of policies and procedures for staff to access and follow which included medicines management, recruitment and selection, safeguarding, whistleblowing and the mental capacity act (MCA) 2005 and deprivation of liberty safeguards (DoLS). As stated earlier in the report, the nominated individual told us that all policies and procedures for the service would be reviewed, updated where required and 'signed off' by the provider.

Before we carried out the inspection we checked our records to see if the Commission had been notified of any accidents or incidents that had taken place. The Commission had been notified of such matters. This meant we could see if management of the service had taken appropriate action to keep people safe.

In our discussion with the manager we asked them what their plans were for developing the service at Firbank House. They told us that once they had completed their registration with the Care Quality Commission they would be concentrating on ensuring that people using the service became more involved in how the service was managed and that all care and support would be provided by staff that had the appropriate knowledge, skills, training and compassion to ensure people using the service were the main priority at all times.