

## The Firs Care Services Limited

# The Firs

### Inspection report

Thorpe Road  
Kirby Cross  
Frinton On Sea  
Essex  
CO13 0NJ

Tel: 01255862617

Date of inspection visit:  
04 January 2018

Date of publication:  
15 February 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 is a 'care home'. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Firs accommodates eight people in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the right support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated Good. At this inspection we found the service remained good.

There was a new manager in post who was in the process of being registered by the commission. They were supported by the provider who supported them on a day-to-day basis. 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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. Management and staff understood their responsibility in this area. Staff were committed to ensuring all decisions were made in people's best interest.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains Good

Good ●

### Is the service effective?

The service remains Good

Good ●

### Is the service caring?

The service remains Good

Good ●

### Is the service responsive?

The service remains Good

Good ●

### Is the service well-led?

The service remains Good

Good ●

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 January and was unannounced, and was completed by two inspectors. We reviewed the information we held about the service including safeguarding alerts and statutory notifications, which related to the service. A notification is information about important events, which the provider is required to send us by law.

Because of their complex needs, people were not able to talk to us about the service they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection, we spoke with four staff, the manager, and provider.

Following the inspection, we made telephone calls to relatives and professionals for feedback about the service. We reviewed three people's care records, three medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

For a more comprehensive report regarding this service, please refer to the report of our last visit, which was published on 30 January 2015.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse and harm, and risks to people's safety as at the previous inspection and the rating remains good.

The service had effective safeguarding systems, policies, and procedures and investigated any safeguarding concerns promptly. Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies.

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments, which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, when out in the community, or accessing the kitchen. Staff worked with people to manage a range of risks effectively.

We saw records, which showed that equipment at this service, such as the fire system and the vehicles, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

The manager told us how staffing levels were assessed and organised flexibly. This was to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. Relatives and staff told us there was enough staff to meet people's needs and to keep people safe. There was a 24-hour on-call support system in place, which provided support for staff in the event of an emergency.

Medicines were properly managed by staff. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines. We viewed people's records which showed us which medicines people were taking. There were protocols for staff to follow if the medicines were for occasional use. The protocols gave advice for staff about when and how medicines should be administered.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which are to check that staff being recruited, is not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

People were living in a safe environment. The service employed maintenance staff and there were systems in place to ensure any maintenance required was responded to promptly. We saw records of checks that had been carried out on equipment and the premises. For example, regular safety checks had to be carried

out on the hot tub. The maintenance staff member had been taught how to carry these out safely. The provider had an infection control policy in place and staff were able to tell us how they put this into practice. We observed staff using protective gloves and aprons when assisting people.

## Is the service effective?

### Our findings

At this inspection people continued to be supported by staff that were well trained to enable them to be effective in their role. The rating remains good.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 make a particular decision, any made on their behalf must be in their best interest and the least restrictive 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person their liberty were being met. We found people were being supported appropriately, in line with the law and guidance. The previous registered manager had applied for some DoLS, the new manager was in the process of contacting the relevant agencies to chase up an assessment to ascertain if they had been authorised.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas, which included; safeguarding, medication and communication. Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The manager carried out observations to ensure staff were competent in putting any training they had done into practice.

Relatives we spoke with told us they thought the staff met their relative's individual needs and that they were happy with the care provided. Comments included, "The staff know [relative] very well they know what they are doing, they are a consistent staff team and all work in a consistent way that is what [relative] needs to keep them happy", and "The staff understand [relative] really well they are all very good."

We observed the lunchtime meal and people looked like they were enjoying the food. Staff told us people was given a choice of what to eat and we were shown menu plans. The menu plans were also in pictorial format to enable everyone to have an informed choice of what they wanted to eat. Staff were able to tell us about each individual's likes and dislikes around food.

People's care records showed their day-to-day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. Referrals had been made when required. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis.

The service had three communal areas, which enabled people to have their own space if required. The provider told us they had plans to refurbish the bathroom and were looking into redecorating the hallway walls with a covering that could not be damaged so easily by wheelchairs.

On site was a resource centre, this was used by external people but had its own access, which enabled people to go to and from without entering the main house.

Outside the garden had a fenced perimeter and had been set out to enable people in wheelchairs to access it safely. The garden had numerous animals including, goats, and chickens and a small area had been fenced off to enable people to pet the animals safely if they wanted to.

## Is the service caring?

### Our findings

At the previous inspection the service was rated good, at this inspection, we found the service remained good.

Staff were caring towards people and treated them with dignity and respect this was evident in our observations. We observed lots of laughter and humour. People were relaxed and happy when interacting with staff. Throughout the inspection, there were many positive interactions between people and staff.

Staff were able to tell us about each person's individual way of communicating and how they were able to tell if they were happy or sad, as well as if they liked or disliked something. They were also able to tell us how they knew if anyone was in pain. For example, by them using hand gestures, making noises, or facial expressions.

People had their own keyworkers. One keyworker spoke to us in great detail about the person he was keyworker for and explained to us the communication aid that was used by this person, which were a computer tablet and a picture communication book. This enabled this person to make decisions and choices as independently as possible. The staff member had worked in the service for many years and spoke with great fondness about the people that lived in the service.

The management team told us they were in the process of referring one person for advocacy services who did not have any family. This was because they required some hospital treatment. This told us the service wanted to empower people and enable them to be involved in decisions about their care.

Relatives and staff told us they supported people to keep in contact with their family. One relative told us, "The staff help [name of relative] to skype me so we can see each other."

People were encouraged to be independent; we observed people using adapted equipment to enable them to eat independently. We saw the staff encouraging one person to press the lift button for themselves, as they wanted to go upstairs to their room.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be good.

People's care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. All care plans were in the process of being reviewed by the deputy manager. They were person centred and gave detailed guidance for staff so they could consistently deliver the care and support people needed.

The service had an activity room, which benefitted people's quality of life. Despite this being on the premises, it gave people the freedom to come and go as they please. We observed people popping over to the activity room for a few minutes then coming back into the service then popping over there when it suited them. This also acted as a resource centre for other people from other services therefore; it gave the people in the service the opportunity to socialise with other people.

People also had the opportunity to attend other activities and venues, the service had two mini buses to accommodate people's needs and therefore enable people to access the community. Community activities included attending preferred clubs as well as bowling, shopping and out for coffee.

We observed people using sensory equipment on the day of inspection to interact with staff they enjoyed dancing to music together.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. Relatives told us that they had a good relationship with the provider, manager, and staff and could speak to them about any concerns and things were dealt with immediately.

People had end of life care plans in place, which had been compiled with family involvement where appropriate. The service had a memorial garden within the grounds as they had recently had two people pass away. People spoke fondly about the people and told us about the memorial garden and that they were going to plant a rose in memory of the two people.

## Is the service well-led?

### Our findings

At this inspection, we found the service was as well-led as we had found during the previous inspection. The rating continues to be good.

There was a manager in place who was in the process of being registered by the commission. They were being supported on a day-to-day basis by the provider. 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 service had been through a difficult emotional few months. Staff told us without exception that they had been supported by the provider. The staff told us they had all worked together as a team and had able to talk to the provider who had an open door policy at all times. They said they enjoyed working in the service they said the provider and manager had a visible presence within the home and in the daily running of the home. They knew the people they supported and regularly worked alongside staff. They also told us that they were treated fairly, listened to and that they could approach them at any time if they had a problem.

A range of audits were carried out to monitor the quality of the service. Records relating to auditing and monitoring the service were clearly recorded. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. Surveys had been completed on annual basis by people living in the service and their relatives.

Regular meetings took place with the manager and the people and staff to talk about any concerns or problems as well as anything they would like to do in the forthcoming month. The manager also had regular meetings with the provider it was evident from our discussions with the staff and management team that everyone had the upmost respect for each other and worked as a team to provide in order to meet the needs of the people that lived in the service.