

# Partnership Caring Ltd

# Firbank House

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Firbank House is a residential care home providing personal care to 34 people aged 65 and over at the time of the inspection. Care is provided within two separate buildings, the original house called Windsor was home to 14 people and the newer building known as Balmoral was home to 20 people. Meals are prepared within the main kitchen on Windsor and Balmoral has a kitchenette where drinks and snacks can be prepared. The service is registered to support up to 42 people.

### People's experience of using this service and what we found

The risks to people's safety were not always well managed. The management of the premises and equipment placed people at potential risk of harm. People were not always protected from the risks of infection as some areas of the home were not clean and there were no clear systems for managing people's laundry. We found that there was not always enough staff to ensure the home was clean, or that people were stimulated and supported safely at meal times. People told us they felt safe in the home and appropriate systems for supporting people to take their medicine were in place.

Assessments and care plans were in place which considered people's capacity. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People spoke positively about the food provided and staff understood how to support people who required a modified diet. We have made recommendation to ensure the home is suitably adapted to meet the needs of people living with dementia. Staff felt well supported by the manager and told us that training had significantly improved since our last inspection.

Care plans were in place and people's needs were regularly reviewed. People felt able to make suggestions and raise concerns and that generally action was taken. However, there was no formal system for collecting people's views. The registered manager advised that they intended to introduce resident meetings in the near future. There was no activity co-ordinator in place at the time of the inspection and people complained about being bored and lacking stimulations.

The registered manager had implemented a number of systems to audit and check the running of the home which had not been in place at our last inspection. However, these checks were not sufficiently robust to have identified our findings during inspection. People knew the registered manager and found them approachable and responsive to addressing concerns. The home was working closely with the local authority to drive improvement.

Staff were caring and knew the people they were supporting well and spoke about them with genuine affection. People were supported by a consistent staff team. People generally felt that they had choice and their independence was supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 26 September 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified five breaches of regulation. These relate to the cleanliness of the home (Regulation 12, Safe care and Treatment), the safe maintenance of the premises (Regulation 15, Premises and equipment), insufficient staffing to meet people's needs (Regulation 18, Staffing), providing care which met with people's needs and preferences (Regulation 9, Person-Centred care) and the systems for oversight were not sufficiently robust to have identified all of the issues we identified (Regulation 17 Good Governance) at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Firbank House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by two inspectors, a health and safety specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Firbank House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first and third day of this inspection were unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us and any complaints and compliments we had received. We contacted the local authority safeguarding and local commissioning teams, and clinical commissioning group to obtain their views about the service. We contacted Healthwatch for any feedback they had received. Healthwatch is an independent consumer champion that gathers and represents the views of the

public about health and social care services in England. All this information was used to identify key lines of enquiry as part of the inspection.

#### During the inspection

During the inspection we looked at six people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; three staff personnel files, staff training records, policies, procedures and quality assurance audits.

We spoke with 14 people who used the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, nominated individual, team leaders, care workers, maintenance and cleaning staff and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received evidence of action taken by the registered manager and provider in response to our concerns. This included evidence that water temperatures were being closely monitored and running at a safe temperature.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection we found that equipment used by the home was not clean and secure. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvement had been made and the provider was still in breach of regulation 15.

- There were systems to monitor safety and assess risk but these were not effective to ensure people were safe. Our checks of the premises identified a number of issues. These were primarily on the Windsor Unit. One issue we identified was in relation to water temperatures. We found that although these temperatures were being checked on a regular basis these were inaccurate and placed people at risk of scalding. We informed the registered manager and nominated individual of these concerns immediately and action was taken to address this.
- We checked whether people were protected from the risk of burns from uncovered radiator and hot water pipes. We found that although radiator covers were in place, these were in many cases not suitably secure. We found in one person's bedroom an instance where the covering of a hot water pipe had fallen off and the pipe was exposed. We noted that this pipe was very hot to touch and therefore presented a risk to the person. The registered manager took immediate action to secure the original coverings over the pipe in order to protect the individual residing in this room.
- We noted that in some areas of the home there were trip hazards. For example, a small room next to a main lounge on the Windsor unit was being used to store rolls of flooring, as well as wheelchairs and other equipment. This placed people at potential risk of trips and falls should they access this room unsupported. The stored items also provided an obstruction to an exit in the case of an emergency. We noted that the registered manager had also identified this issue on the day and took action to ensure people were protected.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the premises and equipment was effectively managed. This was a continued breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- The home was not always clean. On the first day of inspection we noted a number of areas throughout the home which were very dirty and in some areas there was an unpleasant smell. This included dirty carpets, walls covered with mucus and equipment such as bed frames and crash mats with ingrained dirt. We found that the bases of chairs were very dirty and in one case we found two tablets, which appeared to be medicines, that had been wedged down the side of a person's chair. We brought this to the attention of the registered manager who took steps to address the situation.
- People raised concerns about the cleanliness of the home and told us, "I am glad we found this care home but think it could do with being consistently cleaned, especially under the beds." "Even though the girls are always cleaning, I don't think its spectacular." and, "For me the cleanliness and hygiene is the biggest issue. I feel embarrassed for my family. They [the provider] needs to look after the place better."
- We looked at how the home managed people's laundry and found that although the home used red bags to manage soiled items, there was no clear dirty to clean pathway to prevent the risk of cross infections. The laundry was disorganised and there were holes in the wall which required sealing to reduce? the risk of vermin infestation.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to address these concerns.

- The registered manager advised us, that a member of the domiciliary staff was currently on leave and there had been recent changes with night staff duties who were now responsible for some of the cleaning of the home. It was felt this would take time to embed but would improve that standards of cleanliness within the home.
- During the inspection the home was supported to complete an infection control audit by the local authority. This had identified a number of areas for improvement. Following this the registered manager took action and arranged for new equipment such as toilet seat raisers and bath chairs to be put in place. By the final day of inspection our observations were that the home was significantly cleaner and a number of areas of flooring had been replaced.

#### Staffing and recruitment

- Staffing levels were not always sufficient to meet people's needs in a timely way. The feedback from people and families raised some concerns over staffing levels. This included, "Staff are busy. There is no time for chatting or anything." "Even though there is staff, there is never enough to take us outside for a stroll or for some fresh air." "When you need help you press the buzzer. It may take a while for staff to turn up." However, one person said, "There is always enough staff. We know them well."
- We received mixed feedback from staff members in relation to staffing levels. Staff generally told us they felt there was enough staff although noted it was more difficult when staff rang in sick. Comments from staff included, "Staffing levels have improved." "I've never felt we were short staffed." "There is enough staff, but if someone else was taking care of the laundry it would be better. It's difficult to do the laundry and care for people. There are some days it is too much." and, "Staffing is okay, but it depends how the people are, sometimes it can be more challenging. You often don't have a chance to get your breaks."
- The home used a dependency tool to ensure sufficient staffing levels were in place. We noted that on the first day of the inspection the home was a member of staff short. Throughout the inspection we found that communal areas were often left without members of staff for significant periods of time. We observed that this meant that staff were not always present when there were conflicts between people living in the home,



or when accidents had happened such as when a person had spilt a drink.

We found no evidence that people had been placed at significant harm, however we found that there was insufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had a suitable robust system for recruiting staff and appropriate checks were in place which included references and checks with the disclosure and barring service (DBS). Risk assessments were undertaken when any potential risks about a member of staff's suitability were identified to ensure staff were safe to support vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to keep people safe. The majority, although not all staff had completed training in safeguarding adults. Staff told us they felt confident to raise concerns with the registered manager and that action would be taken to protect people. There were policies and procedures to underpin this.
- The general feedback from people and relatives was that the home was safe. Comments included, "It's safer than living alone in my house." "There is staff to care and keep people safe." and, "Staff are keeping everyone safe."

Using medicines safely

- People were supported safely to take their medicine. People told us they had no concerns in relation to how they were supported with their medicines and said, "I get my medication four times a day. It helps to keep me well."
- We saw that people's medicine was securely stored and there were accurate records being maintained within medication administration records (MARs). Guidance in place included information about medicines that should be taken 'as required' such as medicine for pain relief and we observed that staff would give people this type of medication when people complained of pain.
- Staff completed training in the administration of medicine prior to undertaking this responsibility and the registered manager completed checks of competency.

Learning lessons when things go wrong

- There were systems in place to learn and improve services. The nominated individual and registered manager spoke to us about how they had learnt from incidents and how this learning was shared within the home, and across the provider's other locations. For example, following a death involving personal protective equipment (PPE) the home had ensured that this equipment was secured out of reach of the people living with in the home. Our observations during the inspection found the PPE was generally secured but that there were occasions when staff forgot to lock these storage areas.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Improvements had been made to training and care records regarding capacity. Staff we spoke with had a good understanding of consent and how to obtain this with the people they were supporting. However, training records indicated that not everyone had completed training in MCA.
- We saw improvement to care plans and oversight of when people were subject to restrictions was in place. Care plans contained details of people's mental capacity and best interest meetings had been held regarding specific decisions. We noted that where possible families had been involved, but when this was not possible it was unclear whether anyone independent from the home had been involved and independent advocates input was not always sought. We discussed this with the registered manager and nominated individual, who agreed to request for independent advocacy input when making best interest decision where family were not involved.

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

- Improvements were being undertaken to improve the environment of the home. During the inspection we noted a number of changes being undertaken within the home which included a programme of redecorating and re-flooring. On the final day of inspection we noted that some signage had been put in place to provide improved direction throughout the home
- We spoke to the registered manager who had a good understanding of best practice in order to make the home dementia friendly and had plans to introduce these measures. This included changing bedrooms doors to be visually different and appear like front doors to help people recognise their bedrooms.
- We noted that on the Balmoral unit there was a safe outside space which people could access independently but this was not the case on the Windsor unit. One person told us, "The only problem is when you want to go outside, staff can't afford to let you go outside. They say they are afraid we may fall. I find it

restrictive." The registered manager advised that they were looking at creating outside area for people living on the Windsor unit.

We recommend the home considers people's preferences and best practice guidance in relation to the environment.

Staff support: induction, training, skills and experience

- There had been improvements to training and supervisions since our last inspection but further areas for development and improvement had been identified. The home had an up to date training matrix and we could see that significantly more training had been arranged following the last inspection. We noted that there were still some areas where training had not been completed by individual members of staff. The registered manager was aware of these shortfalls and was undertaking ongoing work to address this with individuals.
- Staff told us, "Since [registered manager] took over there is more training They are really trying to turn the place around. The training gives us enough skills to do the job." and, "I feel we get all the training we need. I've done all my mandatory training and we get regular updates."
- Staff generally spoke positively about the training and support they received to enable them to undertake their role. They said, "[Registered manager] has an open-door policy so if I have any issues I can go to them anyway." "[Registered manager] is lovely but sometimes I feel like I'm just a number." and, "We have regular supervision, we get to discuss any concerns and how the residents are and what they might need."
- People we spoke with did not raise any concerns about staff's skills and training. However one relative commented, "I'm not sure how well trained all staff are but they do their best."

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

- People were supported with appropriate menus for their diets. Information about people's specific dietary needs was available and displayed within the kitchen and staff had a clear understanding of who required modified diets. Care records also contained this information.
- Our observations during the inspection was that meal times were busy and there was not always enough staff to support those who needed additional help to eat and drink. This had also been noted within the local authority action plan as an area for improvement. One staff did comment, "Meal times can be difficult with staffing."
- People said, "I feel lucky because the food is good." "Chef can make you anything you want if you don't fancy what is being offered." and, "I feel lucky, because the food is great, and we don't have to cook it." Printed menus were displayed, and the home had plans to introduce a pictorial menu to support people to make choices with what they ate.

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

- Assessments of people's needs and choices were in place. The home completed a pre-admission assessment and developed appropriate care plans based upon these needs.
- People told us they felt they had choice in their daily lives, although this was not always apparent from our observations during inspection. However, it was clear that staff knew people and their preference very well and would deliver care in line with these preferences.

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

- The home worked well with other agencies to provide effective and timely care. People told us they got the access to health care as and when needed. They said, "When you need to be seen to by a GP or nurse, staff never hesitate to get one for you." "I lost my hearing aids a while ago. They arranged for me to get new

ones." and, "I am seeing a physio every week, staff have arranged it for me."

- Care records contained detailed information about people's care needs and how staff should meet these needs. We saw records contained advice from specialists such as speech and language therapy and dietician services and this information was incorporated in the person's plan of care
- Records demonstrated that people had regular input from health care professionals including district nurses, doctors, optician and podiatry.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well. People and families spoke very positively about the care staff. Their comments included, "Staff are always busy, but very kind." "They are always treating you with compassion." "Staff are lovely and caring." "Staff care. They look after everyone really well." and, "There is no better home for my [family member]. I'd say to staff don't stop doing what you all do. You are all amazing, warm, kind and caring."
- During the inspection we noted that staff were very busy and at times left people unattended in communal areas. However, staff would take time to check people were okay and ask whether they needed anything at various intervals.
- Staff spoke passionately about the job they did. They spoke very highly of the people they were supporting and with compassion and affection. Staff told us, "I treat people the way I would want to be treated." "We have good bonds with the residents. We try our best and do our best. We are a big family and support each other to give good care." and, "We really do care about the people we support. Everyone has a good heart and we go above and beyond if we can."
- The home worked closely with people and their families to understand cultural and religious needs. These were recorded within care plans and staff respected people's choices. The registered manager had a good understanding of how to meet the needs of people with protected characteristics. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 to ensure that people are not unfairly discriminated against. .

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

- People were given choice and felt able to express their views. People told us they felt they had choice. They said, "I choose my own clothes." and, "I can come outside any time I need to smoke. Staff don't mind. It's my choice."
- Care plans demonstrated that people and their families had been involved in developing the plans of care as much as possible. People told us, "Sometimes we talk to our keyworker." and, "Occasionally we speak to someone about what bothers us and so on."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people. We observed that staff ensured that people had privacy when supporting them with personal care.
- People told us they were generally encouraged to remain independent, one person said, "I still prefer to do most things for myself, because I'm older it takes a bit longer, but staff don't mind."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not receive sufficient support to follow interests and take part in activities. People and families told us that there was not much for people to do at the home. Their feedback included, "There isn't much activities going on, staff are busy doing other things." "We are stuck. If you come later in the afternoon, rest assured you will find us right where you left us in the morning, inactive." "I wish that staff would take us out. There is never enough staff to comply with our requests." and, "They need a little bit of stimulation and they don't get this. Activities have always been on and off, but some residents would benefit from this." People expressed that they felt bored and isolated.
- Our observations during inspection was that staff attempted to provide some activities and stimulation, but this was difficult due to lack of time and resources. The registered manager advised that the activity co-ordinator had recently left, and by the final day of the inspection the registered manager advised that they intended to interview someone for this post.

We found no evidence that people had been placed at significant harm, however we found that care and treatment was not meeting people's needs and reflecting their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- There was information about how to make a complaint displayed within the home and there were policies and procedure to underpin this.
- People and families told us they felt able to raise concerns with the registered manager. They told us, "I feel I can say something if I am not happy." "The [registered manager] is very approachable, I have no qualms about raising concerns. I'm not always sure whether things get done. The registered manager talks it over with the provider and it is up to them."
- We reviewed the complaints and compliments that the home had received. These included positive feedback about staff and the home as well as complaints about the state of the home and laundry. We saw that the registered manager had taken steps to address the concerns and prevent future reoccurrence where possible.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since the last inspection the home had introduced new care plan paperwork. We reviewed several care plans and noted that these were much more detailed. Changes in a person's care needs were clearly noted and there were regular reviews of care.

- Staff felt that care records had improved and said, "Care plans are much better. We have more detailed records of professional visits, plans. It is easy to check anything you need to." and, "Care records were good and feel they are more personalised and informative. Everything you need is in there." Our observations during inspection were that staff, including the registered manager knew people and their care needs very well.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication had been considered. There were care plans in place for people's interaction and communication. These included information about people's needs and preferences in this area.
- The registered manager advised that they could provide information in any format as required including translation, large print and pictorial format.

#### End of life care and support

- At the time of the inspection the service was not providing any one with this type of care and support. However, records demonstrated that end of life care was being discussed with people where possible and care plans had been put in place.
- Where people had an advanced care plan or do not attempt cardio-pulmonary resuscitation (DNACPR) this information was clearly recorded within care records. Staff had a good understanding of what this meant and for whom this was in place. The home had good working relationships with local doctors and district nurses and would work closely with these health care professionals when providing end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found that systems and process were not in place to assess, monitor, and mitigate the risk in relation to the health, safety and welfare of service users. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 (Good Governance).

- Systems of audits and daily walk rounds were in place. These had not been in place at our last inspection. However, these were not sufficiently robust to have identified all the areas of concerns that we identified. For example, the home had systems in place for completing checks of water temperature, but these had not identified where the temperatures had been too high.
- Where areas for improvement had been identified prior to our inspection, we could see that a local authority action plan had been put in place. For example, cleaning had been identified as one area and cleaning schedules had been put in place. However, these were not sufficiently robust to have addressed our findings during inspection as there were areas where the home was not clean. We noted that this had improved following our first day of inspection.
- The registered manager was committed to driving improvements within the home and wanted to minimise any negative impact of change upon the people living at Firbank House. We could see from the service improvement plan and action plan from the local authority that there had been significant progress to implement improvements. For example, care plans, training and systems for oversight which were not evident at our last inspection had been put in place. However, we found that in some areas change was slow to be implemented and embedded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager supported an open and positive culture within the home. Everyone knew the registered manager and spoke highly of them. They said, "The manager is always approachable." "The manager is a very easy person to talk to." "I have talked to the manager often. They take our views on board." and, "The manager is a very honest person. If they say they will do something, you know they will."



- Staff spoke positively about the changes implemented by the registered manager. They told us, "The registered manager is very supportive and will muck in. Everyone works as a team." "The registered manager is very approachable and always is checking in with us. I have every confidence in them." and, "The registered manager listens to you. It's an open culture for discussion."
- Staff knew the needs and preferences of the people they were supporting well. However, staff were very busy, meaning that they were often task orientated and unable to provide stimulation and activities for people as they wished.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home. The registered manager had submitted relevant statutory notifications to the CQC.
- The home had recently introduced close circuit television (CCTV) cameras within the communal areas. The registered manager told us this allowed them to be able to review any accidents and incidents in order to fully assess and take steps to prevent reoccurrence. We saw how reviewing footage had helped the registered manager analyse accident and incidents. The registered manager advised people had received information about the introduction of CCTV prior to it being installed and that no-body had expressed concerns. There were signs that informed people that CCTV was in use at the home.

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

- Systems for involving people, the public and staff were not fully in place. At the time of the inspection the home had not completed any recent resident meetings or surveys. However, people told us they still felt able to provide feedback and said, "They don't do meetings or questionnaires. If I am not happy I will tell the manager" and "I've never been invited to any meeting but that doesn't mean was are unhappy."
- The registered manager had begun to work closely with the local authority improvement team and had engaged well with this additional support. They attended provider meetings and other opportunities to learn and share good practice available within the local community.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to learning and improving care within the home. The registered manager held staff meetings where any areas of concerns and improvement were discussed. The records demonstrated that these were used as an opportunity to discuss individuals, any changes in the home and embed good practice.
- The registered manager and nominated individual were quick to respond to any feedback given during the inspection. The nominated individual advised that this information had been shared across the provider homes to ensure services were safe. We could see examples of learning from accidents and incidents which had led to change and improved safety within the homes. For example, personal protective equipment (PPE) was now securely stored and disposed of so that the people living at Firbank House could not access this and be placed at risk.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People were not receiving care and support which met their needs and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The was not a sufficiently robust system in place to ensure the home was clean and safe for the people living at Firbank House.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Systems were either not in place or robust enough to demonstrate the premises and equipment was effectively managed and we found water temperatures were too high and placed people at risk of scalding.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The home did not have sufficient robust systems of governance to have identified all of the issues that we identified during the inspection.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There was not sufficient staffing to ensure the home was clean, the people were provided with stimulation and activity and that people were supported safely during meal times.