

Rehability UK Community Ltd

# The Firs

## Inspection report

Rehability Office. The Firs  
31 Springfield Street  
Birmingham  
B18 7AU

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11 February 2021

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### Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service

The Firs is a supported living service. At the time of our inspection seven people with learning difficulties were using the service.

Not everyone who used the service received personal care, CQC only inspects where people receive personal care. Personal care is support related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The medicines of one person were not kept securely.

Staff spoke negatively about the management of the service and felt unsupported in their roles.

People and their relatives were not consistently involved in the review and development of care plans.

Relatives and professionals linked to the service told us that management were not consistently responding to issues in a timely manner.

Relatives and people told us they felt safe with the staff who supported them.

Staff had regular safeguarding training and knew about the different types of abuse.

Staff understood their responsibilities in relation to protecting people from the risk of harm.

People were supported by staff who were well trained and competent in their role.

People were assessed before they used the service to ensure their needs and preferences could be met.

Staff understood the importance of ensuring people's rights were understood and respected.

People and their relatives told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

Where people lacked capacity, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were working towards consistently meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

People were supported to be independent and have choice and control. Systems in place were not consistently enabling people to have their voices heard. People were supported to make choices about where they go, what they do and to follow their own interests. People could access the local community and local health services.

#### Right care:

Care was delivered in a way which meant people's human rights were respected. People had unrestricted access to their home and their own rooms which promoted privacy and dignity. The service worked to ensure that people's human rights were met and supported people to understand they have the same rights and responsibilities as other citizens.

#### Right culture:

The Firs were working with management and staff at all levels to continually improve the culture of the service. Staff were aware of the organisations visions and values which were centred around supporting people to live meaningful lives. Staff had received specific training to meet the needs of people with a learning disability and spoke passionately about people and the care and support they provided.

The provider confirmed they would make amendments to the care plan review process to ensure people and their relatives were involved in the development of care provided.

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 location was Good (published 27 December 2019).

#### Why we inspected

We received concerns in relation the management of safeguarding incidents. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective and Well-Led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service.

We have identified a breach in relation to safe care and treatment at this inspection. The provider responded to the concerns on the day of the inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Firs

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, a medicines inspector and a specialist nurse advisor. The medicine inspector reviewed documents remotely.

#### Service and service type

This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

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. This information helps support our inspections.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with twelve members of staff including the managing director, head of operations, registered manager, onsite manager and care workers.

We looked at five people's care records to see how their care was planned and delivered, including pre-assessment records and risk assessments. Other records we looked at included, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance, infection control procedures and overview information about the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safeguarding and quality assurance records.

# 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 Good. At this inspection this key question has now deteriorated to requires improvement. 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.

### Using medicines safely

- Medicines were not always managed safely. We found allergy status was not documented on medicine administration charts. This could have resulted in people being given medicines to which they were allergic.
- The medicines of one person were not kept securely in line with national guidance increasing the risk of potential harm to people.
- One person was given medicines at times that could have had resulted in them having some side effects or that the medicine did not always work as intended.
- We raised these issues with the registered manager and received confirmation the issues were addressed after the inspection.

We found no evidence that people had been harmed however, the provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Administration of medication records indicated most people received their medicines as required. This was confirmed by relatives we spoke with.
- There were clear protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN).

### Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "Abuse is not just physical, it can be verbal, emotional and financial."
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I saw someone being abused, I would intervene and then report to my manager. If my manager was not available, I would contact the police and local safeguarding team".
- People and their relatives explained how staff maintained people's safety. A relative told us, "[Name of resident] gets on well with their support workers. They will always let me know if there has been an accident or hospital visit."

### Assessing risk, safety monitoring and management

- The provider assessed risk for both people and the environment, these were managed through clear person-centred records.
- Individual risk assessments met the specific needs of people to keep them safe. For example, we saw assessments to manage the risk from people's behaviour and clear instructions for staff to follow. For example, one person's care plan detailed instruction for staff to follow to reassure them when displaying distressed behaviour.
- Staff we spoke with confirmed identified risks and knew how to safely manage them in line with the risk assessments.

### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team.
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

### Preventing and controlling infection

- The service was following infection prevention and control procedures to keep people safe.
- The infection prevention and control practice we observed during inspection was in accordance with government guidance. The service was clean and hygienic, regular cleaning was taking place and there were systems to ensure this was completed.
- The registered manager had assessed the risk of COVID-19 at the service and there were plans in place for people which considered individual risk, visitors and accessing the community.
- COVID-19 testing was being carried out in accordance with government guidance and infection prevention and control policies had been updated.
- The registered manager had assessed the risk to people and staff around the use of personal protective equipment (PPE) and considered the available options around people's needs and requirements to keep people safe. Staff were observed wearing facemasks and had available PPE for use if supporting someone with personal care.

### Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by management for trends to reduce the number of accidents and incidents.

# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- People were supported by staff to maintain good nutrition and hydration.
- Staff were aware of the preferences of people who use the service and supported them to shop and cook healthy meals.
- Staff told us about meals and the involvement of the people in menu planning. We observed menu plans that were person-centred and chosen by the individual.

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

- Care plans were not consistently reviewed and updated to reflect any changes or recommendations from healthcare professionals. We raised this issue with the registered manager who confirmed this would be addressed.
- Where required, staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Staff monitored people's health care needs and informed relatives, senior staff members and healthcare professionals if there was any change in people's health needs.

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. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found pre-assessment care plans had not been signed by people or their legally appointed representative confirming their consent to the care they received. We raised this issue with the registered manager who confirmed this would be addressed.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

Staff support: induction, training, skills and experience

- Staff told us they had an in-depth induction programme when they commenced in their roles. One staff member told us they, "I completed training and shadowed experienced staff. I felt confident I could perform in my role"
- Staff told us they were supported in their roles with specific training including managing challenging behaviour and autism to meet the needs of the people they support.
- Regular supervisions, competency and spot checks were completed by the senior staff and the manager to ensure the staff were meeting the needs of the people using the service.

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

- Staff told us people using the service chose their décor and adaptations were made depending upon need, for example, adaptations to the premises to facilitate people who were wheelchair users.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork

# 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

- Prior to the inspection we received concerns in relation to the management of safeguarding incidents. We found no evidence during this inspection that people were at risk of harm from this concern. The provider began an internal investigation and was working in partnership with the local authority.
- We found care plans were not regularly reviewed in partnership with people who used the service or their relatives. As a result, people's changing needs were not always recorded and people told us they felt issues they experienced could have been avoided. One relative told us, "I only receive an occasional text message from the support workers, letting me know [Name of resident] is ok or if they have a hospital appointment. I've never had a phone call or meeting with the manager. I would like the opportunity to attend a review, so I discuss how [Name of resident] is getting on and if any progress has been made".
- Staff members and relatives told us the managers were slow to respond to concerns. For example, a number of staff members told us they had reported concerns to management about a person who had a dependency issue. There was no recorded evidence that a discussion was conducted with the individual to explore support and assistance they could provide. Staff members were also unclear how to support the person. One staff member told us, "I have, and other staff members have raised a number of concerns about people with [management]. They maybe low-level concerns however if action is not taken these issues just escalate." These issues were raised with the provider and we were assured immediate action was taken and that people were not at risk of harm.
- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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

- We found staff morale was low, they felt they were not listened to and received a lack of support from the onsite manager. One staff member told us, "I love supporting people here however the [management] have caused me great stress. [Management] do not listen to me or other staff members, people are tired of

the working environment and that's why morale is so low".

- Staff members told us team meetings were unproductive and were not opportunities for them to voice their opinions.
- People's views were captured from completed survey, the majority of responses were positive.

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

- People and their relatives stated that improvements could be made in relation to the care they received and of the way the service was run. One person told us, "The staff are good, the [management] does not help me. I have not been involved in the development of my support". One relative said, "[management] is not approachable".
- Staff members we spoke to were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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

- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission.
- There were some examples of learning where things went wrong and open discussions with people and their relatives however this was not consistent.

Continuous learning and improving care

- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits and monitoring the skills, training and competence of the staff team.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

Working in partnership with others

- The manager worked with commissioners of care, a number of health and social care professionals and other stakeholders to improve care outcomes.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.