East Sussex County Council

Firwood House

Inspection report

Firwood House
Brassey Avenue
Hampden Park
East Sussex
BN22 9QJ

Tel: 01323503758
Website: www.eastsussex.gov.uk

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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

Firwood House provides intermediate care for up to 20 older people. It provides nursing and personal care for people who require a period of rehabilitation to recover from an injury or illness. For example following a fall, illness such as a stroke or surgery such as joint replacement. There were 13 people staying at the service at the time of the inspection. People who meet the admission criteria usually stay between two to six weeks. The aim of the service is to maximise people's ability to live independent lives, improve their health and prevent admission to hospital. Firwood House is run by East Sussex County Council in conjunction with East Sussex Healthcare NHS Trust.

There is a registered manager at the service. 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.

This was an unannounced inspection, which meant the provider, and staff did not know we were coming. It took place on 14 and 15 August 2017.

We previously inspected Firwood House in June 2016 where we rated the service 'requires improvement' however; there were no breaches of regulations. This was because we found some areas of practice that needed to improve. At this inspection, we found that improvements had been made and improvements were now fully embedded into practice.

People were supported by staff who had taken the time to get to know people as individuals. They had a good understanding of their needs and the support they required to enable them to return to independent living. Staff cared about people, they treated them with compassion and respect. The service was a happy place and we observed relaxed conversations and humour between people and staff.

People were involved in decisions about their own care. They were supported to identify their own goals and what they needed to achieve to return home safely. People's support plans contained information staff needed to support people appropriately.

There were enough support staff, nurses and therapists on each shift to safely meet people's needs. Recruitment systems were established and only suitable staff were employed to work at Firwood House.

There were systems in place to ensure medicines were safely managed and people received their medicines as prescribed. Staff had a good understanding of safeguarding and knew what steps to take if they believed someone was at risk of abuse or harm.

Risks were managed safely. Risks to people had been identified and guidance provided for staff about keeping people safe but helping them to maintain their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

People were supported to eat and drink a variety of foods and maintain a healthy diet. Nutritional assessments were in place to identify people who may be at risk of malnutrition.

There was an effective training and supervision system in place. Staff competencies were regularly assessed. This meant people were cared for by staff that had received training and skills to meet their needs.

People had access to health care services to maintain their health and well-being.

There was clear leadership and staff understood their roles and responsibilities. The registered manager was well thought of by people and staff. There was an open and positive culture which was focussed on ensuring people received good person-centred support and achieving their individual goals. Good communication and teamwork was evident. Staff described an open culture where their views were valued.

People's feedback was actively sought and used to improve and develop the service. Any concerns or complaint raised were addressed and acted upon promptly.

A quality assurance system was in place to monitor the service and the quality of support people received. This meant areas for improvement were promptly identified and addressed. Systems and processes for monitoring quality were effective in driving improvements.

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

Firwood House was safe.

There were systems in place to ensure the safe management, administration and storage of medicines.

There were safe recruitment practices in place and there were enough staff deployed each day to meet people's needs safely.

People were safeguarded from the risk of abuse because staff were trained and knew what actions to take if they believed someone was at risk.

Risks to people had been identified, recorded and guidance provided for staff to manage these safely.

Firwood House was well maintained and clean and tidy throughout.

Is the service effective?

Good

Firwood House was effective.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet. Nutritional assessments were in place to identify people who may be at risk of malnutrition.

People were cared for by staff that had received training and had the skills to meet their needs.

People had access to health care services to maintain their health and well-being.

Is the service caring?

Good

Firwood House was caring.

Positive, caring relationships had been developed between

people and staff.

People were encouraged to express their views and were fully involved in decisions relating to their rehabilitation and support.

People were treated with dignity and respect.

Is the service responsive?

Good

Firwood House was responsive.

Support plans provided staff with detailed information about people and their support needs.

People were involved in planning their own goals and identifying what support they needed to return to independent living.

Feedback from people was sought and their views were listened to and acted upon.

Is the service well-led?

Good

Firwood House was well-led.

Good communication and teamwork was evident. Staff described an open culture where their views were valued.

There was clear leadership and staff understood their roles and responsibilities.

Systems and processes for monitoring quality were effective in driving improvements.

Firwood 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 was an unannounced inspection on 14 and 15 August 2017. It was undertaken by two inspectors one of who had specialist knowledge of working with rehabilitation services 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection, we reviewed the records of the home. These included staff training records staff files including staff recruitment, training and supervision records, medicine records complaint records , accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at seven support plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with ten people, one visiting relative, and fourteen staff members including the registered manager and a senior manager from the organisation. We also spoke with three visiting

healthcare professionals who visited the service during the inspection.

We met with people and observed support, which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime meals.

Good

Is the service safe?

Our findings

People told us they felt safe whilst staying at the service. One person told us, "I feel perfectly safe, it's just a feeling, the staff go out of their way to help us." Another person said, "Definitely I feel safe, there's always someone around and good security." A further person told us, "I like the staff very much, they're very nice all of them, there are enough of them for my needs." People told us their medicines were well managed. One person said, "Medication is on time, and I understand what it is for."

People received their medicines safely. There were systems in place, which ensured medicines were stored, administered and disposed of safely. Regular audits were undertaken to ensure correct procedures had been followed. The medicine system had been developed between the service and the NHS trust. The system was supported by the pharmacy team who visited the service three times a week. This helped ensure people received the medicines they required. The nurses and pharmacists ensured the medicines people were taking were correct by checking the medicines they had been prescribed on discharge from hospital corresponded with those prescribed before their hospital admission. When people were admitted to the service the nurses transcribed the medicines people had been prescribed from the hospital records onto the Medicine Administration Record (MAR). A second nurse checked this. Nurses had received specific training to enable them to do this. This was further checked by a pharmacist and meant any mistakes would be identified and rectified promptly.

People told us they received their medicines when they needed them and were supported to maintain their own independence. One person said, "Medication is on time, staff always explain first what they are giving you," Some people were able to take their own medicines and risk assessments were in place to demonstrate they were safe to do so. Where required medicines had been provided in blister packs to enable people to retain their independence. The nurse told us people were assessed regarding their ability to manage their own medicines. They explained that if people had previously been independent then they would be supported to continue to do this. The nurse said, "If someone told us they never done their own medicines and received support from a carer or relative and this is what they still wanted to do we would respect that. If people want or need to be independent then we will do everything to make sure they can do that." One person told us, "I have my own blister pack so take my own medication and I understand them all." Another person said, "I do my own medication with blister packs and I fully understand it."

Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. The nurses knew people well and were able to tell us why people may require their PRN medicines. Before giving PRN medicines staff asked people if they required them, to ensure medicines were not given unnecessarily. There were individual protocols to show why people had been prescribed these medicines or when they may be required. One person told us, "Someone will always come if I am in pain." Throughout the inspection, we observed staff responding promptly to people who required PRN medicines.

People were protected against the risks of abuse and harm because staff had a good understanding of the safeguarding process. There was information around the service to provide information and guidance. Staff

told us what actions they would take if they believed someone was at risk. They told us they would report to the registered manager or other senior person on duty. They knew what steps to take if they felt their concerns had not been appropriately addressed. One staff member said, "This is why we know people are safe, we are attentive to people and any changes, we know what to do and report it."

Risks to people were well managed. There were a range of individual and environmental risk assessments. Risk assessments related to people's skin integrity mobility and falls. Where people had been identified as at risk appropriate guidance was in place. There was detailed information about how to support people safely with their mobility and reduce their risk of falls. Whilst this helped to keep people safe, it did not reduce their independence. It informed staff about the correct equipment to use and ensured these and individual chairs were at the correct height. Some people were at risk of developing pressure damage. There was guidance for staff which included regular checks and where appropriate position changes for people. Staff were aware of the importance of checking people's skin integrity regularly and explained to us how they did this whilst supporting people with their personal care needs.

People told us there were enough staff to meet their needs. They told us they had call bells and they were always responded to promptly. People's comments included, "Staff very good, there are enough of them, they come very quickly, even at night." "They answer the bell quickly" and "There's always someone at your beck and call." We found there were enough staff deployed to ensure people were safely supported each day. Staff attended to people in a timely way, call bells were answered promptly and staff had time to spend with people throughout the day. The staff team included support workers, nurses and therapy assistants. There was a physiotherapist and occupational therapist five days a week. They were supported by a management team, which included the registered manager, deputy manager and matron. Management support was always available through an on-call system. Absences were covered by agency staff who worked regularly at the service. They knew the service well and had the appropriate knowledge and skills to support people. A daily staffing level risk assessment was completed to identify if extra staff were required for example in case of staff absence or increased support needs.

People were protected, as far as possible, by a safe recruitment practice. Where staff were employed directly by the provider staff files included application forms, identification, references and a full employment history. Each had a disclosure and barring check (DBS) which identify if prospective staff had a criminal record or were barred from working with people. The nurses and therapists were employed by the NHS trust who were responsible for their recruitment checks. An administrator ensured relevant information, which included DBS information and checks to ensure nurses were appropriately registered with the Nursing and Midwifery Council (NMC) were in place. This information was available to the registered manager if required.

Firwood House was well maintained, clean and tidy throughout. One person said, "The cleaners are amazing." Regular infection control, maintenance and health and safety checks took place. There was regular servicing for gas, electrical installations, lifts and hoists. Day to day maintenance was recorded, and signed when completed. Regular fire safety checks were completed and staff received on-going fire training and had recently completed a fire drill. There were systems in place to deal with an emergency. There was guidance for staff on what action to take and there were personal evacuation and emergency plans in place. The home was staffed 24 hours a day with an on-call system for management support and guidance.

Good

Is the service effective?

Our findings

People told us their needs were being met by staff who knew and understood them. One person said, "The staff immediately understood my needs and I have been fully involved in my care." Another person told us, "Staff understand me well. They have promoted my independence completely." People told us they enjoyed the food and were provided with a choice of meals. One person said, "Food is excellent, very good, good choice, plenty to eat and a good choice of drinks."

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. At the time of the inspection, everybody staying at the service was deemed to have mental capacity. Throughout the inspection, staff told us that people were supported to make their own decisions. They told us, "Just because we don't agree it doesn't mean it's not right for the person." When asking staff about how they supported people with, for example, pressure area care. Staff explained how and when they would check the person's pressure areas but always added. "That of course is dependent on the person consenting." We witnessed this ethos throughout the inspection. One person had declined some of their medicines. There was a discussion during handover which confirmed the person was aware of the risks associated with the decision and had capacity to make it.

Staff demonstrated a good understanding of MCA and DoLS. They received regular training and had undertaken competency assessments to demonstrate they had understood the training they received. We asked staff how they assessed people's capacity before they started using the service. Staff explained for people to use the service they had to be aware that it would be for a limited period. People also needed to agree to participate in the rehabilitation programme. A staff member said, "During an assessment I ask people if they know about the service, why they may need to come and their expectations. If people don't know, I will explain it to them. I then re-visit the same questions two or three times throughout the assessment. That way I have a good idea about their capacity."

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 authorisation 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 of their liberty were being met. At this inspection, there were no DoLS authorisations because people had the capacity to consent to their care and treatment. The registered manager and management team were aware of their responsibilities and procedures were in place to determine if people were deprived of their liberty.

People received care from staff who had the knowledge, skills and experience to support them effectively. There was a robust induction for support staff when they started work at the service. This included an introduction to the day-to-day routines, policies and procedures. They shadowed other staff to get to know

people and the support they needed. Staff who were new to care completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. During this time, staff received on-going training and competency assessments. This included moving and handling, safeguarding and mental capacity.

All staff completed a rolling programme of essential training and competency assessments. Regular audits were completed to ensure staff received the relevant training. The trainer and registered manager told us they were continually looking at different ways to provide and assess training. For example, staff had received mental capacity training and had their competencies assessed. Therefore, the current training and assessment had been updated to include information about effective communication when assessing mental capacity. Staff had recently completed mouth care training. One staff member told us how useful this had been. They said, "I knew mouth care was important but this training showed us pictures of what can go wrong, we were also taught what to look for in people's mouths. It's made me much more vigilant and I thought I was ok before."

There was a clear emphasis on improving staff knowledge and competencies. The matron had developed a competency framework for support staff. This was to develop their skills for joint working with the nurses. This included pressure ulcer management, continence and observations such as blood pressure and pulse. The matron explained that staff knew how to take observations but it was important for them to understand the relevance of what they were doing and how this should be reported. During handover, we heard staff stating, for example, what a person's blood pressure or blood sugar was and how this compared with their usual results. We heard one staff member talking about a person's blood pressure. They gave the result and said, "I think that's a bit low, but it's very similar to what it usually is." This demonstrated the staff member understood how the results reflected this individual.

Staff received regular supervision from the registered manager, deputy manager or senior support worker. Supervision included an opportunity to discuss training, development opportunities, and review practice. Staff told us they felt supported by their supervisor and they were happy to discuss concerns with any senior staff.

There was some use of agency staff at the service. To ensure these staff had the appropriate knowledge and skills to support people they completed an induction, this included a tour and introduction to the service. A senior support worker completed observations of the agency staff member and they completed safeguarding training and competencies. The trainer told us this was important and helped to retain good agency staff and ensure continuity for people. An agency staff member who regularly worked at the service told us they felt well informed and supported. They said, "The only difference between me and the other staff is the colour of my uniform. Apart from that I'm treated exactly the same. I receive the same training and supervision as everyone else."

The nurses and therapists received their clinical and essential training and supervision from the local NHS trust. There were systems in place to oversee and monitor this. The registered manager had oversight of this information as required. The matron who also worked at the service provided supervision for the nurses. The nurses and therapists were able to attend any training at the service.

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery who visited the service four days each week to review people's ongoing health needs and

for example discuss medicines they may be taking. One person told us, "I have seen three GP's since I have been here and had my medication adjusted." Another said, "Doctor is coming to see me today for my medication before I go home." Where required people were referred to external healthcare professionals, this included the dietician, the Parkinson's nurse and sensory team. People were regularly asked about their health and services such as the chiropodist were offered. Visiting healthcare professionals told us people were referred to them appropriately.

People's nutritional needs were met. They told us they enjoyed the food and had enough to eat and drink throughout the day. One person said, "Food is very good, good choices and plenty to eat, too much." Other comments included, "The food is absolutely excellent, better than a five star hotel, there's good choices as well," and "There's plenty to eat, more than enough and lots of choice of drinks." Nutritional assessments were in place and identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. Information about people's dietary requirements were in their support plans and in the kitchen, for the chef. Information for the chef was updated daily so they were aware of people's individual requirements. A choice of meals was offered and alternatives were available. Where necessary people's food and fluid intake was recorded. Two people were on restricted fluids; this meant they were only able to drink a certain amount of fluid each day. People understood their own restrictions and staff supported them to record how much they had to drink.

Most people chose to eat their meals in the dining room and the menu for the meal was displayed on a blackboard. Tables were laid with condiments and cutlery. People were able to sit where they wanted to and we observed people had developed their own friendship groups and they sat together. This made mealtimes a sociable occasion. Meals were well presented and appeared nutritious. Vegetables were served separately and people's individual preferences were taken into account. One person disliked onions and they were provided with a separate jug of gravy. When people had finished their meal staff checked they had eaten enough and second helpings were offered. There was a choice of hot and cold drinks available throughout the day and fresh fruit was available in the dining room.

Good

Is the service caring?

Our findings

People were supported by staff that were kind and caring. One person told us, "They're very kind and caring, all of them." People told us they were treated with respect and their dignity maintained. One person said, "Staff know and understand me and definitely my privacy and dignity is very much respected." People all said that their time at Firwood House had hugely benefited them and prepared them well for discharge back to their homes by promoting independence and confidence.

People were supported by staff who knew them well and had a good understanding of their needs. Although people did not remain at the service for long, staff took time to get to know people when they first came to stay. This meant staff had a good understanding of their individual needs, choices and preferences. They knew what was important to people as well as their support and care needs. Relationships between people and staff were positive and caring. Staff had a caring approach and were patient and kind. They had time for people, their interactions were warm and friendly and, they looked approachable. Throughout the inspection, we observed staff checking with people to ensure they were happy or if they needed any support. Staff also stopped for a chat with people as they were going about their day-to-day work. One person had forgotten what the physiotherapist had told them so the support worker wrote the information down for the person to refer to.

Staff were intuitive about people's emotional needs as well as their physical ones and responded in a wholly genuine way. The purpose of the service was to support people to return to independent living and this was evident throughout the inspection. Staff were focussed on this and always prompted and encouraged people to achieve their individual goals. One person required support with walking independently and sought reassurance from staff. A support worker told us the person had walked to the dining room but they had followed behind with a wheelchair in case the person needed to sit down. It was clear that both the person and the support worker were delighted by the person's success. One person told us, "They (staff) have promoted my independence completely; I could not walk when I came in here, and nothing is too much trouble."

People were encouraged to maintain contact with their family and friends. Visitors were always welcomed at the service. Staff were always mindful of what was important to people and found solutions to problems. One person was concerned about their relative who they believed was not looking after themselves. Staff invited the relative to eat their main meal at the service every day. This provided immense reassurance to the person and helped promote their own recovery. People could meet with their visitors in their own bedrooms or within a lounge where there were hot drinks and biscuits available and provided a private relaxed setting.

People told us their privacy and dignity was respected. One person said, "Privacy and dignity is acknowledged, they (staff) always knock if I am in the bathroom." Another person told us, "Staff understand me well and my dignity and privacy are always respected." Staff knocked on people's doors before entering and introduced themselves as they walked in. They sought consent before supporting people. They spoke to people about what they were about to do and waited for the person to make a decision. People were asked

about their spiritual wishes and if they had a preferred gender of staff to support them. People's decisions, wishes and choices were respected.

When people's needs changed, staff responded to and continued caring for people to meet their needs with compassion and understanding. Two people had received bad news about their health related conditions. Although the purpose of the service was rehabilitation, staff took into account the news people had received. Discussions took place at handover about how to support these people. This included giving them time to come to terms with the information and being alert to any changes in moods. Staff were reminded to continue with each person's rehabilitation programme but to be mindful that people may not want to participate at this time. Due to the changes in these people's circumstances, sensitive discussions were arranged to determine if people wished to alter their rehabilitation goals or plan for an earlier discharge home.

Good

Is the service responsive?

Our findings

People told us they received the support they needed to enable them to regain their independence and return home. They were involved in the planning of their own goals when they started using the service. They told us they had enough to do each day. One person said, "Activities are a good laugh, we have exercise every morning, crafts, singing, quizzes, you can take them or leave them as you wish." There was a complaints procedure in place and one person said if they had a complaint, "I would complain to one of the managers, I have not had to, the staff always listen to me."

Before people started using the service, they had been assessed as needing a period of rehabilitation. Referrals were made to the service by the NHS Trust, from GPs and other healthcare professionals outside of East Sussex. There was a multi-disciplinary assessment process in place which included a therapist and the nursing staff. Staff from Firwood House visited the person to ensure they were suitable for, and agreed to rehabilitation. Support workers undertook the assessment in the first instance. Support staff told us if they had any concerns, either from the referral information or from the assessment visit, they would visit with a nurse or therapist. This ensured a more detailed assessment was completed and people were assured their support and rehabilitation needs could be met at Firwood House.

When people arrived at the service staff used the assessment information and completed a detailed range of support plans and risk assessments. They also supported people to set their own individual goals. This assessment process allowed staff to spend time with people and get to know them as individuals. Therapists and nurses also completed assessments to identify any needs and therapists worked with each person to develop a treatment program to help them achieve their individual goals. This included any equipment people needed and individual exercise plans. One person told us, "They (staff) know me well now and involved me in planning my care when I came in." They promote my independence; they have done wonders for me here."

Support plans reflected people's assessed needs and their individual choices and preferences. They contained information about people's mobility, elimination, health needs, pain and nutrition. Support plans informed staff how people liked to receive their support. Sleep and rest plans guided staff about whether people liked to have their lights on, the position of their pillows and whether any sensors were required, for example if people had been identified as at risk of falls. Support plans were regularly reviewed and adjusted to meet people's bespoke needs, such as one person who required palliative care. Individual treatment programs were written on white boards in each person's bedroom. These were regularly updated and included information about how to support the person, for example, with their mobility. One person told us, "Staff help promote my independence by helping me help myself."

Staff were able to simulate people's home environments as necessary. People's bedrooms were set up, as they would be at home, to ensure people got out of the same side of the bed at Firwood House as they did at home. There was a therapy kitchen where people were able to use the cooking facilities to support their individual goals. People used the kitchen either as individuals or as a small group.

People's progress, goals and individual needs were discussed at the daily handover each morning and at the 'safety huddle' meeting each afternoon and weekly multi-disciplinary team meetings. The' safety huddle' is used to increase communication within the team, raising awareness of health and safety issues to promote a culture of safety awareness in the service. This meant staff were promptly made aware of any changes in people's needs and individual goals were updated and changed as needed.

People were involved and supported in planning their own discharge. This started on admission to the service and a discharge date was based on what each person needed to achieve. People's progress was monitored regularly, discussed with them, and in team meetings. Some people required ongoing care and support to enable them to live at home safely and as independently as possible. Where appropriate people's home environment was assessed for safety and to identify if any equipment was needed at home to promote their ongoing independence. Some people required ongoing support at home to maintain their independence. Where this had been identified, appropriate care packages were developed for each person to ensure they had the support they needed at home. Referrals were made to other professionals as necessary for example the district nurse. Each person's GP was update about changes to the person's medicines and any specific medical or health needs that may need to be responded to. People were not discharged until all the appropriate services were in place. Staff spent time ensuring people were happy with what had been arranged and were confident they could manage.

In addition to people's rehabilitation, care and health needs, people's social needs were also responded to. People were seen to have enough to do throughout the day. People took part in group exercises each morning and they were seen to participate and enjoy this. A member of staff was responsible for developing activities for people. At the time of our inspection, people were involved in decorating the service with paper aeroplanes in preparation for the local air show. A cream tea had been arranged for later in the week. People gave positive feedback about the activities. They told us they enjoyed the activities and the social element of their rehabilitation was important to them such as communicating with other people. People's comments included, "I enjoy all the activities, especially the daily exercise class." "I enjoy the activities, exercise and crafts, it is communicating with other people, it's all good."

Planning for discharge was an important part of the service. People were reviewed by the social worker to ensure the appropriate support was in place when they went home. Their progress and future needs were discussed at weekly multi-disciplinary team meetings that involved all professionals. In addition to people's physical needs their social support needs were discussed for example, some people looked after relatives who they lived with. This was taken into account when planning their discharge. The occupational therapist completed a home visit with people before their discharge to ensure they had all the equipment they required to support their independence. There was a discharge process checklist in place to guide staff through the process and ensure all support was in place.

People told us they did not have any complaints but would speak to staff or the registered manager if they did. Comments included, "I would speak to a regular familiar nurse, I have not had any complaints, the staff listen to me and get back to me if necessary." "Never had a reason to complain but I would see the manager." There was a complaints procedure in place and people had a copy of this in their welcome booklet, which was in each room. We saw formal complaints had been responded to appropriately and in a timely manner. Staff told us people's concerns were taken seriously and addressed promptly which prevented them becoming formal complaints.

Good

Is the service well-led?

Our findings

People spoke highly of the service. One person said, "I cannot praise this place enough." Another person told us, "I cannot praise the staff highly enough, from cleaners, cooks, physio's, nurses everyone. It's an excellent team; they all get on well and have smiles on their faces." People knew who the manager was and told us they would talk to her if they had any concerns. One person said, "The manager is very good, she comes round, we had a Forum recently to discuss things which was good." Another person told us, "The manager seems very nice, very forthcoming, she is fine. I honestly have had no concerns since being here." Staff told us they felt well supported by the registered manager and the management team. They said they were quite able to approach the registered manager or any manager as required and that there was always someone available. One staff member told us, "A place like this needs to be celebrated there are so few of us."

People were regularly asked for their feedback about the service. This happened informally throughout each day when staff spoke with people whilst supporting them. People were also involved in forums where they were able to discuss their experiences at the service and highlight areas, which could be improved. One person told us, "I attended a Forum recently, the chair in my room was not comfortable and it was changed at once by the physio." Other people had raised concerns that it was noisy at night. Reminders had been sent to staff who worked at night about ensuring noise levels were kept low. The registered manager had also identified a door, which was quite noisy when it closed. Adaptations had been made and the door now closed quietly.

Before people were discharged from the service, they were asked for their feedback. Staff told us this was an important part of improving and developing the service. Feedback from people was displayed around the service which meant everybody was aware of actions that had been taken to improve the service. Comments included, "I worked within my own limits," and "I have achieved so much in the space of a week….I would not be able to achieve the goals if staff did not know what they were doing." Where action had been taken as a result of people's feedback this was displayed at the service. People had raised concerns about not being sure of their goals therefore this had been discussed with therapists and written clearly on people's white boards.

There was a positive, open and person centred culture at the service. The registered manager was visible and worked at the service most days. She had a good understanding of people and their individual support needs. She regularly met with people and attended daily meetings which ensured she remained up to date with people's needs. There was evidence of close working between the registered manager, deputy manager and matron to improve and develop the service.

Staff told us they enjoyed working at the service. They said there was good teamwork and the management team and their colleagues were supportive. One staff member said, "There's excellent communication between staff we can all bend to help each other." There was evidence of good communication at the daily meetings where staff demonstrated a good understanding of people's needs and their roles and responsibilities. There was ongoing communication across the team and staff were regularly updated about people's needs at handover and huddle meetings.

Staff were involved in the development of the service. The registered manager told us they had recently worked with a number of staff to develop the values for Firwood House. The registered manager told us, "I gave my ideas but staff were more than happy to challenge me. Together we came up with the values that really represent us." The values were; working together, engagement and involvement, improvement and development and respect and compassion. Throughout the inspection, we saw these values were embedded into staff practice. Staff also identified their own areas for improvement. It had been recognised that following induction some staff still required support. Therefore a mentorship system had been introduced with new staff being assigned a mentor for support them and to ask for advice and guidance and feedback on their practice. One staff member had developed an information board. This included photographs of staff and their responsibilities, for example infection control lead, activities lead and moving and handling lead. This meant staff knew who they could go to for support. Staff were asked for their feedback and regularly attended meetings where they were updated about changes at the service.

There was a quality assurance system in place to monitor the quality and safety of the service and make continuous improvements. This included health and safety, records and training. Compliance staff from the local NHS trust also completed regular walk around audits and findings from these and the registered manager's audits were recorded on the service development plan. This included what actions were required and when this had been achieved by. The deputy manager and matron were jointly reviewing actions to ensure a consistent approach across both parts of the service. The compliance officer from the provider completed monthly audits which included areas for action and when these should be completed by. These visits were based on meeting CQC key areas. CQC uses the key lines of enquiry to ensure there is a consistent approach in the way we inspect and what we look at under each of the five key questions safe, effective, caring, responsive and well-led.

There was an ongoing commitment and evidence of work between the management team to ensure a good working relationship between the provider and the NHS trust. There was constant learning and development about ways to improve the service. For example, we discussed the training and supervision for therapists with the lead therapist from the NHS trust. The matron then identified this may be an area which she could have oversight of to support them and the registered manager.

The registered manager understood her responsibility to comply with the CQC requirements and was aware of the importance of notifying us of certain events that had occurred within the service. This was to ensure that we have an awareness and oversight of these to ensure that appropriate actions were being taken. These notifications were well completed and contained all the information required. The manager was aware of the duty of candour requirements following the implementation of the Care Act 2014. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager received regular support from senior managers across the provider. She was a member of the Skills for Care National Skills Academy for Social Care, which allows information sharing and networking with other Registered Managers on a national basis.