Emas Limited

Firlawn

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Firlawn is a care home service without nursing for up to four older people with learning disabilities. The home is situated on the outskirts of Epsom, Surrey. At the time of our inspection three people lived here. The inspection took place on 8 September 2017 and was unannounced.

There was a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection.

We last inspected Firlawn in August 2016 where we found the registered provider was in breach of two regulations. These related to assessing people's capacity to make decisions and the effectiveness of their quality assurance systems. Following this inspection the registered provider sent us an action plan of how they would address these two issues. At this inspection we found that both concerns had been addressed by the provider.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. The provider had effective systems in place to monitor the quality of care and support that people received.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. Staff understood the need to assess people's mental capacity to make decisions and they followed the requirements of the Mental Capacity Act (2005) in this respect.

People lived in an environment that staff helped ensure was safe for them. People were safe at Firlawn because there were sufficient numbers of staff who were appropriately trained to meet the needs of the people who live here. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Accidents and incidents were recorded. We found very few incidents had taken place.

Staff had a good knowledge of their responsibilities in relation to safeguarding vulnerable people. Staff recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment. People received their medicines when they needed them.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People had enough to eat and drink, and received support from staff where a need had been identified. People's individual dietary requirements where met.

The staff were kind and caring and treated people with dignity and respect. People had developed positive relationships with the staff who supported them and they enjoyed their company. People received the care and support as detailed in their care plans. People and relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs.

Support plans had been developed which detailed the support people required and how they preferred their care to be provided. These were reviewed regularly to help ensure they contained the most up to date information about people.

People had access to activities that met their needs. A proportion of the activities were based in the local community giving people access to friends and meeting new people. The staff knew the people they cared for as individuals, and had supported them for many years.

There was an opportunity for people to complain should they feel they need to and the registered manager had instigated a compliments book which visitors could contribute to. We found no complaints had been received, but there were several compliments.

Staff told us the registered manager was approachable and supportive. Staff enjoyed working at Firlawn and felt they offered a personalised, caring service for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from avoidable risks. Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

There were enough staff available to meet people's needs. People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had access to appropriate support, supervision and training to enable them to meet people's needs.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People were provided with a range of foods and were able to be involved in choosing what they ate.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

Relatives felt involved in people's care.

Is the service responsive?

Good

The service was responsive to people's needs.

Support plans were person-centred and were reviewed to help ensure they continued to reflect people's needs.

People had opportunities to take part in activities, outings and events.

People were supported to complain should they wish to.

Is the service well-led?

Good

The service was well-led.

There was an open culture in which feedback was encouraged and used to improve the service.

The provider had implemented effective systems of quality monitoring and auditing.

The registered manager submitted statutory notifications of events as per the requirements of registration.

Firlawn

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

This inspection took place on 8 September 2017 and was unannounced. Due to the size of the service the inspection was carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had returned a Provider Information Return (PIR) in July 2017. 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 PIR before our inspection to ensure we addressed any areas of concern.

During the inspection we were unable to speak to people in length due to their communication needs. Instead we observed interaction between them and staff and watched how staff responded to people's needs. We spoke with two staff and two relatives on the day.

We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Good

Is the service safe?

Our findings

People were safe living at Firlawn. People told us they felt safe with the staff, and had the confidence to say 'no' when they didn't want something done. Relative's felt their family member was safe living at Firlawn. One relative told us, "Oh yes, he's safe. He's very happy, and the staff keep us updated on how he is."

People were safe because risks to their health, safety and welfare had been assessed and plans put into place to minimise harm. Risk assessments had been carried out to identify any risks involved in people's care, such as risks of seizures where people had been diagnosed with epilepsy. Where risks had been identified guidance was in place for staff in order that they could respond appropriately to these risks. The investigation and management of a person's epilepsy had resulted in a decrease in the incidents of seizures due to the safe care given by staff.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. All staff attended safeguarding training in their induction and refresher training in this area was provided regularly.

Accidents and incidents were recorded and reviewed by the registered manager to ensure appropriate action had been taken. We noted very few incidents took place. Two of the three people were fully mobile and able to move around the house independently and unsupported. We noted that the flooring was level and uncluttered, and people wore well-fitting and appropriate footwear. All of these details minimised the risk of falls.

People lived in an environment that staff checked regularly to help ensure it was safe for them. We saw that staff carried out fire drills and practice evacuations, both during the day and night. This helped ensure people could be evacuated from the house quickly and safely in the event of a real emergency. Fire risk assessments were completed people had their own individual fire evacuation information in place. Staff were knowledgeable and were able to describe to us the fire evacuation procedures and where the meeting point was outside of the house.

People were cared for by an appropriate number of staff. When people went out to their individual or group activities there was a sufficient number of staff available to accompany them in order to keep them safe. For example, in the event that some people had activities to attend to and others had a health appointment that they need accompanying to. People who remained in the home during the morning received attention from staff when they required it. When people indicated they wished support, such as asking staff for a hot drink, this was provided to them straight away. During the night there was one waking member of staff on duty. Staff told us there was an on-call 24-hour manager available to them at all times and they could be at the home within a few minutes should additional support be required during the night. People slept well during the night and although some people had epilepsy staff told us they had not experienced any symptoms relating to this for some time.

Appropriate checks were undertaken before staff were employed at the home. Staff recruitment files

contained information that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK.

People's medicines were managed safely. Medicines were stored securely and in an appropriate environment. Staff checked the temperature medicines were stored in to help ensure they were stored appropriately. We checked people's medicine records and found no gaps in the recording of dispensed medicines which demonstrated to us people received the medicines they required. There were protocols in place for medicines prescribed 'as required'. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. Medicines audits were carried out and we noted the last audit had identified no actions required of staff in medicines management.

Good

Is the service effective?

Our findings

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 our last inspection in August 2016 we found the provider was not providing people's care in accordance with the requirements of the MCA and associated code of practice. People's capacity to make decisions had not been assessed, which meant the provider could not be sure their care was being provided in the way they wished. Care plans had contained any information that meetings had been held to ensure that decisions taken about people who lacked capacity were made in their best interests.

At this inspection the registered provider had acted to address these concerns. Staff had completed assessments and followed an appropriate process to determine whether or not the person had capacity to make decisions for themselves. Examples included managing their medicines, managing their money and living in the home. Where people had no relative's or people involved in their care who were authorised to make decisions on their behalf staff had recruited advocates to act in their best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were subject to restrictions to keep them safe, such as being prevented from leaving the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority.

Staff took appropriate action to protect people's rights under the MCA. One person's capacity had diminished over time due to their medical condition. Staff had recognised this and understood the implications this had with regards to the MCA and DoLS. This had resulted in a DoLS application being made for someone who could no longer understand and agree to live at the home.

People were cared for by staff who had the knowledge and training they needed to provide effective support. The registered manager recognised the importance of good continuity of care and had a permanent staff team. No agency staff had been used at the home for many years.

Staff attended an induction when they started work which included completing the provider's mandatory training. This included food hygiene, health and safety, first aid, moving and handling and medicines. Staff attended regular refresher training in core areas and had access to training relevant to the needs of the people they cared for, such as epilepsy management.

Staff told us they were well supported in their work by colleagues and the registered manager. They said they had the opportunity to meet with their line manager on a regular basis when they could talk about their role, how they were doing and any training they required.

People had enough to eat and drink. People were able to choose the foods they ate from the menu. Staff told us they sat down with people and used pictures to encourage people to choose their favourite foods. For those people who were unable to participate staff used their knowledge of people in relation to their likes and dislikes of foods. Where people had particular dietary requirements staff had taken appropriate action in relation to this. Such as providing fork mashable food and thickeners in drinks to aid swallowing.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. Support plans provided evidence that referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. Any guidance about people's care issued by healthcare professionals was implemented by staff. Such as one person who had guidance in place from the dietician in relation to their diet. We saw the dietician had recommended the person was supported to lose some weight and noted from the records that staff had enabled them to do so.

People had hospital passports in their support plans. This is a document which records important information about people should they have to spend time in hospital. Each person also had a health action plan which recorded which health professional's people saw and when their next check-up was due.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Relatives were happy with the care their family member received. One relative told us, "We have a really good relationship with the owner, and I'm happy at how they have looked after my family member since he has been here."

The atmosphere in the home was relaxed and inclusive and staff spoke to people in a respectful yet friendly manner. Staff were proactive in their interactions with people, making conversation and paying them compliments. Staff encouraged people to speak with us and tell us about things they had done or show us their interests. Staff encouraged people to show us their bedrooms and talk about the pictures and ornaments that were in their bedrooms. People looked happy and proud when they spent some time with us doing this. Two people said, "Yes" when we asked them if they liked living at Firlawn.

People lived in an environment that was well cared for. People's bedrooms were well maintained and individualised. Rooms were clean and looked cosy. People had their own belongings or items on display that meant something to them.

Staff supported people in a kind and caring way. They were attentive to people's needs and took time to ensure they were comfortable. Staff spoke with warmth and affection about the people they cared for with one staff member speaking to us with a smile on their face as they described people. A relative told us, "We are delighted at how our family member is cared for here." Staff are kind and caring." A staff member said, "You look after people how you would want to be looked after, all the staff are told this."

People were supported to be independent. We watched how people had food presented in such a way so that they could eat with minimal staff support. People were also encouraged to help around the home with cleaning, laundry, washing up and some basic food preparation. People moved around the home freely and independently and understood that this was their home. People were confident in themselves and able to tell us, and staff, what they wanted. For example when talking with one person in their bedroom, they were confident enough to tell us where we could sit, and to leave when they did not want to talk to us anymore.

People could have privacy when they wished. We observed some people sit in the lounge area whilst others preferred to stay in their bed room. People could choose where they spent their time dependent on whether or not they wished to be with others or not. People's privacy was respected in a number of ways by staff. People were able to access the toilet on their own, and staff respected their privacy by waiting outside until the person called for assistance. This ensured staff were nearby if a person needed help, but respected the person independence and dignity.

Relatives told us people were supported to maintain relationships with them. One relative told us, of trips that had taken place so they could see family members outside the home. They also talked about being able to visit the home whenever they wished. People told us about upcoming family visits, which demonstrated that staff kept them updated and in contact with their loved ones.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt their care was responsive to their needs. People's needs had been assessed before they moved into the service to ensure that their needs could be met. People were involved in this process. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility, as well as personal preferences and histories.

Family members, health or social care professionals were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs. A relative confirmed they, or other family members were always invited to reviews of care meetings. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs.

Care plans were comprehensive and were focused on the individual needs of people. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe in the environment, personal care, mobility support needs, behaviour and emotional needs.

People received support that matched with the preferences record in their care file, for example being supported to do activities they enjoyed, or helping them to have food and drink in a format to reduce the risk of choking. Guidance about how people preferred their care needs met was recorded in the care plans for staff to follow. During the inspection staff encouraged a person to eat slowly. The person repeated the instruction to themselves as a reminder. This matched with the information in the persons care plan around minimising the risk of choking, while maintaining the person's independence.

People's support plans were person-centred and contained detailed information about people and the care and support they required. We found support plans were reviewed and updated regularly to help ensure that staff were working with the most up to date information about a person. Support plans contained information about people's likes, dislikes, communication needs, personal care requirements and any specific nutritional needs. Dietary requirements were also recorded and records of referral to speech and language therapist (SALT) were maintained for those who had eating and swallowing difficulties. Other information included mobility, communication, and MCA assessments.

Clear information was available to staff and other health care professionals around people's needs. Each person had a 'care passport' in place. This was a good way of staff who may not know a person, such as hospital staff or the emergency services, to gain some important information about a person before they cared for them. This would help to ensure people received appropriate care responsive to their needs when not supported by staff form the home.

People had access to a wide range of activities, many of them based in the local community. Activities were

based around people's interests and to promote their independence and confidence. People had access to day centres, and trips out to local restaurants and pubs. People also had access to individual activities such as painting, cooking and doing other hobbies of interest. People were also supported to do activities as suggested by healthcare professionals. One person had a series of exercises recommended to improve their flexibility and fitness. Staff were seen to encourage the person to do these. Some people were not able to participate in some physical activities due to their medical support needs. Staff ensured that visual, audible and physical stimulation was given to keep the person entertained. These included music therapy and staff taking time to sit with people, holding their hand and showing and reading picture books to them.

Each person had been provided with a complaints policy in a format they could understand. We saw the registered manager held a complaints book, but no formal complaints had been received since our last inspection. In addition, the registered manager had introduced a compliments folder in which visitors to the home could record their views. We read several compliments had been left in the book. This included a letter from one family that read, 'How much we all are grateful to you for his wonderful care at Firlawn."

Good

Is the service well-led?

Our findings

At our inspection in August 2016 we found the registered manager was not meeting the requirements of the regulations. Quality assurance processes had not been routinely carried out to ensure people received a good standard of care. At this inspection the registered provider had acted to address these concerns.

The registered provider had effective systems of quality monitoring and improvement. Staff carried out regular audits. These audits included monitoring key areas of the service such as health and safety and medicines management. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion. The registered manager and staff also responded well to external feedback received about the service. For example all the issues we had raised at our last inspection had been addressed.

The registered manager and provider were visible around the home on the day of our inspection because the service is small and run by a family. Both were seen supporting staff and talking with people to make sure they were happy. The registered manager was very 'hands on', and helped around the home. This made them accessible to people and staff, and enabled her to observe care and practice to ensure it met the home's standards. The registered manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.

There was a positive culture within the home, between the people that lived here, the staff and the manager. Relatives told us staff were good at communicating with them and they were asked for their views on the care their family member received.

The atmosphere of the home was very welcoming and open. Staff were confident in their roles, and proud of the job they did. This was demonstrated by how they welcomed us into the home and helped the people who lived here tell us about the home and their experiences living here. People were complimentary about the registered manager and the staff team.

People and relatives were included in how the service was managed. People had been supported to have a 'house' meeting which was chaired by the registered manager. The minutes of the meetings recorded that people were encouraged to express their views in relation to what they had done, what they liked to do and what they wanted to do. Issues around the home had been discussed with people, such as the menu and events and activity planning. Feedback had also been sought by the use of surveys to family and health care professionals. The results form the last survey had just been received, and all the comments were positive about the standard of care and management of the home.

Staff told us they felt supported by the registered manager. Staff met on a regular basis to discuss the needs of the people they cared for. Staff said the registered manager encouraged their suggestions about how the care people received could be improved. They told us the registered manager was always willing to listen to ideas and put them into practice if they could be shown to improve people's care.

The standard of record-keeping was good. Staff maintained detailed daily records for each person, which provided important information about the care they received. People's support plans were held securely and we found them organised and easy to follow. Other information that related to the running of the home was easily accessible to us. It was clear the registered manager had good management oversight of the home as they were able to find information and records that we asked of them without trouble.