

Fircroft Services Limited

Fircroft Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fircroft Home provides residential care and accommodation for up to 18 older people who have a learning disability. Some people are living with dementia. At the time of our inspection there were 16 people living at the service.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

People were supported by sufficient levels of suitably trained staff and were encouraged to be as independent as possible. Staff worked well with people to support them to pursue their hobbies and interests.

Right care

Staff knew people well and ensured that people received the support they needed to meet their individual care needs. People's rights were promoted, and they were protected from discrimination. People were treated with dignity and their privacy was respected.

Right culture:

The culture of the service was open and supportive to people. The management team had ensured that there was a positive ethos at the service which enabled people to feel more confident and encouraged them to take on new challenges if they wanted to.

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

People told they felt safe at the service. Staff had a good understanding of people's needs and knew how to manage risks associated with their care. Staff understood their responsibilities in terms of keeping people safe from abuse and avoidable harm. People received their medicines safely and the environment was clean and hygienic.

The registered manager was approachable and supportive, staff told us they enjoyed working at the service and were listened to. The service worked well with health and social care professionals to achieve the best possible outcomes for people. There were quality monitoring systems in place to ensure any shortfalls were identified and actions were taken to make changes when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 August 2019) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 27 March 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance at the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fircroft Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fircroft Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fircroft Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided and we spent time observing people receive care and support. We spoke with four members of staff including the registered manager, senior support worker and support workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke to four relatives of people who lived at the service about their experience of the care provided. We spoke to two health and social care professionals who worked alongside the service. We continued to seek clarification from the provider to validate evidence found. We looked at further care records, training data 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

We made a recommendation at our last inspection about ensuring there were robust risk management plans in place. Improvements had been made in relation to this.

- Risks to people were regularly assessed and monitored. Detailed risk assessments and care plans were in place, so staff knew how to support people. One person had risks associated with epilepsy, there was a risk assessment and care plan in place which detailed the support this person would need to minimise the risk from seizures.
- Another person had risks associated with their mobility, there was clear guidance in place for staff about the support this person would need to minimise the risk of falls and the equipment needed to support them safely.
- People were supported to take positive risks. One person had risks associated with purchasing their own food shopping. We observed that staff provide support to enable them to do this and they used accessible information sheets to help the person with their choices.
- The registered manager described how they and their team learned from incidents which had taken place in order to improve people's care. For instance, changes in one person's behaviour had led to a number of incidents. A referral was made to relevant health professionals and the person's support plan was reviewed. The registered manager told us that the changes they had made to the person's support were helping and the number of incidents had reduced.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency such as a fire or flood which meant people had to leave the service.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. People and their relatives told us they felt safe living at Fircroft Home. One person told us they felt safe because staff helped them to be less anxious and worried about things. A relative told us, "I think [person is safe]. It's a lovely home."
- Staff had a good understanding of their roles and responsibilities in relation to safeguarding and received training in this area. One member of staff told us, "I would speak with the manager and raise my concerns. I would go to the director if I wasn't being taken seriously."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Staffing and recruitment

- There were enough staff deployed to support people safely. Staffing levels were flexible and carefully

assessed to ensure people's needs could be met, including staff support for participating in activities and accessing the community.

- There was an established staff team at the service which meant they did not need to use agency staff. The registered manager told us, "We have tried to use agency [staff] but they weren't turning up. It was actually causing more issues, [people] don't want strangers supporting them."
- People were involved in the process of recruiting new staff. Part of the interview process at the service involved potential new staff being introduced to the people living at the service and speaking with them. People then gave feedback to the registered manager about what they thought of the candidates.
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff supported people to take their medicines in a person-centred way and medicines were stored at the service securely.
- People were given important information about their medicines in an accessible format. This included guidance to explain why certain medicines were prescribed and what the potential side effects may be.
- Staff had liaised with health professionals to review prescriptions to ensure people were taking the right medicines at the right time.
- Staff received relevant training before they were able to give people medicines and the manager checked staff competency in relation to the administration of people's medicines regularly.
- Staff completed medication administration records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was using PPE effectively and safely. We saw that staff were not always using PPE in line with current guidance when providing personal care. We discussed this with the registered manager who addressed this immediately and communicated to the staff the changes they needed to make to their practice.

- Visits for people living at the home were facilitated in line with the current guidance.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to maintain person-centred records or ensure quality monitoring systems were effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People received person centred support which enabled them to live the lives they wanted to. One person told us they liked to go out regularly and they had one to one support in place for this. Another person told us they didn't like to go out during the colder months but they were kept occupied with the activities at the home.
- Improvements had been made to people's care records, which had been reviewed regularly and were written in a person-centred way. Care plans included information about how people wanted to be supported and included important personal information about people's lives, family, likes and dislikes.
- Care records had been updated so that they were accessible to people. One person had risks associated with eating and staff had made a pictorial risk assessment to help them to understand the risks. The person told us they had been involved in making this and found it helpful.
- Effective quality monitoring systems had been developed to monitor standards and address shortfalls. These audits were effective in identifying actions needed such as information that needed to be included in care plans and any fire safety checks that were due to take place.
- Recording about how people's mental capacity had been assessed to make certain decisions had significantly improved. Mental capacity assessments and best interest decisions had taken place and been recorded appropriately. Staff had used national guidance for people with learning disabilities about COVID-19 vaccines to help inform them before assessing people's capacity where it was appropriate to do so.
- The registered manager, and senior staff, were clear about their functions and responsibilities to ensure good quality care. Staff shared an ethos of striving to provide high quality and personalised care and support with the management team. One member of staff told us; "I go home knowing I have made someone smile and I have helped someone achieve something that they may not have been able to do without my support."

- People, relatives and staff spoke positively about the registered manager. One relative said, "It's very well managed and the attitude of the manager rubs off on the staff." A member of staff told us, "[Registered manager] is a really good manager to work with."
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- The registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. One relative told us, "We have an open, fluid, ongoing, dialogue, and staff are always happy to talk." Another relative said, "I get a phone call if something is wrong or if the doctor is needed."
- Staff and relatives told us they felt comfortable raising any queries with the registered manager, and that the culture was an open one.

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

- People were involved in the running of the service. People were given the opportunity to regularly feedback about their care and support and to plan the menu, events and activities. Several methods were used for this to try to capture everyone's views including regular residents' meetings, one to one meetings with staff and questionnaires. One member of staff told us, "I have been speaking to the residents and coming up with different [activities] we can do."
- People were listened to about how they wanted to receive their support. One person preferred to make their own hot drinks rather than staff doing this for them, we saw this person received the support they needed to do this every time they asked.
- Staff were encouraged to contribute their ideas about what the service did well and what they could do better. This was through regular contact with the management team, which included individual and team meetings.
- Staff knew people and their needs well and they told us they felt supported in their role. Staff could tell us about the positive impact the service had on individuals and they were looking to explore with people how they could support them to enhance their lives further.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged an open and honest approach within the service and was continuously looking for ways to improve. They took responsibility if anything went wrong and took action to put things right.
- People's care plans were updated in response to any changing needs. There were regular opportunities for staff to reflect on learning in order to improve people's care. Any incidents or accidents were reviewed, and learning outcomes shared with the team.
- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected. One professional working with the service told us, "I really like this home. It's always a very friendly atmosphere and they are always working well with people. They have a good ethos in terms of personal care."