

Partnership Caring Ltd

Firbank House

Inspection report

24 Smallshaw Lane
Ashton Under Lyne
Lancashire
OL6 8PN

Tel: 01613431251

Date of inspection visit:
25 October 2022
26 October 2022

Date of publication:
08 February 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Firbank House is a residential care home providing accommodation and personal care to up to 42 people. The service provides support to older people and people with dementia. At the time of our inspection there were 34 people using the service. The service is provided across 2 adapted buildings on the same site.

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

People's care plans and associated risk assessments were not always current, accurate and did not always provide staff with the correct information they required to safely meet people's needs. People's medicines were not always managed safely. We were not assured medicines were always stored and administered safely. The home was not always clean, and staff did not always follow infection prevention and control measures. Staff had undergone safe recruitment checks prior to working the home. People were cared for by staff who understood how to safeguard people and how to report any concerns.

We saw improvements been made to the home. However, we had continued concerns about the environment in terms of décor and cleanliness. Systems and processes to ensure oversight of the service were not always effective. Audits completed had not always identified and actioned the concerns we found on inspection. We identified two breaches of regulations. The management team were helpful and quick to act when we fed back our findings during the inspection. Staff told us improvements had been made in the management of the service by the new registered manager.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found concerns regarding the signing of consent forms.

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

Rating at last inspection

The last rating for this service was requires improvement (5 October 2021).

At our last inspection we recommended that the provider work closely with the local authority medicines team and pharmacist to develop best practice across the service. We also recommended the provider ensure that staff have the relevant knowledge and training to meet the specific needs of the people living at the service. At this inspection we found the provider had not always made the recommended improvements.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has now been rated requires improvement for the last four consecutive rated inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The provider was responsive throughout the inspection and took action to attempt to mitigate the risks we identified.

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

Enforcement

We have identified breaches in relation to medicines, risk management, infection prevention and control and governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Firbank House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience staff on day 1. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day 2 was carried out 1 inspector.

Service and service type

Firbank House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Firbank House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was new to the service and had been in post for four months at the time of our inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 9 people who used the service and 2 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, team leaders, care workers, laundry and maintenance staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and 7 medication records. We looked at 3 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.

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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Individual risks were not always managed safely as documentation was not always up to date and staff were not always aware of people's specific care needs.
- We identified two people's care records and associated information were unclear about what texture of diet and fluids they should be receiving. Meal records showed they had been served food of differing textures. Information in different areas of their care documentation were contradictory and information displayed in the office and main kitchen was incorrect or missing. This meant there was a risk people could receive food and drink that was not safe for them.
- One person's room was notably unclean and in poor condition. We observed people being transported around the home in wheelchairs without wearing a safety belt. We spoke with the registered manager about the need for individual risk assessments and management plans to safely address people's specific risks.
- We identified some environmental risks, and these are reported on under the well-led domain of this report.

People had been placed at the risk of harm from inaccurate risk management plans. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns during the inspection and these were acknowledged by the registered manager. We requested that all people prescribed a specific diet and fluids be reviewed to ensure accurate information was available to staff. The registered manager told us on the second day of inspection they had ensured people's risk management plans were now correct. We will review the effectiveness of these measures at our next inspection.

- Emergency evacuation plans were in place which included the level of support each person needed in the event of fire.
- Safety checks of the home were regularly carried out by maintenance staff on the building and equipment, such as safe window restrictors. Not everyone had cables for their call bells and maintenance staff told us they had requested these.

Using medicines safely

At the previous inspection we recommended that the provider work closely with the local authority medicines team and pharmacist to develop best practice across the service. The provider had not made

improvements.

- Medicines were not always consistently managed safely in line with national guidance.
- Medicines were not always stored and disposed of safely; the medicines room was above recommended temperatures and one medicines trolley was not secured to the wall. We found some drugs had not been returned to the pharmacy promptly as necessary.
- We found a small number of errors in medicines stock recordings. These errors had not been identified during audits.
- Times of time-specific medicines not were not always recorded and we were not assured that safe gaps had been left between doses, for example paracetamol requiring a four hour gap. Not all medicines had been labelled with the date opened where required.

The provider had not always ensured the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a medicines policy in place and the registered manager told us staff received regular medicines competency checks.
- Staff we spoke with during our medicines audit and checks were knowledgeable about people's care needs.

Preventing and controlling infection

- There were shortfalls in relation to the management of infection and prevention control.
- Some areas of the home were not clean. These included the main kitchen, sluice room, bathrooms and corridors. Some people's bedrooms were not clean and had a malodour.
- Staff did not always wear disposable aprons when touching soiled laundry and we observed soiled items spilled from split red bags in the laundry.
- Offensive waste was not segregated and managed in line with government guidance.

The provider had not always ensured the effective management of the prevention and control of infections. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to receive visits from their loved ones in line with current guidance.

Staffing and recruitment

At the last inspection we recommended the provider ensure that staff have the relevant knowledge and training to meet the specific needs of the people living at the service. The provider had not made improvements.

- The service had safe employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included Disclosure and Barring Service (DBS) checks and references from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were very busy on units and worked hard to meet people's needs in kind and caring manner. One person told us, "They [Staff] are good people here. It's a good place and I feel secure."
- We received mixed feedback from people about staff and staffing levels. One person told us, "The staff are okay, but they can be rushed of their feet with people who need more attention but again it depends on who

is on. If they have time they come and chat to me, but they are very busy." Another person told us, "The staff are very helpful and are on hand if I need anything." A third person told us, "The staff are brilliant. They look after me and they are good at explaining things to me. They will do anything for me."

- We found that new staff did not complete all of their mandatory training prior to providing care and support to people. We spoke with the registered manager regarding the need to assure themselves that staff were fully trained and competent before staff could provide care and support. The registered manager told us staff never worked alone until they had finished all their training.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to monitor any allegations of abuse to ensure these were reported to the local authority.
- People told us they felt safe at Firbank House. One person told us, "The girls are my people. They help me all they can. I feel safe and I can do my own thing." Another person told us, "I feel safe here because I don't have to lock my door. If I didn't feel safe, I would soon let them know." Relatives also told us they felt their loved one was safe. One relative told us, "We think this is the best place for [Name] and the staff are very good and patient."
- Staff told us they would report any safeguarding concerns to management and were confident they would be acted upon.
- Accidents and incidents were recorded on the home's electronic system. This allowed the registered manager to identify trends and take action reduce risks. We saw two people had been identified as having a number of falls and a referral had been made to the falls team.
- The registered manager was responsive to our concerns raised on inspection and told us they would take action to remedy any shortfalls.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not demonstrated continuous improvement and had not always ensured safe and effective governance of the service. The service has now been rated requires improvement for the fourth consecutive time. Although improvements have been made to the environment and management of the service, this track record does not demonstrate the provider is able to embed and sustain the improvements required and they had not identified and actioned the shortcomings we found at this inspection.
- The registered manager carried out a suite of audits and checks of the quality and safety of the home. However, these audits had not always identified and actioned the concerns we found regarding accurate care records, infection prevention and control, medicines and the environment.
- Systems to ensure accurate, contemporaneous records were maintained were not effective in identifying shortfalls. We found care documentation was not always accurate and clear on how to provide safe care and treatment. We found conflicting information in care records and care documents did not always reflect people's current needs and risks. We also found care plans did not always contain person-centred information and consent records had been signed by staff rather than people or their legal representative. People's care records were not always kept secure; we found people's medication records were stored on top of the medication trolley in the communal dining room.
- We found some areas of the home required refurbishment and environmental risks to people had not always been addressed. Vinyl flooring in some communal corridors was bubbled and torn and created a trip hazard for people, paintwork and décor required renewal. People and staff told us they felt the home needed improvements. One staff member told us, "The building is very tired and needs a lot of decoration." One person told us, "My room is a bit the worse for wear and could do with a decorate."
- We found the service had been issued with an enforcement notice from the local fire service in 2021. The fire service was also inspecting during our site visit. They told us the service had improved; however, they informed us they would now be issuing a notice of deficiencies regarding fire doors.

The provider had not always ensured full oversight of the operations of the home, leading to the concerns identified in this inspection. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we fed back our findings and the management team were helpful throughout the

process and reacted quickly to any concerns raised. We will review and evaluate the effectiveness of improvements at the next inspection.

- The management team were aware of their CQC regulatory requirements and notifications had been submitted as per registration requirements.
- The nominated individual assured us they were adhering to the safe, lawful and appropriate use of CCTV and its storage.
- Improvements in the management of the service had been noted. Staff told us things had improved since the arrival of the new registered manager.

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; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour. They told us they would ensure an open and honest disclosure to people and their families if something went wrong.
- The management team were responsive to feedback and took steps to review their processes and understand the context of our findings.
- The registered manager told us they were keen to continue to improve the service since their arrival. They wished to improve the environment, create a safe outside space for people to use and recruit more permanent staff.

Working in partnership with others

- The registered manager worked closely with the local authority and health care teams to share information when incidents occurred. Where safeguarding and other investigations took place, the management team were transparent and worked alongside the local authority. They worked closely with the local authority, health care organisations and public health departments to ensure Government and local guidance on safety was adhered to during a Covid-19 outbreak.
- The registered manager has forged relationships with the local colleges to assist social care students with placements at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the management team and told us they were visible around the home and always approachable
- Regular staff meetings were held, and staff felt supported by the registered manager and they had made improvements at the home since they started. One staff member told us, "I like [Name]; they've always been very helpful if I wanted anything...very supportive." Staff also told us they felt they could raise any concerns with the registered manager, and they would be listened to.
- Staff told us they were kept up to date with what was happening at the home and with people's care needs. They said the registered manager always had their door open. One staff member told us, "They always keep us updated on everything that is going on. We get everything in an email."
- The registered manager planned to introduce more surveys to gather people's views. They told us they had asked people for feedback on food and the results had been displayed. People told us they had not had a survey or questionnaire to ask their opinions. People told us there were no activities at the home. The registered manager told us they were currently recruiting for an activities co-ordinator.
- The registered manager told us of their aspirations for the service since they had been in post for a short time. They told us they wished to continue refurbishing and improving the service and have a well-trained, confident team. They said, "Ultimately, I just want Firbank to be a great place for the staff that work here

and the residents that live here; somewhere everyone can be proud to be a part of."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Improvements were needed to ensure checks were effective and governance systems were robust and embedded in practice to ensure safe and effective care.</p> <p>(1) (2) (a) (b) (c)</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure people's risks had been accurately identified and safely mitigated.</p> <p>The provider had failed to ensure the safe management of medicines in line with best practice.</p> <p>The provider had failed to identify and mitigate all infection risks.</p> <p>(1) (2) (a) (b) (d) (g) (h)</p>

The enforcement action we took:

Warning Notice