

Review of compliance

<p>East Sussex County Council Firwood House</p>	
<p>Region:</p>	<p>South East</p>
<p>Location address:</p>	<p>Firwood House Brassey Avenue Hampden Park East Sussex BN22 9QJ</p>
<p>Type of service:</p>	<p>Care home service with nursing Domiciliary care service Rehabilitation services</p>
<p>Date of Publication:</p>	<p>September 2012</p>
<p>Overview of the service:</p>	<p>Firwood House Living at Home Service (LHAS) is a reablement service operated by East Sussex Adult Social Care. The service provides short term reablement support, to people in their own homes, following discharge from</p>

	<p>hospital after a stroke, orthopaedic trauma or accident. The team has dedicated physiotherapy and Occupational therapy staff attached to aid with rehabilitation. Support can be offered for between two and six weeks.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Firwood House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 23 August 2012, checked the provider's records, talked to staff and talked to people who use services.

What people told us

We spoke with ten people who used the service. Everyone spoke positively about the service they or their relative received. People expressed sadness that the service was only available to them short term. They said they found the service responsive to their needs and changes that arose. A few people gave examples of how staff had responded to specific incidents of need that had been helpful to them.

Comments included "Could not be better", "Lovely people", "Very efficient more than happy", "Wonderful service wish we could keep them".

What we found about the standards we reviewed and how well Firwood House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with people who received the service or a relative who could speak on their behalf. They told us that they found staff were always mindful of privacy and dignity issues and thought they managed this very well. They said that staff always explained things to them and asked them about their care.

They told us that they were visited by someone senior from the service to check on their progress.

People we spoke with said they were provided with enough information about the service. People spoken with confirmed they had received a home file but not everyone had read this. They confirmed this would be returned to the service at the end of their support package.

Other evidence

When we visited the service we were shown a file for everyone currently using the service. This was a basic collection of support plan, contacts information and risk assessment documents for reference purposes. We were advised that the main file was

kept in the person's home with their agreement. This contained additional risk information, reviews, aims and goals, and contact logs recorded by support staff. We were shown files returned from people's homes following the completion of their support packages.

We looked at six returned files. We noted good evidence within daily contact logs of staff detailing tasks undertaken with people. These evidenced how staff were consulting, encouraging and motivating people to be involved in their skills and independence development. We noted evidence of reviews of progress.

During and following our visit we spoke with six support staff. They told us that they were always mindful of people's preferences in how they wanted their support delivered and what they saw as their aims and goals in respect of their reablement.

In discussion staff demonstrated a good understanding and awareness of privacy and dignity issues. They were able to describe various ways in which they ensured people they supported always felt comfortable and involved in the support they received.

Staff said that people received a progress review about two weeks after their service commenced. This was held at the person's home, and would involve the person and anyone else they wanted to be there.

Staff said that they respected people's decisions in regard to their care and support, if someone wished to cancel the service this was recorded and their right to do so respected. We noted evidence of a recent example where a service had been cancelled at the person's request.

People who used the service were given appropriate information and support regarding their care and treatment.

Our judgement

People's privacy, dignity and independence were respected.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with said they were very happy with the way in which they were supported. Some people said that staff helped them with exercises they had been set by the physiotherapist to help gain greater mobility and independence. Another person said they found staff taught as they went along to enable people to mobilise and do things for themselves.

One person said staff were very careful to monitor their fluid inputs and outputs to ensure that they were keeping healthy.

Other evidence

The manager informed us that whilst referrals were filtered through one referral point, priority was given to people referred from hospital awaiting discharge from stroke units or Orthopaedic trauma wards.

We were told that initial referral was completed for the service by a call assessment service and we saw examples of these. The service was able to refer back to the assessment service if they had any queries in respect of information received.

The manager advised us that people referred to the service were visited and assessed, prior to any service commencing. An initial environmental risk assessment was completed to ensure that any hazards to staff or the person were identified and

measures implemented to reduce risks. At this initial visit people were asked about their aims and goals and what they would like to achieve. At this point any initial therapy needs would be identified and a visit by either a physiotherapist or occupational therapist attached to the team would be requested.

We were told that therapy staff undertook an additional assessment of the person to look at equipment needs and daily living skills. Sometimes additional therapy calls were provided if it was thought that this would be of benefit to the person being supported. We noted examples of this happening in the daily logs viewed.

Staff told us that they were provided with enough information to inform them about a new persons needs when they started working with them. They said they read the support plan and spoke with the person about the support they needed. They were sent their new call sheet each week, which they were required to check with the office, to ensure no changes had occurred. They thought this system worked well and gave them the opportunity to check if there were any important issues they needed to be aware of.

Support plans viewed were personalised and informative for staff in respect of the support they were asked to deliver. We were advised that body maps were completed for people who required creams or dermal patches to be administered so that all staff knew where creams needed to be applied, or where patches had already been placed.

The manager advised that if a worker had a gap in their schedule they might, on occasion, call back to a previous client. This was to provide additional support around reablement if it was thought to be beneficial.

The manager and seniors told us that every week all packages of support were discussed. This was to look at the level of progress people had made, and whether any additional input was required. We saw records of these meetings and actions taken.

Everyone supported by the service received a review after two weeks. This was to determine whether they were on track with their aims and goals for reablement. We saw records of these reviews on files returned to the office. We were told that people who needed support beyond the six week period would be provided with contact details for private agencies in the community.

Staff confirmed they would discuss with their senior, those people who were not achieving goals and aims within expected timescales, and whether they would need further support. Some of the people we spoke with said that staff had spoken with them about having a private agency to support them after their package ended. One person said they had been provided with information about agencies. They said they had already arranged for one to visit at the end of their package provision.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People said they had no concerns about the service they received. People told us that they found staff easy to talk with and very helpful.

Other evidence

The manager informed us that staff were routinely provided with safeguarding training. This was confirmed when we spoke with staff, some of whom said they had recently received updates or had refreshers booked. When we viewed staff files we noted evidence of staff training in safeguarding with evidence of updates. We also saw that safeguarding competency assessments had been completed for each staff member. Some of those viewed had recently been updated. The manager said that safeguarding competencies were assessed in group work addressing specific questions and scenarios with staff to work through.

When we spoke with staff they demonstrated an understanding and awareness of safeguarding issues and their reporting responsibilities. Some staff had experience of raising alerts. All staff spoken with were aware of their ability to escalate alerts when necessary. The provider may find it useful to note that staff said they only sometimes got feedback on safeguarding alerts either raised by them or other people in the team.

The manager reported that a safeguarding spreadsheet was maintained. There were currently no outstanding alerts. We noted evidence of appropriate actions taken by the

provider in respect of safeguarding alerts.

An appropriate range of risk assessments were developed in response to specific environmental or individual risks for people supported.

There was good evidence that the service was appropriately notifying the Care Quality Commission of incidents and safeguarding alerts raised by staff.

We found that the provider responded appropriately to any allegation of abuse.

Our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

When we spoke with people they did not specifically comment about staff training but were complimentary of the way staff conducted themselves and went about the delivery of care to them.

Other evidence

The manager informed us that staff had access to a wide range of training. We were shown evidence that a rolling programme of mandatory training was provided, and that opportunities also existed for staff to access more specialised courses.

Staff reported that it was both their responsibility and that of their senior to highlight when updates were due. We spoke with seven staff in addition to the manager. All support staff spoken with had recently attended, or were booked to attend, training. Staff felt that they were provided with a good range of training, and one staff member indicated that they had expressed an interest in dementia training and had now been offered a place on a course.

The manager reported that they had appointed leads in respect of moving and handling, infection control, nutrition and hydration and medication. These staff had additional training and were also allocated dedicated time each month to fulfil their extra duties as a lead.

Support staff were allocated office time where they could undertake some of their on

line training.

We looked at six staff files and noted recorded evidence of a detailed induction programme for one newer staff member. We viewed individual staff training profiles and saw that a current record of all training undertaken was recorded and updated. We saw that dates for course refreshers were noted. Copies of certificates for completed courses were maintained on individual training files.

There was evidence that probationary reports were completed for new staff. We also noted evidence that staff experiencing health related problems were reassessed and appropriate risk assessments developed to ensure they were not placed at additional risk.

Staff said they had regular access to team meetings. Staff who missed these meetings on occasion said they could always access and read minutes of the meetings they missed.

Staff told us that they felt confident about raising issues or concerns within this forum if appropriate. Staff all spoke positively about the good team working relationship present in the service.

The manager confirmed that supervision was provided to all staff on a regular basis with this being more frequent for support workers. When we spoke with support staff they confirmed that they received regular supervision from a senior, usually at the office.

Staff confirmed that they had regular observations of their practice and received feedback about this. Senior staff who conducted these observations confirmed that any practice issues would be discussed with the team member concerned at supervision, or sooner if necessary.

The manager reported that therapy staff were supervised jointly with a health manager to ensure clinical practice issues were kept updated.

Staff spoken with felt well supported and able to raise any concerns they might have at supervision or directly with seniors or the manager, all of whom they found approachable.

When we viewed staff files we found each had a signed supervision agreement in place. We noted records of supervision meetings and saw that the frequencies of these were being maintained.

When we spoke with staff they confirmed they received appraisals and we saw evidence of recent appraisals on staff files viewed.

We were satisfied that staff received appropriate professional development.

Our judgement

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People we spoke with commented positively about overall service quality. They said they were provided with a feedback questionnaire to complete at the end of their care package.

Other evidence

When we spoke with the manager and senior staff they were able to confirm that a range of audits and checks were in place. Audits were undertaken of medication administration records and daily log information. Checks were made by the manager on files returned to the office from completed packages. Seniors audited home files on a regular basis to ensure that staff were appropriately completing and signing documentation. There was also evidence of checks on equipment, staff kit bags and staff files.

The manager maintained a therapy outcomes measure. This was completed at the beginning and end of a person's care package. This helped to measure how effective the service had been in reablement of the people supported. The manager reported this was also a good tool for assessing whether the criteria for admission to the service was being met.

We were advised by the manager that they undertook a monthly assessment of their service. This looked at a range of areas. An action plan was produced from this to

address shortfalls. Monthly quality assurance assessments were also undertaken by the compliance manager who identified any shortfalls and requested an action plan for improvement. The manager reported that they found this additional assessment useful for maintaining service quality.

When we spoke with staff they confirmed that senior support workers checked documentation when they visited people's homes. At these visits senior support workers monitored comments and feedback from people in receipt of the service.

Staff confirmed that people had feedback questionnaires that they were asked to complete at the end of their package, some staff said that they offered people support with these where they had difficulty writing.

The manager informed us that feedback from people who used the service was analysed for any information that could help improve the service. We were told that the service received a lot of compliments from people who had used the service and their relatives, and these were shared with staff. We noted some of these on the staff notice board. When we spoke with staff they were very proud of the service they provided and said they valued the feedback they received.

Staff told us that they felt listened to and felt able to express their views in a range of forums.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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