Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Firwood House

Firwood House, Brassey Avenue, Hampden Park, BN22 9QJ

Tel: 01323503758

Date of Inspection: 14 March 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Supporting workers ✓ Met this standard

Details about this location

Registered Provider	East Sussex County Council
Registered Manager	Ms. Jane Roberts
Overview of the service	Firwood House is an intermediate care centre for older people. The rehabilitation unit has 22 beds and people who meet the admission criteria stay between two to six weeks. A registered manager is in place. Other community services are also located there, including the 'living at home service.' This service provides personal care, has its own registered manager and was found compliant at a recent inspection.
Type of services	Care home service with nursing Domiciliary care service Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Firwood House had taken action to meet the following essential standards:

- Supporting workers

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 March 2013 and talked with staff.

Speaking to managers

What people told us and what we found

Firwood House is an integrated service operated by East Sussex County Council and East Sussex Healthcare NHS Trust (ESHT). The Care Quality Commission (CQC) undertook its last inspection of Firwood House in October 2012. At that visit we found a minor non compliance owing to shortfalls in the frequencies of staff training, supervisions and appraisal. We asked the provider to send us an action plan of how they were addressing these shortfalls, which they did within the required timescale.

At this inspection we looked at what progress had been made towards compliance with this area of the essential standard for staff support. People using the service were not asked to comment as they would not have had access to relevant information. We spoke with seven staff in total who were a mix of health and social services staff. We reviewed documentation relevant to the whole staff team in addition to ten individual staff training, appraisal and supervision records.

We were satisfied that the provider had made the improvements necessary to ensure all staff were in receipt of regular training, supervision, and appraisal of their work practice.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at ten staff files randomly selected from the health and social service staff team. We spoke with two people whose records we had viewed about their personal experience of training, supervision and appraisal.

We spoke with a qualified nurse who told us that they were relatively new to the unit, and was coming to the end of their induction period. They confirmed that they had received only some of the East Sussex Healthcare NHS Trust (ESHT) corporate induction. This was because as an experienced member of staff familiar with the unit through a previous agency role, their induction had been adapted to reflect this. They told us that they had completed an induction plan with their manager, which we were shown. This indicated that some gaps in knowledge had been identified. The staff member confirmed these were being addressed through nomination for specific training or visits to other services. The staff member told us that they had received and were nominated for a lot of training commenting: "I can't believe I got everything I applied for".

They told us that they had met with their manager twice since commencing work at the unit in November 2012. Notes viewed indicated these were not specifically recorded as supervisions. They confirmed that their role was to include the supervision of other health staff and they had received training to help them with this role.

They told us that they felt well supported by their manager and felt able to raise issues when they met. They experienced regular team meetings with social services colleagues, and also separate health staff meetings. They told us that they found staff meetings safe and supportive for staff to raise issues.

We spoke with another staff member who was employed by East Sussex County Council social services department. They said told us that they had worked in the service for a number of years. They said they received regular supervision from their manager. A review of their records confirmed this and the completion of an annual appraisals. As a senior they told us they were also responsible for supervising others, and ensured these

were conducted regularly. They told us that any issues that arose within supervision that might require disciplinary input were referred back to the manager.

They told us that they were up to date with all their mandatory training apart from first aid and this was confirmed within their training records. As they had missed the last course they reported that attempts had and were still being made to find an appropriate course for them to access to keep this updated.

They reported that they met regularly with their colleagues including health staff in team leader meetings. They felt that managers welcomed feedback from staff and listened to their views and opinions. When we viewed meeting minutes we saw that a range of meetings were held for staff at all levels, on a regular basis. Minutes were a comprehensive record of meetings and were available for those that had not attended.

The staff member confirmed that new staff employed through social services completed a month of induction. During this period the staff member was supernumerary to the rota. As a supervisor they confirmed that they were responsible for assessing new staff competence and signing off those parts of the induction they had completed correctly in their workbooks, the manager also had oversight of this. We saw on a new staff members file evidence of their attendance at induction activities.

During our inspection the registered manager had provided copies of staff records for us to view. In addition we were also shown the staff training matrix for health and social services staff. This indicated that improvements had taken place in the completion of outstanding mandatory training for the majority of staff. We also noted that a supervision timetable had been developed for all staff.

Our review of five social service staff files provided evidence of supervision agreements. Staff were seen to have received regular recorded supervision on a minimum of five occasions in a twelve month period. Four out of five files viewed had a completed appraisal for 2012 in place. Individual staff training records showed this was up to date. A sixth file provided evidence of induction for a new staff member.

When we viewed five health staff files we saw that the frequency of supervision whilst not consistent with social services colleagues, had improved. We found recorded evidence that in four out of five files viewed supervisions had increased to three within a twelve month period. A fifth staff member was completing their induction. We also found that three out of four staff due appraisal had either completed an appraisal, or an appraisal was booked within the next week.

Our discussions with managers indicated plans were underway to integrate some policies procedures and systems to improve consistency in delivery of care. It was acknowledged that to sustain the improvements made so far, further integration of systems for supervision, appraisal and training of all staff would need to be considered.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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