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: 22 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	East Sussex County Council
Registered Manager	Mrs. Caroline Pulleyn
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. The regulated activity personal care is no longer provided by this service.
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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 22 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

There were 18 people in residence and we spoke with seven of them during the inspection. People spoke positively about their experience of care and support. They felt well informed and said staff understood their needs well. People understood why they were at the service, but said they sometimes refused support if they did not want to do something, and staff respected this.

Records viewed showed that staff were provided with detailed information about each person. Staff confirmed this was enough to inform their support of people. Records showed evidence of progress towards independence and the involvement of therapists to achieve this.

We looked at nutrition and saw that people were given opportunities to state their preferences and to request alternatives to the menus provided. People who were seen to be at risk from poor nutrition were monitored.

The service worked closely with a range of other professionals to ensure people had a smooth transition from the service to their own home or to another placement.

We found that there were enough staff. Managers were aware of some issues around the skill mix and were able to demonstrate what actions they were taking to remedy this.

We saw from our review of records that these were kept updated, well maintained and kept secure. Systems were in place for the archiving and destruction of records after suitable timescales.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The manager and other staff told us that only people who had agreed to participate in the rehabilitation programme, and also met the criteria for admission, came to the service.

When people arrived, a detailed admission assessment was completed with them by staff. This included taking their photograph with their permission. People were also asked to sign various consents around the receipt of support and therapy, and some health and safety issues.

The manager told us that people were admitted into an assessment bed for a period of two weeks which was free of charge, the intermediate care programme could be extended up to six weeks depending on the individual clients goals. There was an expectation that people would sign contracts upon admission which detailed the terms of the service, and fees if peoples stay exceeded the two weeks. However, some people chose not always to sign these, and their decisions around this were recorded and respected by the staff team.

We spoke with seven people who used the service. They confirmed that they had been asked to sign consent forms upon arrival. They fully understood why they had been admitted to the service and that this would be for a time limited period. People told us that staff always spoke to them when offering support, and sought their permission. Staff confirmed that in addition to people's signed formal consents, they would also be asked each time support, at whatever level, was offered, if they were happy for this to proceed.

Staff said that people did sometimes refuse support or an activity. This was usually therapy sessions, and their wishes were respected. However, if this became a routine refusal staff said this would be referred onto the manager, as this could impact on the outcome of the person's rehabilitation plan.

We looked at two people's records and saw that staff were routinely recording their verbal consent to everyday support. When people refused support, an activity or a therapy, this

was also documented.

We saw that 'do not attempt resuscitation' (DNAR) forms were reviewed by the service with people or their relatives upon admission from hospital. This was to ensure that people knew about the DNAR and were in agreement with it. We saw that clients DNAR status was routinely discussed when reviewing the records during multidisciplinary meetings. We found that systems to ensure people were asked about the support they received or agreed to were well managed. People's rights were respected.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

When we visited there were 18 people in receipt of a service, two of whom were discharged that day. We spoke with seven people who demonstrated an understanding of why they were at the service, and that this was to help them improve some of their independence skills, including mobility, so they could return home. They were complimentary of the delivery of care by staff who they said they were very helpful.

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at two sets of records including one of the people who was discharged. We saw that the admission assessment completed with each person contained detailed information about their needs, and this informed staff about the level of support they needed. People we spoke with told us that staff had involved them in completing this information.

Records showed that individual plans of support were developed for personal hygiene, and mobility, and that therapy staff completed progress reports around these areas of support. We saw that clear goals were in place and these had been established with the people concerned. We saw that a risk framework was in place and people were assessed against risks of falls, poor mobility, nutrition, and risk of acquiring pressure ulcers. Wound care charts and body charts were in place for people who had arrived with, or developed pressure ulcers.

The service had access to appropriate equipment to support people. However, therapy services were not offered on a seven day basis. A client arriving late on a Friday would not be seen by the therapist until Monday. During this period nurse and support staff would complete moving and handling assessments, and identify any basic equipment that needed to be used with the client. This was a source of concern to support staff spoken with in case they got things wrong and this impacted adversely on the person. However, we were informed that support workers were in the process of completing training in Re-Enablement Assisted Programme (REAP). This would provide them with the necessary knowledge and skills to assess clients for a variety of basic equipment.

We saw that people who had health appointments arranged were supported to attend

these from the service. Staff told us that a GP visited daily and anyone who was causing concern was seen by the doctor during this visit.

Discharge planning was well documented and a review of multi-disciplinary meeting minutes showed this was fully discussed prior to any decision to discharge. We saw evidence of orders for equipment and records of contacts with relatives or other agencies to support people's return home. One person we spoke with who was being discharged, told us that staff had gone through the property list that had been completed when they arrived. This was to ensure that all their property was there. They said that staff had packed it up for them. Staff said that most people went home on time, but sometimes people were delayed because they were waiting for their medicines to arrive from the pharmacy.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The manager told us that the service retained its own cook and kitchen staff, and that all staff were required to have the relevant qualifications for their role. We were told that staff would also be offered, in addition to mandatory training, opportunities for specialised training to add to their knowledge in regard to food preparation and nutrition.

Staff told us that when people first arrived a nutritional assessment tool was completed to highlight whether they were at risk from poor nutrition or hydration. Background information was also checked to see whether the person had previous contact with dieticians or concerns had been highlighted in regard to nutrition. People were also weighed upon admission if they agreed. They were asked about their dietary requirements and this information was made known to the cook and kitchen staff who maintained a record.

We viewed menu information and saw that the service operated a four week menu cycle with an alternative meal provided for each meal. Cooked breakfasts were provided two or three times per week to those who wanted them. Staff said that if people did not like what was on the menu then they could ask for something else. People were encouraged to eat in the dining room as this was seen as part of their rehabilitation.

People were supported to be able to eat and drink sufficient amounts to meet their needs. When we spoke with people using the service they told us that they enjoyed the food provided, and had no complaints. They knew they could ask for alternatives and several people gave examples of food they had asked for. Two people said they found the portion sizes too big and felt conscious when they left a lot of food. One person said they would prefer their main meal in the evening, not at lunchtime, as this fitted their usual pattern of meal taking. The manager stated that these omissions were easily remedied, and they would ensure people were asked for their preferences around these areas in the future.

From records viewed and discussion with staff we understood that staff undertook food and fluid monitoring. The service had access to a dietician if people's nutritional intake was a source of concern, and we saw that food supplements were sometimes provided for those with a poor appetite. This ensured that people using the service were not placed at risk of becoming malnourished or dehydrated. However, we found one person's record where actions taken were not clearly recorded and they had been incorrectly identified as

being at high risk. We drew this to the attention of the manager.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with the registered manager and the matron who managed the support and nursing staff at the service. We asked them about feedback we had received from staff, that there was sometimes an imbalance, between the percentages of agency staff to established staff on shifts. Also that nurse staffing levels which provided for one nurse per shift to attend to peoples medical needs, allowed for little flexibility to provide cover for holidays, sickness or maternity leave.

When we discussed the lack of backfill to support nursing numbers and whether this placed people in the service at risk, a senior health manager made it clear that there were processes in place to address this. We found that whilst there was lack of flexibility within the present nurse staffing number. Senior staff had provided us with assurances that there would never be an occasion, where a request to fill a nurse shift at the service through use of agency or bank nurses, would not be approved.

We were told that the service was experiencing a number of unfilled support staff vacancies, and these were often covered by agency staff. It was acknowledged that this meant that experienced staff could sometimes find themselves on a shift with more agency staff than established staff. Staff thought this had become a particular problem at weekends. Service managers were aware of this problem, and due to the closure of another service had held posts for staff who wished to transfer from that service. In addition, managers were in the process of undertaking a consultation exercise with staff to adjust rotas, which would more evenly space experienced staff across all shifts.

The matron and manager said they always tried to get bank or agency staff familiar with the service to maintain continuity. However this was not always possible. Agency or bank staff were provided with an induction to the service. We sat in on part of the induction of two new agency staff. Established staff commented that whilst induction had happened previously they welcomed the introduction of a formal induction of agency staff which they felt was more robust.

In discussion with staff we found that whilst some of the staffing issues impacted on established staff, there was no clear evidence that people who received the service were adversely affected. When we spoke with people who used the service they raised no

concerns about whether staff were established or agency staff, they generally felt their experience of care had been good.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

We did not look at staff records at this inspection but assured ourselves that these were kept securely. We saw that the records of people who were using the service were kept updated and their needs were kept under review. Support staff told us that they updated people's records at every shift.

Administration staff told us that people's records were kept in the office, and we saw this could be secured with a key pad lock system. Cabinets within the office where records were filed could also be locked. This meant that people's records were kept secure.

We were told that once a person was discharged from the service, their medical records were returned to the hospital records department. The services own support records were sent to another facility where they were coded for health data collection purposes. The records were then returned to the service. We saw that a tracking system was in place for all records leaving and being returned to the service and staff explained to us how this worked. This ensured that records were protected from being mislaid.

Administration staff told us that currently a process was in place for the 'weeding out' of records dating back to 2004. Records from 2013 and 2014 were to be kept at the service. It had been arranged that all records dated between 2004 and 2012 were to be sent for archiving. All records older than two years were to be routinely archived.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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