The Firs Care Home (Calne) Limited

The Firs Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Firs Care Home provides accommodation and care for up to 32 older people, some of whom may be living with varying degrees and types of dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is all at ground floor level with a communal lounge and dining room. At the time of our inspection 32 people were living in the home.

The last comprehensive inspection of this service took place on 2 and 8 February 2016. The service was rated good overall but care plans did not clearly inform staff of each person's needs, personal preferences and the support they required. This increased the risk of inappropriate or unsafe care. We issued a requirement notice to ensure the provider made improvements. After the inspection in February 2016, the provider sent us an action plan, detailing how the identified shortfalls were to be addressed. During a focused inspection on 13 February 2017, the provider had followed their action plan and improvements had been made. During this inspection we saw the improvements made had been sustained by the provider and that the service had improved to Good in the Responsive domain.

The service was exceptionally caring. The service worked to create a homely, comfortable environment where people were supported to develop strong relationships with each other and care staff. People were treated with kindness, compassion and empathy. Staff explained how they respected people's privacy and dignity. The service celebrated people's achievements. People were supported to remain as independent as they wanted to be.

People and their relative's spoke extremely highly of the care and support received. They felt that the management team and staff often went 'the extra mile' for people. We observed, and people told us, that staff worked with them in a caring and person centred way. We observed people were comfortable in the presence of staff.

Staff spoke passionately about wanting to provide people with a high standard of care and support. Their comments included "I love working with the residents and want to give them the best care possible. We treat people as individuals and ask all the time about how they want their care to be" and "We see people as an individual, not their illness or diagnosis. You have to be passionate about this job and we all are, wanting to give everyone the best care."

The service was very well-led. The registered manager was available on both days of our inspection with one of the providers attending on the second day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was passionate about providing a high standard of care to people. People were supported by staff who shared the registered manager's commitment to providing an excellent service. Staff, relatives and health professionals spoke highly about the management team and staff and the service being delivered to people.

There was an effective quality assurance system in place to ensure any improvements needed within the service were identified and the necessary action was taken to implement change.

People received a personalised service which was responsive to their individual needs. Care plans contained essential information on people's preferences and life experiences to help ensure people received person centred care in their preferred way.

There were safe administration systems in place and people received their medicines when required. Medicines were stored securely and disposed of safely. People's care records showed relevant health professionals were involved with people's care. People's changing needs were monitored to make sure their health needs were responded to promptly.

People were supported to eat and drink sufficient amounts. Staff were aware of people's dietary requirements. Where required, people had access to specialist diets and guidance was in place to ensure staff met these needs accordingly.

People were protected from the risk of harm and abuse. Staff had received training in safeguarding adults from the risk of harm or abuse and were aware of their responsibility to report any concerns. Policies and procedures were in place to advise staff on what they should do if they had concerns. Risks were assessed and reviewed regularly and control measures were put in place to minimise the risks to people. There were effective pre-employment checks for the safe recruitment of staff, including criminal records checks and obtaining character references.

There were sufficient staff on duty to ensure people's needs were met. We observed throughout the inspection that staff were unhurried and spent time engaging with people. People received care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff members received a comprehensive induction. Training records confirmed staff received training in a range of core subjects required by the provider.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

The service was exceptionally caring. The service worked to create a homely, comfortable environment where people were supported to develop strong relationships with each other and care staff.

People were treated with kindness, compassion and empathy. Staff explained how they respected people's privacy and dignity.

The service celebrated people's achievements. People were supported to remain as independent as they wanted to be.

The service ensured the person who was receiving care and support was at the centre of everything they did. People were supported to express their views about all aspects of their care.

Is the service responsive?

Good

The service has improved to Good.

People were involved in the planning of their care. Their views and wishes were listened to, acted upon and regularly reviewed.

People received person centred care from staff who promoted each person's health, well-being and independence. Care plans were in place which detailed how each person would like to receive their care and support.

People were occupied and encouraged to socialise through a programme of engagement and activities. People were supported to pursue their interests.

People and relatives told us they felt comfortable with raising suggestions.

Is the service well-led?

Good

The service remains Good.

The Firs Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 8 and 9 May 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services.

Before the inspection we reviewed information we held about the service. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and reviewed notifications of incidents the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with 14 people using the service and six visiting relatives about their views on the quality of the care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff. We used the Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether people had positive experiences.

We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included reviewing care and support plans and daily records for eight people using the service. We looked at staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

We spoke with the registered manager, deputy manager five care staff and staff from the catering,

maintenance and housekeeping departments. We also spoke with five visiting health professionals. One of the providers of the service was present during our feedback at the end of the inspection.

Good

Is the service safe?

Our findings

People told us they felt safe. Their comments included, "I feel safe and sound. Staff come in for a natter. There is always someone around", "I feel quite safe and happy. Wouldn't like to be anywhere else. Can't praise the place enough", "I feel well cared for by very nice people and that makes me feel safe", "It gives you a feeling of security being here" and "Gosh, I feel safe as houses. Call and they [staff] are there. They are my engine."

Relatives felt their loved ones were safe and well cared for. Their comments included, "I have no issues about her safety. Friendly staff. When I come in they always know where she is" and "Absolutely they are very safe here. No worries when I leave."

We observed staff were always present in communal areas, providing discrete, safe supervision. For example, one person with a range of complex needs was acting in a way that adversely affected several other residents Staff were on hand to reassure the person and the affected residents.

People were protected from abuse and avoidable harm. Staff were knowledgeable in recognising signs of potential abuse and felt confident with reporting any concerns they may have. Any concerns about the safety or welfare of a person were reported to the registered manager or deputy manager who investigated the concerns and took appropriate action when needed. Staff were also aware of outside agencies they could raise concerns with, such as the local authority safeguarding team or Care Quality Commission. One staff member said "There is a good relationship between staff and management. I would have no difficulty in speaking up if I had any concerns about how people were being treated. We are a very close team and support each other. We support each other to know what good practice of care is." Another staff member told us "For those people who cannot communicate they are unhappy with care I would be looking for signs such as bruising, the person becoming withdrawn or anxious around certain staff. I would have no problem raising concerns if I saw poor practice. Senior staff are a role model for junior staff and showing them what is good practice."

Information about people's individual risks was accessible to all staff in people's care plans. Risk assessments had been completed for areas such as falls, nutrition, pressure area care and safe medicines management. They were reviewed monthly or more frequently if required. Any immediate changes to people's risk were discussed during handovers and the information added to care plans. One staff member told us "Risk assessments are there to support people and to promote their independence. For, example, [person] likes to go out into the community. We are constantly assessing how we can support her to keep doing this independently whilst being safe."

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. The registered manager reviewed the details of the incident or accident to identify if there were any trends or patterns. The registered manager said the information would then be used to see if any lessons could be learned and changes to care practices made. The registered manager told us they also regularly reviewed this information to identify if any immediate changes to someone's care were required.

People were supported by sufficient numbers of staff. The registered manager used a tool to assess the dependency levels of people being supported by the service. This information was used to calculate the number of staff required to keep people safe and meet their needs. The registered manager also analysed call bell response times to give them an indication if staffing levels were adequate. One member of staff said the registered manager listened to staff's feedback about staffing levels. Recent discussions had resulted in a change of staffing levels in the afternoon as this was identified as being a busier time where more people were requiring support. An additional staff member had been allocated between the hours of 15:00 and 19:00 hours.

Safe recruitment and selection processes were in place. We looked at the files for five of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults. New staff were subject to a formal interview prior to being employed by the service.

The provider had systems in place to ensure the proper and safe management of medicines. People received their medicines safely from staff that had the required skills and knowledge to carry out this task. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People had their medicines at times to suit them. People's medicines were regularly reviewed with health care professionals.

Medicine Administration Records (MAR) had up to date photographs of people using the service to assist staff who were unfamiliar with people's appearance. The charts also contained person centred information of people's preferences when taking their medicines. For example, how they liked to take their tablet and what drink was required. Protocols for medicines that had been prescribed on an "as required" basis, explained when and why people might require additional medicine such as pain relief and whether they were able to verbally ask for it or not.

We reviewed the MARs for six people. There were no gaps in the recordings and any anomalies had been clearly identified. For example, if someone had refused their medicine. One staff member told us if anyone refused their medicine on a regular basis a conversation would take place with the GP about changing the format of the person's medicine or trying to administer it at a different time of day to see if this helped.

One person was receiving their medicines in a covert manner (covert is the administration of medicines in disguised form, usually in food and drink). We saw this person had a care plan in place detailing who had been involved in making the decision and how the person could receive their medicine. Signed authorisation and approval was in place from the GP and the pharmacist for the person to have their medicine this way.

Medicines were stored and disposed of safely. Items that required refrigeration were stored in a medicine fridge. The temperature of these was monitored daily. Medicines that were no longer required were disposed of safely and in line with the provider's medication policy. Regular medicine audits were carried out to monitor that medicines were being safely administered.

The premises were well maintained and safe. We found all areas of the home were clean and free from any odours. Housekeeping staff and care staff had access to personal protective equipment such as gloves and aprons. Housekeeping staff explained they used separate, colour coded equipment to minimise the risk of

infection and cross contamination. We observed staff washed their hands before serving food and drinks and providing any care and support. Cleaning responsibilities were identified in cleaning schedules which housekeeping staff signed to say when tasks had been completed. People and relatives spoke positively about the cleanliness of the home. Their comments included "Very clean and tidy", "Very nice throughout, nice and clean and "Always clean. Cleaners do a good job."

Good

Is the service effective?

Our findings

People's health and emotional well-being were monitored and any changes in their well-being prompted a referral to appropriate health care professionals such as their GP. People were supported to receive regular health checks. Contact with health professionals such as the doctor, dentist, consultant, or nurse were recorded in people's records. This showed people's day-to-day health needs were met and appropriate information between the services was shared.

During conversations people said they were able to access GP services, Chiropodists/podiatrists, opticians and dentists. During the two days of our inspection five health professionals visited. Visiting health care professionals included a GP, two District nurses and two nurses from the community health team. Comments from people and their relatives included, "I see a GP or paramedics if I am not well", "The Chiropodist comes in, I've seen her recently", "I have asked to see the GP she is coming to see me today" and "I see the lady doctor when I need to."

People had 'Transfer' plans in place which contained information on their medical history and current health needs. These contained specific information regarding people's medical requirements and communication needs to support nursing staff should the person be admitted to hospital.

People were supported to have enough to eat and drink. Nutritional assessments had been completed and were regularly reviewed and people's weights monitored. When specialist support or advice was needed, this was sought. For example, records showed when the GP had been informed about weight loss and when supplements had been prescribed. Guidance on supporting people with their nutritional needs was detailed in people's care plans and we saw that staff followed the guidance. Some people were having their food or fluid intake monitored. All of the charts we looked at had been completed in full.

Nutritional care plans detailed people's preferences and choices in relation to food and drink. For example, in one person's plan it had been documented the person was a vegetarian. We observed this person was offered a vegetarian option at meal times.

We observed the lunchtime meal during both days of our inspection. Lunch time was a sociable and happy experience with staff and people chatting about the day and sharing jokes and laughter. People who required assistance were supported in a dignified way by staff at a pace appropriate to them and were not rushed. There were sufficient staff to serve and support people who needed assistance. People had access to specialist diets when required, for example, fortified food.

We spoke with the catering staff; they had information of all people's dietary requirements and allergies. This also included people's likes and dislikes. They told us if people did not like what was on the menu or had changed their mind about their choices then they were able to request alternatives. There were at least two options offered each day. Where people had asked for something different, this was arranged. Staff said that if people did not want or eat the meal option then alternatives would be offered. Where one person had refused the meal choices for lunchtime, staff had offered an alternative. The person's choice not to eat was

also respected.

The chef told us they met every three months with the registered manager to discuss people's weights, diets, likes and dislikes to make sure they had up to date information. They said they would also be updated of any changes in between these meetings. They said they would meet with people new to the service to discuss food preferences and any allergies. The chef spoke passionately about wanting to provide people with good quality food which they enjoyed. They said "If someone is having a bad day then giving them their favourite meal can perk them up. It can make a big difference." They told us how they had made a curry at home and had made an extra portion for one person to bring in as they knew this person liked hot and spicy curry. The person told us "The food here is very good. The chef knows that I like spicy food so he will make me a curry at home and bring some in for me."

People said that they liked the food because they had a good choice, it was the kind of food that they enjoyed eating and that it was hot and tasty. They told us that alternatives were available if they wanted something different. Their comments included "The food is very good. Chef comes round and asks us what the meal is like and if there is anything we would like especially", "The food is very good. The chef is excellent" and "I am vegetarian. The chef lets me choose what I want to eat. Chef comes round and asks what I want for lunch."

The environment was adapted to meet people's needs. There were assisted bathroom facilities and ramps in place to support people's mobility. Rooms were organised so that people and any equipment required could be moved safely. The corridors were different colours to support people with orientating themselves of their whereabouts. This supported people to be able to be able to move about independently. There was an enclosed court yard which people could access independently and safely.

People received care and support from staff who knew them well. They had received appropriate training and had been supported to develop the necessary skills and knowledge to meet people's needs. New staff members received a comprehensive induction to their role. This included completing the Care Certificate which covers an identified set of standards that health and social care workers are expected to adhere to. Induction also included staff shadowing experienced staff members. One staff member told us "The induction was good. I was able to shadow more experienced staff. The training was good and refreshers are available."

Regular one to one meetings (supervision) were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported and could raise any concerns. They felt confident action would be taken where required to resolve any issues. One member of staff told us "Support is really good. We have formal supervision every 3 months but can have informal chats anytime. We get the opportunity to discuss our careers and [manager] promotes career progression."

People's needs and choices were assessed in line with current guidance and care was delivered in line with these assessments. We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 Act 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.

The registered manager ensured where someone lacked the capacity to make a specific decision, mental capacity assessments were completed and best interest decisions were recorded. Staff were aware of their responsibility to seek consent before providing care and support. One staff member told us "We always seek consent before providing care. People have the right to say no. When this happens we might ask another staff to support or try again later. People get involved in all their daily choices such as what they want to wear, eat or what activities they want to do." Another staff member said "I ask permission before giving care. I will ask when people want to get up and what food they want. People have rights and should make their own decisions."

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Applications, to restrict some people's liberty under DoLS, had been submitted to the local authority. These had not all been processed by the DoLS team but the registered manager had been proactive and regularly reviewed these applications to ensure they remained the least restrictive practice.

Outstanding ☆

Is the service caring?

Our findings

People and their relative's spoke extremely highly of the care and support received. They felt that the management team and staff often went 'the extra mile' for people. Their comments included "Staff are marvellous. Anything you ask for they will do. Staff are not just working they are my friends", "Staff are always offering to do things for me. I went out with my shopping trolley and when I came back [staff] saw me and took it up to my room for me", "They make a difference to my life. I feel better than when I came in. I can get out and about now with a carer", "The carers make a difference, they are very good. If I want an extra blanket, here it comes" and "Staff couldn't do any better. Staff speak nicely and I feel happy around staff." One person said "When I came here I was very depressed and on medication. With their support I am now on none. I am now strong enough to maintain what they have done for me."

One relative told us, "Staff have coped very well in caring for [person]. When she first came here she refused to eat for two weeks, slowly but surely they managed to persuade her to eat. She is now eating and putting on weight. Every time I come in she is happier." Another relative had fed back, "I must say The Firs is outstanding in all respects. Most noticeable is the caring, thoughtful and capable staff. The care [person] has received, together with the dedicated plans for his welfare and recovery are extremely helpful."

We observed, and people told us, that staff worked with them in a caring and person centred way. We observed people were comfortable in the presence of staff. We saw that when people were approached by staff they responded to them with smiles or by touching them which showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them. One person's care plan noted they had anxieties around eating and drinking. The chef explained how they had built a trusting relationship with this person. They said once the lunchtime meal had been served they would go and sit with this person and have their lunch together. This reduced the person's anxiety around eating and because they had developed a good relationship the person would happily eat their lunchtime meal.

Staff spoke passionately about wanting to provide people with a high standard of care and support. Their comments included "I love working with the residents and want to give them the best care possible. We treat people as individuals and ask all the time about how they want their care to be" and "We see people as an individual, not their illness or diagnosis. You have to be passionate about this job and we all are, wanting to give everyone the best care."

The service celebrated people's achievements. The registered manager explained how they had implemented what they called "Golden Outcomes, in recognition of a resident's achievements." There was a record of things that people had achieved so they could be acknowledged and celebrated with the person and staff. The registered manager explained this was to give value to people and what they had achieved. For example, One person chose not to have care and support. They were at risk of self-neglect. The service was celebrating with this person that they were now requesting for personal care to take place and they had built up trusting relationships with staff. The person now felt they were in control of their care pathway and being able to make decisions. This had also improved their relationships with family members who were now visiting more often.

Another person had moved to the home to receive end of life care two years ago. The service was celebrating with this person how they had regained their capacity and were mostly independent. This was achieved with appropriate monitoring and support of this person's health needs by staff and the person developing positive relationships with staff to support the on-going improvement of their well-being.

The service supported people to develop close relationships with each other and staff. There were lots of laughter and interaction between people and the care staff. Comments from people and their relatives included "Staff are kind and wonderful, very caring", "Staff have a very good understanding of me and what I need", "They give very good care. The carers are very nice and kind" and "She is cared for very well. Staff are nice and kind to her. They make her nice and comfortable in bed." Comments from health professionals included "Staff are lovely. There are very good relationships between residents, families and staff. I am very impressed" and "I am very impressed how well staff know the patients [residents] and their families." People were supported to spend time in each other's rooms if they wished to which supported them to develop their friendships.

Staff respected and promoted people's privacy, dignity and independence. There was a 'dignity champion' in post, with responsibility for promoting people's dignity in the home. For example< reminding staff about how to respect people's dignity and observing their care practices to ensure this was carried out. Staff knocked on people's doors before entering their rooms and asked people for consent before offering any support. People told us "They [staff] very much treat me with dignity and respect. They knock on doors. They are careful to ask me what I want when they support me with care", "They listen to me, knock on doors and treat me carefully" and "I like them all [staff]. I can choose who I get but don't mind if I get care from girl or boys [staff]."

Staff explained how they respected people's privacy and dignity. They told us "I always make sure the curtains and doors are closed. I always knock before entering someone's room to check it is ok for me to come in. When supporting people with care I always make sure they are covered up and comfortable", "I ask residents how they would like their personal care given and then I would assist them how they wanted. I make sure I cover people up when giving personal care" and "I always knock on resident's doors. I respect people's choices and if they want a male or female carer. If they are not comfortable with me they I will ask another carer to support the person."

People were treated with kindness, compassion and empathy. We observed staff knelt down and spoke with people on their level if they were sitting, so they could communicate effectively with people. Staff moved around the communal areas speaking with people and asking them for their views. Comments included "what music would you like to listen to" and then people were offered a choice of CDs or radio. "Would you like a hot or cold drink", "Can I help you to sit up as you look a bit uncomfortable" and "Who would you like to sit next to. You usually sit next to [person]. Would you like to sit next to him today?"

The service encouraged people and their relatives to express their views and be involved in all aspects of care and support. People were involved with regular reviews with the management, care staff and those that mattered to them. Regular residents and relatives meetings were held throughout the year to update people on what was happening within the home and to seek their views on topics such as menu planning, activities and the décor of the building. People's human rights and how they could be involved in writing their care plans was a topic of conversation during a recent meeting.

Information to people was available to people in line with the introduction of Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and

understand information they are given. This included an easy read statement of purpose. These documents were made available to people accessing the service. For people who may experience difficulty with hearing staff wrote questions on a whiteboard and gave the person time to read and respond to the question. Picture menus were available in the dining area to support people to understand the food options available each day.

Comprehensive care plans had been developed with people. Two people had been supported to write their own care plans. Other people had signed to say they agreed with the content of each care plan. Writing their own care plans had been discussed at a recent resident's meeting. The registered manager explained they wanted to support all those who wished to, to write their own care plans. They said this had made people feel empowered and had a positive effect on their view of care being provided.

People were supported to be as independent as they wanted to be. Comments included "I like it here, I really do. Before I came here I was in a chair, I would get up and fall over. Staff have taught me to walk again. They have followed me with a wheelchair just in case I needed to sit down. I was surprised when I walked by myself", "I find I can be independent here. I have confidence in the staff so I can do things on my own" and "Mum is very different. She is now very independent. If she refuses anything they respect her decision." Comments from health professionals included "They have done well with improving people post release from hospital. They have done an excellent job in mobilising one person who came here from hospital who was immobile" and "Staff are work hard at improving the level of independence of residents."

We spoke with the registered manager about how they ensured people were treated in a kind and caring manner. They explained they worked alongside staff to monitor and observe their practices. They said that staff had a thorough induction which included shadowing more experienced staff to help them understand what good care was. Periodically throughout the year the registered manager carried out a 'dignity audit' where people and their relatives where asked to feedback on how they felt they were treated by staff and the care they were receiving. This supported people to be involved in choices about how they wished to receive their care and support in a dignified manner. They also told us questionnaires which tested staff's understanding of person centred care and treating people with dignity were included in team meetings to ensure staff were continually thinking about how they could achieve person centred care.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection on 2 and 8 February 2016, we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all care plans were sufficiently detailed to inform staff of the person's individual's needs, personal preferences and the support they required. This presented a risk of inconsistent or unsafe care. At a follow up inspection on 13 February 2017, a clear focus had been given to the development of people's care plans. Each document had been rewritten. During this inspection we saw the improvements made had been sustained by the provider and that the service had improved to Good in the Responsive domain.

The service was responsive to people's individual needs and personalised to their wishes and preferences. The registered manager explained they had written an equality and diversity policy which promoted respecting and treating people as individuals. The policy stated that "No assumptions will be made that what is true for one group of people is the same for another group". The policy supported people and staff to be open about their gender identity or sexual orientation. Where people were happy their individual decisions and preferences were recorded in care plans.

Each person had a care plan which was tailored to meet their individual needs. These were personalised and included information about people's preferences and how they wanted their needs met. For example, care plans contained information on people's preferred daily routines which included what time they liked to get up, whether they wanted a shower or a bath and what activities they enjoyed taking part in. One person's care plan noted that they like to wear denim jeans and a T-shirt. Another person's care plan noted their preference for wearing a particular colour nail varnish. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their health and well-being.

The registered manager told us that each care plan had been rewritten to meet the needs of each individual. This meant that care plans had different sections containing information relevant to that person. For example, where one person had a specific condition there was a section in their care plan which detailed the symptoms of this condition and the specific support the person needed to manage these symptoms.

The care planning process began prior to the person moving into the home with a comprehensive assessment. This included questions about the person's life history, religious and cultural needs, as well as physical and emotional needs. Care plans had been regularly reviewed and had been updated when people's needs changed.

People were supported to follow their interests and take part in social activities. At present there was no activities coordinator in post, although it was hoped to make an appointment in the near future. Activities were being overseen by senior management.

People told us that they had taken part in a variety of activities including social interaction during coffee and cake times, art and crafts, chair based exercises, sensory sessions, reminiscence, cookery, Bingo, and sing-a-longs.

Records were kept which detailed people's involvement in activities. These consisted of a profile with a picture, brief summary of the persons likes and dislikes in terms of activities, along with any medical needs and allergies. Comments from residents included "I have joined in with lots of different things, I've been out on trips", "I get a choice of things to join in with, trips out and the like", "I have been down to the Bowls club in town. I was always a keen bowler", "They [staff] play 60s music for me. I love it" and "I liked the food tasting that took place not long ago."

People and their relatives where appropriate, had been consulted about their end of life wishes and these had been documented. This meant staff and professionals would know what the person's wishes were for their future care and final days, and could ensure they were respected. One member of staff told us "End of life is our passion. People can choose were they wish to be cared for, here or hospital. We work with the person, families, nurses and GPs to make sure we know what people's wishes are and the care they need. We will ask what music people might want playing in their room or if they want a vicar for their last rights." Staff had attended training on end of life care. One healthcare professional feedback, "A lady started to deteriorate, aware that the staff knew her well and that she was comfortable with them, it was decided that she would be better to have end of life care in The Firs."

The registered manager had systems in place to support them to investigate complaints and concerns. There was a policy in place for dealing with complaints effectively. There had not been any complaints since our last inspection. There was a log in place which recorded when the complaint was received, any investigations undertaken and when a response to the complainant was completed. The complaints procedure was clearly displayed in the building and outlined how to make formal complaints and if necessary how to escalate them to the organisation and beyond.

People and relatives said they had not had any major complaints. They went on to say that little things were fixed straight away. Their comments included "No complaints at all", "Only little things but they do appreciate any complaints. If you don't let them know how can they put it right", and "They put things right straight away. Always let you know what they are doing about it."

Good

Is the service well-led?

Our findings

The service was very well-led. The registered manager was available on both days of our inspection with one of the providers attending on the second day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was visible in the home and knew the people and their needs very well. Feedback from people and their relatives included, "The manager is lovely and the place is well managed, "I know [Manager] and she is about the place often. She is very nice and does a wonderful job. She always has time for a chat", "[Manager] is the right person for the job. I believe the place is well run", "This is a very well managed home. [Manager] is amazing. She is proactive all of the time" and "We see the manager around all of the time. She is approachable and communication is good. The home is well run."

Staff told us they were well supported. Their comments included "[Manager] is so supportive. There is a real family atmosphere here which doesn't make it feel like work. There is a good relationship between management and all of the staff. We have no difficulty in speaking up and any problems [manager] will always listen and take action", "This is a great place to work. We all work so well together and you couldn't ask for a better team. We are supported to give people the best care possible" and "[Manager] is a positive role model to the junior staff. Our strength is our good team work. I love working here."

There was a focus on empowering staff. The registered manager explained how they supported staff to gain vocational qualifications and additional training as requested. 18 of the 22 staff employed had all achieved a national vocational qualification suitable to their role. Other staff were being supported to complete their qualification. Staff were encouraged and supported to take on additional responsibilities to support their personal development. For example, medicines administering was the responsibility of senior care staff. Junior staff who wished to progress were being supported to undertake training in this area to support them to take on this role where they wished to. One staff member told us "[Manager] always points you in the right direction. She promotes career progression. Since being here I have been supported to move forward with my career and I'm now at a more senior level. She [manager] really believes in us." They explained how working alongside the registered manager had supported them to build their confidence in both their professional and personal lives.

Staff were able to contribute to the development of the service through staff surveys, supervisions and team meetings. Regular team meetings provided an opportunity for staff to be updated with any service developments or changes and to share their ideas and views about how things might be improved or done differently. A member of said "We meet monthly and during the meeting we discuss a different policy so ensure we understand what is expected but also so we can talk about problems or thoughts we might have about this. For example, we recently discussed accidents and incidents and what we had learned by what was happening. These discussions help us to have the knowledge to do our jobs."

The service had a clear policy on equality and diversity and staff received training on this topic. The registered manager, and staff confirmed this, said they had recently discussed this topic at a recent staff meeting. They said they had what this meant to staff and how they could promote it. This had included a discussion regarding LGBT and how staff could ensure they were actively supporting people with their sexual and gender preferences. The registered manager gave us examples of how the service had provided support to meet the diverse needs of people using the service, including those relating to faith and sexual preferences. People's individual preferences were identified through discussion with them or their relatives if appropriate. Permission was sought to include this information in people's care plans where they wished it to be shared. Staff understood and respected people's individual preferences.

The registered manager and staff spoke passionately about providing people with excellent care and support. They understood the values and the vision of the service and where all working towards the same goal of providing people with the best care possible. Their comments included "We are here to give people the best possible care we can. We work really well as a team. I love working with the residents. This is the best home I have worked in", "The residents are at the centre of what we do. We are here for them. We are a really good team and communication is good. I really love working here" and "We are very person centred here. We want to learn from opportunities like this inspection. We are open to wanting to learn. I love the residents and the teamwork. Everyone is 100% committed to providing the best possible care. This is the best team to work with."

The service supported people to develop strong community links. For example, volunteers from the Town's library came in weekly to read poetry to people. Local schools came in to sing and read to people. The Firs Care Home has links with Wiltshire College and provides placements for students of the Health and Social Welfare courses. It links with the apprenticeship scheme and a former apprentice is now working at the service. One person told us they had attended the local bowls club.

The registered manager had developed positive working relationships with other agencies to ensure people received appropriate support and consistent care. The service worked closely with health and social care professionals to ensure they shared relevant information and also kept up to date with any changes with the person's needs. Health and social care professionals spoke very highly of the service and the partnership working they had developed. Their comments included "A very positive management. [Manager] very on top of things, always knows what is going on, always accessible from my point of view. They know their limitations and will escalate up concerns. Very good at timely reporting. If they are worried about anything will contact me for advice" and "We have an excellent relationship with Manager. [Manager] is passionate and incredible. They are good at asking for support with people if they have any concerns."

The registered manager was continually striving to enhance the care and quality of service people received. The service promoted effective monitoring and accountability of the care and supported provided to people. The registered manager said the provider was at the home at least once a week and played an active role in monitoring the quality and safety of the service. A comprehensive programme of audits were carried out looking at areas such as care planning, infection control, medicines administration, health and safety and staff training. Where required areas of improvements had been identified and plans put in place to address them.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Daily and weekly checks were undertaken to ensure that the service remained safe and any areas of maintenance were identified. The service had notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

Staff received regular supervision including formal observations of their working practices including their interaction with people and their understanding and knowledge of people and their care and support needs. The registered manager explained this afforded them the opportunity to identify if staff required any additional training, information or support to provide the high standard of care the service strived to achieve.

Providers are required by law, to display their CQC rating to inform the public on how they are performing. The latest CQC rating was displayed in the service and these details were also on the provider's website.