The Firs Care Home (Calne) Limited

The Firs Care Home

Inspection report

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Wiltshire
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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection over two days on 2 and 8 February 2016. The first day of the inspection was unannounced. During our last inspection to the service in June 2014, we found the provider had satisfied the legal requirements in all of the areas we looked at.

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.

A registered manager was employed by the service although they were in the process of leaving due to promotion within the organisation. The home's care manager had successfully been appointed, as the new manager. They were in the process of registering with us to become the registered manager. 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 and the newly promoted care manager were present throughout the inspection.

Whilst people had a care plan, not all were detailed and fully reflected their needs or the support required. Potential risks to people's safety such as the risk of malnutrition and the development of pressure ulceration had been identified. However, some assessments lacked detail. Any accident was appropriately investigated and measures were put in place to minimise further occurrences.

People and their relatives were happy with the service they received. There were many positive comments about staff and the overall care provided. People told us they felt safe and were able to follow their preferred routines, without restrictions. They said they enjoyed the food provided and had enough to eat and drink. People were offered a range of meal choices and snacks, based on their preferences.

People received good support and intervention to meet their health care needs. They were supported to maintain links with the local community and received regular visitors. An activity organiser was deployed to provide 'in house' social activity. People and their relatives were encouraged to give their views about the service. They knew how to raise concerns and were confident any issues would be satisfactorily addressed. Records showed any suggestions for improvements were implemented.

People were supported by staff who knew them well and were responsive to their needs. There were sufficient staff to support people effectively. Staff received training to ensure they had the knowledge and skills to do their job. Staff felt valued and well supported. They received regular time with their manager to discuss their work and any challenges they were facing.

Systems were in place to monitor and assess the quality and safety of the service. The care manager regularly worked shifts, as part of the working roster. This enabled them to keep up to date with people's

needs and to monitor staff's practice. Any issues identified were addressed appropriately through support, additional training or more formal procedures.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 was safe.

Potential risks to people's safety had been identified and there were systems in place to protect people from abuse.

People received their medicines in a safe manner.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and experience needed to meet their needs.

Staff understood the requirements of the Mental Capacity Act 2005. Where people had been deprived of their liberty, authorisation from the local authority had been requested.

People were supported to have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People were supported staff who showed a kind and caring approach.

Staff knew people well and promoted their rights to privacy and dignity.

Relatives spoke positively about the care and support their family member received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some care plans lacked detail and did not clearly inform staff of

people's preferences or the support they required.

Staff were responsive to people's needs and interacted with people well.

People and their relatives knew how to make a complaint and were confident any issues would be appropriately addressed.

Is the service well-led?

Good

The service was well-led.

The registered manager was in the process of leaving due to promotion. The home's care manager had successfully gained the position of manager and was in the process of registering with us, to become the registered manager.

There were a range of audits which monitored the quality and safety of the service.

People and their relatives were encouraged to give their views about the service they received.

The Firs Care Home

Detailed findings

Background to this inspection

We carried out this inspection over two days on the 2 and 8 February 2016. The first day of the inspection was unannounced. During our last inspection to the service in June 2014, we found the provider had satisfied the legal requirements in all of the areas we looked at.

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. On the days of the inspection, there were 28 people at the home.

This inspection was undertaken by one inspector. In order to gain people's views about the quality of the care and support being provided, we spoke with six people, three relatives and one health/social care professional. We spoke with six staff, the registered manager and the provider. We looked at people's care records and documentation in relation to the management of the care home. This included staff training and recruitment records and quality auditing processes.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We asked the provider to complete a 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. The PIR was received on time and fully completed.

Good

Is the service safe?

Our findings

Systems were in place to protect people against the risk of harm or abuse. Staff told us they would readily report any suspicion of poor practice or abuse. They were confident any concerns would be properly addressed. Staff told us if the registered manager did not address things properly, they would inform the provider or other agencies, such as the safeguarding team. One member of staff had recently raised concerns about a member of staff's practice. This was appropriately managed in a timely manner. Records showed all staff had received training in keeping people safe. Further training had been scheduled for the following month, to ensure regular updates.

There were assessments, which identified potential risks to people's safety. These included the risk of falling, developing pressure ulceration and malnutrition. The assessments indicated the support the person required to minimise harm. However, greater detail in some assessments and care plans would provide staff with further information, regarding people's safety. For example, one assessment and care plan referred to a person's smoking. Information stated they needed to be directed to the home's smoking area but it did not mention potential issues such as whether the person was at risk of dropping their cigarette. Another assessment identified staff were to ensure the person's safety whilst drinking alcohol. The information did not inform staff how this was to be achieved. Other care plans showed appropriate intervention had been taken to minimise risk. This included contacting the GP and a dietician about a person's slow deterioration in weight.

Accidents and incidents were recorded and analysed to identify possible trends. The care manager told us there was always a clear investigation to try to find out how the accident happened and if there were any mitigating circumstances. They said actions were then taken to reduce further occurrences. The care manager told us ensuring a member of staff was present with people in the lounge at all times had reduced the overall number of falls, people had experienced. They said in addition, promoting people's preferred routines of having a 'lie in' to minimise tiredness, had also positively impacted on people's safety.

People told us they felt safe at the home. One person told us this was because there were always staff around to help them if needed. Another person told us "I haven't thought about it really but I do feel safe. Everyone is very friendly and any visitors have to be let in to the home, so that keeps us safe". Relatives gave us similar views. One relative told us "I never worry about X being here. They look after him really well, so yes I would say he's totally safe". Another relative told us "absolutely, no question about it. X's safe here. They wouldn't be here if I had any concerns". People and their relatives told us they had never seen any practice, which had concerned them. One person told us "you never hear any raised voices". They told us they would tell staff straight away if they were mistreated. They told us "too right. I'd tell them. There's no question about that".

There were enough staff on duty to meet people's needs. Staffing rosters showed there were five care staff on duty in the morning and four in the afternoon and evening. There were two waking night staff. The care manager told us one member of staff lived on the premises, so was available as required, in the event of an emergency. Staff confirmed there were enough staff to meet people's needs effectively. They said they were

able to spend time with people and did not feel rushed in their work. One member of staff told us night staff worked shifts from 9pm to 9am enabling an overlap of day and night staff, first thing in the morning. They said this meant there were seven staff on duty until 9am to assist people to get up and ready for the day. They confirmed this number enabled people to receive support in a timely manner, without the need to wait.

The registered manager and care manager told us staffing levels were sufficient but also flexible. They said more staff were deployed if required, to support people at the end of their life or to manage their increasing care needs. Similarly, if a person needed to attend a hospital appointment, an additional member of staff would be deployed to accompany them. The care manager told us staff were very reliable. They said many staff lived locally and would "come in at a drop of a hat". The registered manager told us staff often covered additional shifts at times of annual leave and staff sickness. Due to this, agency staff were not required. Both the registered manager and care manager, said this enabled people greater consistency, with their care.

People told us there were enough staff on duty to help them when needed. One person told us "there is always someone around. If you need them, you just ring your bell and they'll come quite quickly". Another person told us "if I need anything, I just go and find someone. You don't have to look for long". A relative told us "the staffing levels here are quite good. There's always someone around although on one occasion, when there was a staff meeting going on, it was a bit quiet and there were no staff in the lounge. I told the manager and it hasn't happened again". Another relative told us "the staffing is fine. It's very relaxed and you don't ever see them rushing or flustered".

The registered manager and care manager told us the home was fully staffed although they were always looking for new staff, with the right attitude, to join the team. The care manager told us "if someone wanted a job and they seemed really good, we wouldn't turn them away. We would employ them in addition to our staffing quota to enable us greater flexibility even if we didn't really need them". Records showed an organised recruitment procedure was followed. This included contacting previous employers about the applicant's past performance and behaviour. Records showed Disclosure and Barring Service (DBS) checks had been carried out. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

People received their medicines safely in a person centred manner. A member of staff placed the medicines into a small plastic pot and gave them to the person. They tipped the medicines into the person's hand, placed them on a spoon or gave the person the medicines in the pot. They supported the person to have a drink and waited, whilst the medicines were taken. Staff asked people if they wanted any pain relief. They appropriately signed the medicine administration record (MAR) after each administration. All records were consistently completed to show the medicines taken and those declined. Records gave staff additional information to ensure those medicines to be taken "as required" were administered, as prescribed. The care manager told us the pharmacy supplying people's medicines had recently been changed to ensure a more efficient service. The newly appointed pharmacy had provided staff with new trollies for safe storage, additional staff training and reference guides. The care manager and a staff member told us all staff received training and had their competency assessed before administering medicines. Their competency was checked on an on-going basis, every six months.

Good

Is the service effective?

Our findings

People had their needs met by staff with the necessary skills and knowledge. Staff told us the training opportunities at the home were good. One member of staff told us "we have lots of training here. It's excellent. We are always doing something. Fire, infection control, safeguarding, dementia care, first aid, medicines. There's always something". Another member of staff told us "they keep a track of our training and keep us up to date with any new area or guidance. It's good as it's varied. Some's classroom based but others are workbooks or watching DVDs". Another member of staff told us "I'm really grateful to them, as I've progressed far more than I thought I could and it's down to their support. They're really good and help if you're struggling. They've done wonders for my confidence". The care manager confirmed they sat down with staff to go through things, if they were having difficulties. They told us "we try to be as supportive as possible and encourage staff to say, if they feel there's any training they need." The care manager told us there was certain training, all staff were expected to complete. In addition, there was person specific training provided by health care professionals, in relation to people's individual needs. This included support from a member of the mental health team regarding the effective management of a person's agitation or aggression. Staff told us this training was invaluable, as it helped them support people more effectively. The care manager told us staff training in the prevention of pressure ulceration was being discussed with the district nurses. They said they regularly monitored staff practice and would arrange additional training if any concerns were noted.

Regular meetings were held between staff and their line manager. These meetings were used to discuss the staff member's role, personal development and any challenges or concerns. The home's policy indicated these sessions were to take place on a three monthly basis. The care manager told us this was being achieved although they wanted to increase the frequency to make the system more effective. Staff told us the meetings were useful, productive and a good means of support. They told us in addition, they received informal support from each other, the management team and the provider on a day to day basis. One member of staff told us "if there's anything on my mind, I don't need to wait for my formal supervision session, I just tell the manager or X, the care manager". Another member of staff told us "we have a great team. We all work together and help each other out, so nothing becomes a problem. It's really good". In order to promote good communication, staff told us regular handovers and staff meetings were held. This included a weekly Monday morning meeting to discuss the events of the weekend. Records of all supervision sessions were maintained although discussions did not follow on. For example, if an action was agreed, it was not discussed at the next meeting to identify progress. The care manager told us this practice would be adopted, within future meetings. They said how staff managed particular challenges were discussed during each staff member's annual appraisal. This system enabled the on-going development of staff and in addition, enhanced motivation due to recognising the individual's strengths and achievements.

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. 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).

The care manager told us of those applications that had been submitted to the local authority. The majority of applications involved each person's inability to leave the home, unsupported. They told us in addition, they had contacted the local authority for advice about different issues. Staff demonstrated a good understanding of supporting people to make choices and decisions about their daily living. This included supporting people to choose what to eat and where, what time they got up and what clothes to wear. One member of staff told us "I always ask what people want and never presume. It's like drinks, I know what X likes but I will always ask. I know the answer but that doesn't matter, it's giving people choice. It's important". Staff were aware of the processes to follow if people did not have capacity to make certain decisions. This included the use of covert medicines, which involved disguising medicines in food or drink without the person's knowledge.

Whilst people were offered a range of choices during the inspection, they were not offered a choice of drink at lunchtime. Staff asked each person "would you like some juice?" and then poured purple coloured squash, into their glass. The registered manager and the provider told us this was not usual practice. They said there were various different drinks, which were available to people so they were not sure why these were not offered.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they were happy with the variety and the way in which all food was cooked. One person smiled and told us "we always seem to be eating, so I need to watch my weight. The food's really good here. We get lots of snacks as well. There's always a choice and if you don't like that, they'll get you something else". Another person told us "one day, X said they didn't want anything to eat, as they weren't hungry but staff read off a load of things to tempt them. There were loads of things and in the end they settled for cheese on toast. You couldn't fault them for trying". This was similarly evidenced during the inspection. One person explained their appetite had gone and they did not feel like eating. A range of foods were offered instead of the main choice and the person decided on an omelette. The person was asked what filling they wanted and this was quickly arranged. However, after a few mouthfuls the person did not want anymore. A member of staff then asked "what about a cup of tea and some biscuits and maybe you can try something else later". The person agreed and said "that would be nice". Another person returned from hospital after a screening procedure. They were offered a range of snacks and the person chose soup. They were then asked what flavour they wanted including tomato, leek and potato or chicken. Whilst eating, staff asked "is the soup ok X?" The person replied "it's beautiful. Thank you". The care manager told us something, which was not on the menu, would be provided if this was what a person wanted. They told us "we'd go to the fish and chip shop if that's what someone wants". They explained it might be the person had an underlying issue, which they were unable to verbalise that was stopping them from eating. They said it was therefore important for meal options to be flexible.

A member of staff told us food was considered important for people's health. They said the majority of food was cooked "from scratch" using fresh produce. They said emphasis was given to the food's taste, texture, smell and how it looked visually in order for people to enjoy the food provided. The member of staff told us the menu enabled people variety with distinct choices such as red meat, fish and a vegetarian option. Records showed people's risk of malnutrition was regularly assessed. Those people at risk were supported to have additional calorie intake. Records showed one person had recently been referred to a dietician. Staff told us as a result, they had been prescribed fortified drinks. They said any weight loss was always

discussed with the person's GP. Records showed other people had maintained or gained weight. One relative confirmed this. They told us "I've needed to buy X more trousers so I know they've put on weight. They look better for it though so it's good. It shows the food's good but also they're content".

People were supported to maintain good health and had access to appropriate healthcare services. One person told us "I can see the doctor if I'm not feeling too good". Another person told us "a doctor comes regularly each week so they'll fit you in, if you need to see them". During the inspection, a member of staff asked if a person if they wanted to see the doctor, as they had mentioned they did not feel well. Staff told us people received good support from district nurses, the care liaison team and the mental health team. They told us people were encouraged if possible, to maintain their own optician or dentist. Staff told us the home worked well with the local hospice services and a GP routinely visited each week. This enabled on-going health issues to be monitored and treatment to be adjusted, as required. One health care professional who regularly visited the home told us staff were good at identifying ill health, making appropriate referrals and calling for advice in a timely manner. The health care professional told us staff knew people well and were able to identify potential triggers, which escalated some people's agitation and aggression. They said staff managed these incidents well. Records showed people had been appropriately supported to maintain good health.

Good

Is the service caring?

Our findings

People told us they liked the staff and were happy with the care they received. They described staff as "caring", "friendly", "patient and "helpful". One person told us "they are all good but I like some more than others but that's human nature". Another person was being given a drink and they said to another, "she's a good girl, that one", whilst pointing to a member of staff. Another person said "they're all nice. They'll do anything for you. They work hard". Relatives were equally positive about the staff. They told us "nothing's too much trouble and they're always the same. They're always bright and cheerful whenever we come in". Another relative told us "what I like about the home is that staff take people for what they are. They're no airs and graces. What you see is what you get. They're really patient with people and care about them". The relative went on to tell us they were always welcomed when they visited, whatever the time of day. They said "they're always friendly and ask us how we are. They also promote relationships, which I really like. If you ring to see how X is, they'll always offer to pass the telephone to him. If he doesn't want to talk, they talk instead. It's really nice".

Relatives told us staff had a good rapport with their family member. One relative told us "they are very good at backing off, if need be and coming back later". Another relative said "they know with X that no means no and there's no point trying, as it will just make it worse. I'm happy with that, as it gives X back a bit of control. They do respect people's wishes". Staff told us they had grown fond of people, as they had worked with them closely over a long period of time. They told us caring for people at the end of their life was often emotional. They said they had started to send relatives a sympathy card, after the death of their family member. This was to show respect and to give support at a difficult time.

Staff interacted with people in a friendly, caring manner. One member of staff was assisting a person to the dining room for lunch. They were chatting about day to day events whilst giving reassurance. They told the person "you're doing really well. We're nearly there". The person responded by smiling and joking about feeling old. Another member of staff was assisting a person to sit down in an armchair. They were encouraging the person to feel for the chair with the back of their legs before sitting down. The member of staff gave simple instructions in caring manner. Once seat the person said "thank you" to which the staff member said "you're welcome. Would you like a cup of tea?" Another person asked a member of staff if they could have a cigarette. The staff member explained to the person, they had only just had one but if they wanted another that was fine. They offered the person a drink, which enabled sensitive distraction. Another person had a number of soft toys in front of them on the dining room table. A member of staff asked the person if they could move them, as lunch was nearly ready. They did this sensitively, moving one soft toy at a time, whilst checking with the person, they were happy for this to happen. During lunch, one person asked staff for a hot drink. This was respected and the person smiled whilst saying "you are a good girl".

Staff were confident when discussing people's rights to privacy and dignity. One member of staff told us "we always ensure care is done in private and the person is comfortable, warm and well covered. I always talk to people about what's going to happen next and try to build trust". Another member of staff told us "I've got a thing about people's clothes. They have to be clean and well ironed. It looks horrible, if people have food down their clothes". A relative told us this was something they liked about the home. They said "X always

looks well-dressed, which is important because they looked well cared for. It puts my mind at rest because they take care of her". Another member of staff told us "we always make sure two staff help, if a person is being moved with the hoist. This is because of safety issues but also one member of staff makes sure the person's clothing hasn't risen up. If it has, we can discreetly cover them with a blanket to maintain their dignity".

During the inspection one person felt unwell. The person did not want to move from the lounge so staff placed screens around them, enabling some privacy. Once feeling better, the screens were removed. Another person had been assisted to the bathroom. The member of staff was waiting outside and saying "let me know when you're ready. I'm just outside. Don't worry. Use your bell or just shout, whatever you want to do". The staff member told us they felt it was important to give people privacy especially in intimate situations.

People told us staff maintained their privacy and dignity. One person told us "they're very good like that. They don't make you feel conscious when you're having a bath". Another person told us "they're very good if you need to use the toilet or when you're in the bath. They'll look away or do something else, which is nice as it gives you some privacy". The person continued to tell us "they let you wash more private areas if you can". People told us they were encouraged to bring items of furniture and personal possessions with them on their admission to the home. They said this enabled familiarity and a homely feeling. People had a picture on their bedroom door of something important to them. This enabled better orientation, in a person centred way.

Requires Improvement

Is the service responsive?

Our findings

Whilst staff were knowledgeable about people's needs, this knowledge was not consistently identified in care documentation. Care plans did not clearly identify the support people needed. For example, it was stated staff were required to assist one person with their personal hygiene, morning and night. They were to ensure the person was clean from "top to down" with encouragement to wash their hands after using the toilet. In addition, staff were to encourage the person to eat and drink and assist with oral hygiene day and night. The person's care plan did not inform staff how they were to help the person with these tasks. The records did not inform staff how to manage the person's health condition, which was particularly apparent whilst moving to the service. During discussion with the person, they did not view their care needs in the way they were portrayed in their care plan. There was no information about the person's future wishes or how they were being helped to maintain their independence. Some information in the care plan gave conflicting information. This included one part of the person's plan stating they needed to be checked hourly throughout the night to ensure their safety. It was not stated why this was necessary. Another part of the plan, identified the person did not want this intervention and would use their call bell, if they needed assistance. Records showed, as the person had capacity, this decision was respected and hourly checks were not required. This conflict of information did not ensure consistency. After the inspection the provider sent us an updated copy of the person's care plan. This was more person-centred although terms such as "prompting" were used, rather than the actual support required.

Another care plan, detailed the person liked to have a blanket with them at all times, as they gained comfort from it. The person did not have the blanket when seen during the inspection. Information stated the person experienced disorientation and should be served their meal first, as they were unable to wait and would leave the table. Staff assisted the person to the dining room but did not give them their meal straight away. The person got up three times and was encouraged to remain seated by staff and another person who used the service. One member of staff asked the person why they were unable to settle. They offered assistance to go to the bathroom, which was accepted. The person returned and their meal was presented to them. The person's care plan indicated they could be "verbally aggressive" at times. Staff were to encourage the person to communicate and give reassurance but information did not inform staff of potential triggers, to these behaviours.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People began to be seated in the dining room, with staff assistance from 11.20am onwards. There was negativity from some people about the need to wait, as lunch was not served until 12 o'clock. They looked around without interaction from others. One person fell asleep at the table. Another person moved the cutlery around the table. Two people became restless and their agitation increased. We discussed this waiting and apparent unsettling behaviour with the care manager and the provider. They told us people would have given consent to sit at the dining room tables. They said they would probably have been given assistance to use the bathroom and then requested to go to the dining room, rather than having to move again, if they returned to the lounge. Whilst recognising this gave people less disruption, the wait did not

promote their overall wellbeing.

People were complimentary about the care they received. One person told us "I'm very happy here and when the weather gets better, it'll be even better, as I'll be able to get outside in the garden more." They continued to tell us "I like it here, as there are no strict routines. You can do what you like and there's no pressure but the staff are around, if you need them". Another person told us "the best thing about this place, is that they leave you to your own devices but they're there, if need be. You can do what you like. You can stay up late and they don't question it. They'll wake you in the morning with a cup of tea if you want them to but I'm always up early. I have my drink in the dining room, as I like to see what's going on". People told us they were supported with their personal care in a caring manner. One person told us "they'll always ask if you want a wash or a bath. It's up to you". Relatives were equally positive about the care their family member received. One relative told us "X's doing really well. Their mobility and their memory are better since being in here". Another relative told us "X always reacts well to the staff and is content and relaxed. She'll have her hair washed now, which is a real achievement". Another relative told us "the best thing about the home is that they let X be himself and don't fit him into routines. If he doesn't want to get up that's fine. They will ask him if he wants help later. If he's not shaved there's a reason why. If he's refused to have it done, I see that as good, as he's in control and they listen to what he wants and respect this". They told us travelling to the home due to its location, was sometimes a challenge but they would not consider moving their family member. They told us "they're doing so well, we wouldn't want to jeopardise anything although the journey here, is quite a trek". One person told us they were allergic to some types of fruit. They told us staff were very good at remembering this, often saying "sorry X, you can't have this but we've got you something else". Staff including those in the kitchen were aware of the person's allergy.

Staff were responsive to people's needs. One person was concerned that others were entering their bedroom, although this was not so. Each time the person raised their concern, staff gave reassurance in a sensitive manner. Another person said they felt cold. A member of staff immediately asked them if they wanted a blanket. They placed this over the person's legs and said "is that better?" At lunchtime, one person became agitated and shouted at another. They left the table in a hurry and continued to raise their voice, although not at anyone in particular. One member of staff followed the person, whilst another spent time with the person who had been shouted at. They apologised for the person's behaviour and explained it was not targeted at them. Both staff were reassuring and able to calm the situation quickly. The care manager told us each person had challenging moments but there were not any, which could not be managed. They told us "staff are quite able to deal with situations. They've had training and we're always talking about the best way to manage things that arise".

At lunch time, staff gave people their meal and explained what it consisted of. They asked people if they wanted any condiments or any assistance with cutting their food up. One person asked for a particular sauce. This was given and the staff member asked the person, if they were able to put it on their food. The person requested assistance and was asked where they wanted it. Another person was asked if they wanted cream on their dessert. The staff member said "where would you like it? On top or on the side?" They waited for the person to answer before pouring the cream. Staff were attentive whilst people were eating and identified those, who needed support. One member of staff said "you don't look like you're doing very well X. Shall I help you?" The person agreed and the staff member sat beside them, chatting about the meal, giving pleasantries such as "this looks good". People were given a meal, based on their preferences and choice. The meals and desserts were delivered from the kitchen individually, covered in foil. Staff assisted each person to remove the foil and made comments such as "enjoy your meal".

Staff told us some people purposely walked around the home. The layout of the building enabled people to walk along corridors and arrive back where they started. Staff told us this minimised some people's anxiety,

as they did not come across barriers, such as some doors, they could not open. The corridors contained sensory stimulation and there were hats and bags people could help themselves to. The registered manager told us they had recently reviewed the social activity provision available to people. This included purchasing new art and crafts equipment. They said an activities organiser was employed between the hours of 10am and 3pm. The registered manager told us activities arranged included music and singing, armchair exercises and reminiscence. One person told us they liked following their own interests such as knitting and word games. They laughed and told us "I played bingo the other day. There's a first time for everything so I thought "why not?" It wasn't too bad and I was surprised how much I enjoyed it". There was an activity planner on the wall near the kitchen. This showed activities such as puzzles, drawing, colouring, movies and baking. During the inspection, people were listening to music and singing with staff. Some people were chatting to staff on a one to one basis and having a manicure. Staff told us people were supported to participate within community events if they wanted to. This included going to the local pub or into town for coffee. They said people were generally local so had many friends and family within close proximity. This enabled people to receive regular visitors, which promoted wellbeing. One person returned their used cup and dishes to the kitchen. They said they liked doing such jobs.

People and their relatives told us they would tell a member of staff or the manager if they were not happy with the service they received. One person told us "I think they would want to know so I would tell them, if there was something worrying me". Another person said "I'd mention it in passing. I wouldn't make a big thing about it unless they didn't sort it. They told me when I came here first, that I must say if I had a problem". A relative told us "I've never had to make a formal complaint but I would do if needed. It's usually something such as clothing that's gone missing but they always sort it". Another relative said "I would just say if I wasn't happy. One day, X had socks on which seemed a bit tight so I told them and I've never seen it again. They do listen and take on board what you're saying". The care manager told us they always encouraged people and their relatives to say, if they were not happy without letting things escalate. They said complaints were seen as a way to develop the service. There was a copy of the complaint procedure on the notice board. Records of any concerns and their investigation received were maintained.

Good

Is the service well-led?

Our findings

There was a Statement of Purpose, which was accessible to people, their relatives and staff. The document described the home and the services it provided. However, the information stated the home provided "personal and nursing care", which was not accurate. The provider told us this was an error, which would be rectified. Similarly, there was a policy, which stated senior staff were able to verify a person's death. This was not accurate and an intervention, which only qualified health care professionals were able to undertake. The registered manager and the provider told us, the policy was in place in error and not actually practiced within the home. The registered manager told us they were in the process of reviewing the home's policies and procedures but would remove this document, without delay.

There was a registered manager in post although they had gained promotion and were leaving the service. The home's care manager had been newly appointed to the role of manager. They were in the process of registering with us, to become the registered manager. Due to this, the registered manager asked the care manager to take a lead role in supporting the inspection. The care manager did this in a positive and knowledgeable manner. The registered manager and the care manager told us they were well supported by the provider. The provider regularly visited the home and was available throughout the majority of our inspection.

Staff and their relatives were positive in their comments about the registered manager and the care manager. One member of staff told us "the registered manager is very strict and likes everything working well. They always need to keep on top of things. They're very organised and structured". They said the registered manager and the care manager complimented each other. Throughout the inspection, the care manager was talking to people and assisting with tasks such supporting people to eat. Another member of staff told us "the care manager is very young but very knowledgeable. I've learnt a lot from her. She'll always give you time and talk things through and will always say "let's give it a go". Another member of staff told us "X is lovely, very "hands on" and knows residents and their families well. She's really good". The registered manager told us "X will make a brilliant manager. People and families love her. She's very organised, knowledgeable and excellent with people". The care manager confirmed she was still learning but tried her best. She said she felt it was beneficial to have worked as a member of the care staff, before gaining promotion. The care manager told us she had an "open door" policy and worked shifts, as part of the working roster. They said this enabled them to be knowledgeable about people's needs, to gain insight and to monitor staff's practice. The care manager told us they often worked over the weekend so they could meet with relatives, who were not able to visit in the week.

The registered manager and care manager told us the ethos of the home was to ensure high quality care in a friendly, relaxed and homely environment. Staff confirmed this. One member of staff told us of their views when they initially visited the home for their interview. They said "I was quite shocked when I first visited the home. I thought it was quite old fashioned in style and décor and it really needed freshening up. However, I now understand why it's like it is. People like it, as its home. Nothing fancy but home". One relative told us "when looking around for a placement for X, we visited some beautiful homes with coordinated furnishings. They were absolutely beautiful but they just didn't have the same atmosphere that it has here. The Firs is

really homely, it's really relaxed. The environment might not be perfect but the care is really good". The care manager told us "we're not fancy in the environment but we are what we are. It's very homely here and people seem to like it". They told us they were in the process of reviewing the environment to determine any changes, which were required.

The care manager told us each member of the care staff team was committed to the ethos of the home. They said the majority of staff lived locally. Due to this, they said staff had grown up, knowing many of the people, who now lived at the home. They said this automatically created a bond between people and the staff, similar to that of a family. The care manager told us each member of staff had their own skills, which complemented the staff team. They said "if any member of staff left, you would notice a gap, which would need to be filled. I can't fault the team, they're all very good". The care manager told us each member of staff was a credit and an asset to the home.

There were a range of audits to monitor and assess the quality of the service. These included checks related to health and safety, infection control and medicine management. There were additional checks of the call bell system, hot water temperatures, equipment and furnishings in people's bedrooms and the safe storage of substances. Staff checked on a daily basis that all medicine administration records and care charts had been appropriately completed. In addition to 'in house' checks, a comprehensive annual audit by an external organisation took place. At the last audit, it was identified more work regarding the prevention of legionella was required. Records showed this had been addressed in a timely manner. Staff told us they documented any shortfalls with the environment, in a maintenance log. This included a toilet not flushing properly and scraped paintwork due to the backs of armchairs rubbing against the walls. All tasks were "signed off" once completed and there were no shortfalls outstanding. There was a record, which evidenced staff had regularly monitored the cleanliness of toilets throughout the day. This ensured all toilets were hygienically clean at all times. The care manager told us all audits were undertaken at varying frequencies depending on the area being assessed. They said they undertook "night observational" visits on a two monthly basis. These visits were unannounced and at any time and were undertaken to ensure people's care at night was satisfactory. Records of these visits were maintained.

During the inspection, the fire alarms were being tested by an external contractor. The process meant the fire alarms were repeatedly activated causing some disturbance through noise. Staff gave reassurance and explained to people, what was happening. They said people participated in fire drills to enable staff to be familiar with the situation, in the event of a real fire taking place. External contractors regularly serviced other equipment such as hoists and passenger lift. The care manager told us at the last service, the contractors missed one hoist. They were immediately called back to complete the work. Small electrical appliances were checked annually to ensure they were safe to use. Staff told us they had recently had a kitchen inspection and were awarded 5 stars, the highest achievement.

The registered manager and care manager told us they regularly encouraged people and their relatives, to give feedback about the home. This was informally through day to day discussions and within meetings and the completion of surveys. The care manager told us surveys were sent out to people and their relatives annually. All feedback was coordinated and people were responded to individually, to show their views were appreciated. If any concerns or suggestions for improvement were identified, the person was informed how such issues would be taken forward. Feedback from people included smaller portions at mealtimes, more cups of tea and more colour in bedrooms. The care manager confirmed these issues had or were in the process of being addressed. They said they were committed to further improving the service people received. This included the development of "end of life" care and a system to monitor the review of people's health and personal care. They said within this system, they were checking issues such as making sure any sore areas of skin had healed and there were no outstanding blood tests or medicines which had not been

collected. The care manager told us small things, which made a difference were also being considered. This included purchasing a small sofa so a person and their partner could sit more comfortably together.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all care plans were sufficiently detailed to inform staff of the person's needs, personal preferences and the support they required. This presented a risk of inconsistent or unsafe care.