Georgia Rose Residential Care Limited

Firbank Residential 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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Firbank Residential Care Home is a 'care home'. 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 registered to provide accommodation for 26 people. There were 21 people living at the home at the time of the inspection.

The home was based on three floors, connected by a passenger lift and stairwells. Two bedrooms had en-suite facilities and there were toilets and bathrooms available on each floor. There was a choice of communal spaces comprising of two communal lounges and one dining room where people were able to socialise.

The inspection was conducted on 13 and 17 November 2017 and was unannounced. There was a registered manager in place. 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.

At our last inspection, on 18 and 22 August 2016, we identified breaches of Regulations 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to maintain a clean, hygienic environment; had failed to manage individual risks to people effectively; had failed to protect people from the risk of being deprived of their liberty without lawful authority; and had failed to operate effective quality assurance systems.

The provider wrote to us, detailing the action they would take to address the concerns. At this inspection, we found action had been taken to address all areas of concern and there were no longer any breaches of the regulations.

People felt safe living at the home. Staff knew how to identify, prevent and report abuse. They assessed and managed risks to people and risks posed by the environment effectively.

Arrangements were in place for the safe management of medicines. People received their medicines as prescribed. The home was clean and hygienic and staff followed best practice guidance to control the risk and spread of infection.

There were enough staff to meet people's needs in a timely way. Appropriate recruitment procedures were in place and pre-employment checks were completed before staff started working with people.

People's needs were met by staff who were competent, trained and supported in their role. Staff acted in the best interests of people and followed legislation designed to protect people's rights and freedom.

People's dietary needs were met and they received appropriate support to eat and drink enough. Adaptations had been made to the home to make it supportive of people living with dementia.

People were supported to access healthcare services when needed. Staff made information available to other healthcare providers to help ensure continuity of care.

People were cared for with kindness and compassion. Staff knew people well and supported people to maintain relationships that were important to them.

Staff protected people's privacy and dignity. They encouraged people to remain as independent as possible and involved them in planning the care and support they received.

People's needs were met in a personalised way. Each person had a care plan that was centred on their needs and reviewed regularly. Staff empowered people to make choices and responded promptly when people's needs changed.

People had access to a meaningful activities based on their individual interests, including regular access to the community. They knew how to make a complaint and a complaints procedure was in place.

Staff took account of people's end of life wishes and preferences. They supported people to remain comfortable and pain free.

People and their relatives felt the service was run well. Staff were organised, motivated and worked well as a team. They enjoyed working at the home and told us they felt valued.

People described an open culture where they were consulted and visitors were welcomed at any time. There were effective quality assurance systems in place to help ensure the safety and quality of the service.

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.

People felt safe and staff had received training in safeguarding adults. Individual risks to people were managed effectively.

There were appropriate systems in place to protect people by the prevention and control of infection.

There were enough staff to meet people's needs and recruitment practices helped ensure only suitable staff were employed.

Arrangements were in place for the safe management of medicines and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff acted in the best interests of people and followed legislation designed to protect people's rights and freedom.

Adaptations had been made to the environment to make it supportive of people who lived at Firbank.

People received effective care from staff who were competent, suitably trained and supported in their roles.

People praised the quality of the meals and were supported to eat and drink enough.

People had access to health professionals and specialists when needed. When people were transferred to hospital, staff ensured key information accompanied them to help ensure their received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. They interacted positively with people and promoted their

independence.

Staff supported people to maintain relationships that were important to them.

Staff protected people's privacy and respected their dignity.

People, and family members where appropriate, were involved in planning the care and support they received.

Is the service responsive?

Good

The service was responsive.

Care and support were centred on the individual needs of each person. Care plans were reviewed regularly and staff responded promptly when people's needs changed.

People were empowered to make choices about all aspects of their lives. They had access to a range of meaningful activities suited to their individual interests.

Staff had the necessary training and commitment to support people to receive end of life care that helped ensure their comfort and their dignity.

People knew how to raise a complaint and there was an appropriate complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

People were happy living at the home and had confidence in the management.

People, their families and staff felt engaged in the way the service was run and were consulted regularly.

Staff were organised, motivated and worked well as a team. They felt supported and valued by their managers.

A quality assurance process was in place to assess and monitor the service.

People described an open culture. Visitors were welcomed at any time and links had been developed with the community to the benefit of people.

Firbank Residential 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 was planned to check whether the provider was 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 inspection took place on 13 and 17 November 2017 and was unannounced. It was conducted by one inspector.

Before the inspection, the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with eight people living at the home and two visiting family members. We also spoke with the registered manager, the deputy manager, six care staff, an activity coordinator, a cleaner and a cook. We looked at care plans and associated records for six people, staff duty records, recruitment files, records of complaints, accident and incident records, and quality assurance records.

We observed care and support being delivered in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection, on 18 and 22 August 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to effectively assess and mitigate the risks to the health and safety of people using the service and had failed to ensure a clean and hygienic environment. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

People told us they felt safe at Firbank. One person said, "Nothing worries me really." Another person told us, "I wouldn't have felt safe if I was still at home; but I feel safe here." Staff had received safeguarding training and knew how to identify, prevent and report abuse. They were confident that managers would respond to any concerns they raised. Records confirmed that the registered manager had reported incidents appropriately and promptly to the local safeguarding authority.

Individual risks to people were managed effectively. Risk assessments had been completed for all identified risks, together with action staff needed to take to reduce the risks. For example, some people were at risk of developing pressure injuries and we saw special pressure-relieving mattresses had been provided. Staff understood how to adjust the mattresses and there was a clear process in place to help ensure they remained at the right setting according to the person's weight.

People were protected from the risk of falling. Some people had been given walking aids. Staff made sure these were accessible and prompted people to use them correctly. One person told us, "I've had some falls. I always went over backwards, so now [staff] always stand behind me [when supporting me to move] just in case." When people experienced falls, their risk assessments were reviewed and additional measures considered to keep them safe. As a result of one review, we saw a sensor mat had been put in place to alert staff when the person got out of bed. We noted that these reviews were not always recorded, but the registered manager undertook to ensure this was done consistently in the future. The registered manager reviewed all falls in the home on a monthly basis to identify any patterns or trends; none had been identified, but they described the action they would take if a common theme emerged.

Environmental risks were also managed effectively. A closed circuit television system (CCTV) was in place to monitor people entering and leaving the building. Gas and electrical appliances were serviced routinely and fire safety systems were checked regularly. Staff were clear about what to do in the event of a fire and had been trained to administer first aid. In addition, each person had a personal emergency evacuation plan detailing the support they would need if the building needed to be evacuated. Staff protected people from scalding by checking and recording the temperature of bath water before use. They also checked the temperature of all hot water outlets on a monthly basis, including those in people's rooms. A cleaner stressed the importance of making sure they did not leave any hazardous cleaning products in people's rooms. They told us, "I count how many [products] I've got in my tray and count again when I leave [each room] to make sure I haven't left any behind."

There were appropriate systems in place to protect people by the prevention and control of infection. One

person told us, "[The home] always looks lovely. My room is kept clean and my laundry is always done. They [staff] always wear [disposable] gloves; it's very hygienic." Another person said, "[Staff] keep my room clean and change my bed every week." Staff had attended infection control training. They had access to personal protective equipment (PPE) and wore this whenever appropriate. They described how they processed soiled linen, using special bags that could be put straight into the washing machine. However, two staff members told us they opened the red bags once they arrived in the laundry. This was contrary to best practice guidance as it increases the risk of cross contamination. We discussed this with the registered manager, who took immediate action to remind staff of the correct procedures.

All areas of the home were clean. New cleaning schedules were being introduced to help ensure cleaning was done consistently, using appropriate products. The bathrooms and toilets had been refurbished since the last inspection and new, pedal operated clinical waste bins had been installed.

There were enough staff deployed to meet people's needs. One person told us, "Staff are always about. When I approach the lift, there will always be someone there to help me." Another person said, "When I ring the bell, they [staff] come to see if there's anything urgent. If I need the loo, they [support me] straight away." The registered manager had developed a tool to calculate the number of staff needed, based on people's needs. They were in the process of implementing this, having recruited new staff to achieve it. Throughout the inspection, we saw staff were always available to support people and call bells were responded to promptly.

Appropriate recruitment procedures were in place and followed. These included pre-employment reference checks and checks with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed these processes were followed before they started working at the home. The registered manager and the deputy manager described how they took a values-based approach to recruitment. This focussed on the applicant's values and qualities, rather than their qualifications. The registered manager told us, "We look for compassion when recruiting. Paper and certificates don't mean anything to me, if they haven't got a heart, we won't take them."

People were supported to receive their medicines safely and as prescribed. One person told us, "They [staff] explain what your tablets are for, like 'That's an iron tablet and that one's your antibiotic'." There were clear processes in place and followed to obtain, store, administer, record and dispose of medicines. Medicines were only administered by senior staff. They had been suitably trained and the deputy manager checked their competence to administer medicines as part of the routine supervision process.

Good

Is the service effective?

Our findings

At our last inspection, on 18 and 22 August 2016, we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people from being deprived of their liberty without lawful authority. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

Staff protected people's rights and acted in the best interests of people. One person told us, "I like the atmosphere here. It's friendly and there are no silly restrictions, rules and regulations." Staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

One person's care plan showed they were able to make most day to day decisions, with staff support where needed. However, as they were unable to manage their own medicines, a best interests decision had been made for staff to manage these on behalf of the person. This decision had been taken in consultation with the person's relative, after a full assessment of the person's capacity had been completed. Other people lacked capacity to make decisions about the use of sensor mats and bed rails, to keep them safe, so staff had similarly made and documented best interests decisions for those people.

Staff described how they sought verbal consent from people before providing care and support. They said they were led by the person and always acted in the person's best interests. One staff member said, "The hospital recommended that [one person] had a shower every day, but [the person] has capacity to choose and sometimes asks for an [all over] wash instead. We can encourage, but it's up to them." Another staff member told us, "We always ask people what they want. They have a choice."

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff were following the necessary requirements. They had applied for DoLS authorisations where needed and these were awaiting assessment by the local authority.

Adaptations had been made to the home to make it as supportive as possible for the people who lived there, within the structural limitations of the building. People described the environment as "homely" and "a home from home". A new passenger lift had been installed since the last inspection; this was large, bright and operated in a smooth, controlled way, so as not to alarm people. Handrails in contrasting colours provided support to people in communal areas. Most floor coverings had also been replaced and a decorating programme was underway to further enhance the environment. People had level access to the front garden and we saw people using the garden continually.

People's needs were met by staff who were skilled, competent and suitably trained. One person told us, "You couldn't wish for better staff." Another told us, "They're trained very good, even the new ones. They have one of the other [more experienced staff] with them to see how they get on."
A family member described staff as "brilliant" and said their relative was looked after "really well". Another said, "It gives me peace of mind to know [my relative] is well looked after."

New staff completed an effective induction into their role. This included time spent shadowing, (working alongside experienced staff) until they felt confident they could meet people's needs. A staff member told us, "[When I started] I did lots of courses, I did shadowing and felt prepared." Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
Experienced staff received regular training in all key subjects and were supported to gain vocational qualifications relevant to their role. A staff member told us they had been supported to achieve a level three qualification in health and social care. They said, "I asked for support with it and I got it."

Staff demonstrated an understanding of the training they had received and how to apply it. For example, when communicating with people living with dementia, they used short, simple questions, remained calm and gave people time to respond. A staff member told us, "[When communicating with people living with dementia] you have to be friendly, patient and approach with a smiley face" and we observed them doing this throughout the inspection. Another staff member described how they supported people living with dementia at mealtimes. They said, "If the person says, 'I didn't order that', we accept that and change it to what they would like. If they say they haven't eaten, when we know they have, we offer them a snack, like cheese on toast. We wouldn't argue with them." A further staff member explained why they were wearing bright glitter on their eye lids. They said, "For people with dementia, it helps them focus and make eye contact. I've had really positive feedback about it. It brightens their day."

Staff told us they felt supported in their roles. Comments from staff included: "I feel well-supported by [the managers]. They encourage me to use my skills and experience"; "I feel they [managers] appreciate what we do"; "I can go to the office any time if I have a problem. I feel better supported than [anywhere I've worked before]; I feel really appreciated and am happy coming to work."
Staff had annual appraisals where they discussed their performance and development needs, together with three-monthly sessions of supervision, with a manager, to discuss their progress and any concerns they had. Each session of supervision also focused on a particular theme relevant to the staff member's role, such as medicines management, MCA or DoLS.

People praised the quality and variety of the food. One person said, "There's so much choice; three choices for lunch. They'll do small or larger portions. I always feel satisfied after meals; they're nice and varied."
Another person said, "You don't go hungry here. The food is wonderful."
"I'm very fussy with my food, but they're very good. They [staff] do me salmon sandwiches for tea and I can have bacon and toast for breakfast.

Some people needed a special diet to support their diabetes and we saw this was provided consistently. In addition, some people had their blood sugar levels checked regularly and staff understood when they needed to take action based on the results.

Staff were attentive to people during meals. They offered extra portions and made sure people's drinks were topped up. Where people needed support to eat, this was done in a dignified way
Staff monitored people's weight to help identify if they started to lose unplanned weight. Each person had a nutritional assessment to identify their dietary needs.

All staff, including domestic staff, took responsibility for keeping people hydrated. For example, a cleaner told us, "I clear cups from people's rooms and that's an opportunity to refresh them or ask if they want a different drink."

People were supported to access healthcare services when needed. A family member told us, "[My relative] sees a GP whenever needed. [Staff] got a GP in as her foot was hurting and they let me know." Records confirmed that people were seen regularly by doctors, specialist nurses and chiropodists.

When people transferred to hospital or to another care setting, staff completed a form to record all of the medicines the person was taking. This form then accompanied them, together with their current medicines to help ensure they continued to receive them at their new setting. In addition, staff used a prepared 'hospital administration form' to document people's care and support needs. This helped ensure continuity of care between care settings.

Good

Is the service caring?

Our findings

People were supported by kind, caring and compassionate staff. Everyone we met spoke positively about the attitude and approach of staff. Comments from people about the staff included: "They are wonderful; they can't do enough for you"; "I can't believe how much they care; I'm not used to it."; "They're happy staff and I'm a happy man"; and "Care means care here. They all care and they do it with a smile". A family member echoed these comments and said, "They [staff] have a good way with [my relative]. They are all fun and are all caring. They're all here for the right reason."

Without exception, all interactions we observed between people and staff were positive and supportive. Staff engaged with people, made eye contact, bent down to their level and used touch appropriately to reassure. When a person was struggling to hear, a staff member approached and gently offered to adjust their hearing aids. The person accepted the support and took time to thank the staff member with a smile. When supporting people to mobilise, staff reassured them, reminded them to "take your time" and praised them when they got to where they were going.

When people became confused, staff used supportive prompts and gentle reminders to help people process information and make decisions. Examples of supportive communication included a large board displayed in the dining room to inform people of the day and the date; picture versions of the menus to help people choose their meals; and a 'service user guide' which included the provider's complaints policy in large print, supported by pictures.

Staff respected and promoted independence by encouraging people to do as much as possible for themselves. One person told us, "I need a bit of help to wash my feet and back. They [staff] do the awkward bits and encourage you to do what you can. It helps keep me mobile." Another person said, "I'm very independent and come and go as I please, but I always let [staff] know where I'm going as I know they would worry about me." Arrangements had been put in place to enable one person to look after their own medicines each day. The person told us, "[Staff] issue my medicines in a locked tin every morning. It saves me having to worry about them and it gives me independence to take them when I want them." People's care plans also encouraged staff to promote independence. For example, the care plan for one person noted that they occasionally liked to use the stairs. It advised staff to "monitor, but we do not wish to deter [the person's] independence".

Staff supported people to build and maintain relationships that were important to them. One person told us, "They [staff] help me keep in touch with my family and my friends. And I've become friends with other people's visitors." Another person who was in the armed services told us how staff had arranged for a visit from a services association, which they had enjoyed. A staff member told us, "We used to have a man who was very particular about who helped him, but I gradually won his trust and we developed a close bond. At the end of the shift, he would come to the door to say goodbye. It was very rewarding as he didn't used to let anyone help him."

Staff protected people's privacy and dignity at all times. One person said, "They [staff] are very good at

respecting my privacy." We saw staff always knocked before entering people's rooms and kept doors closed while personal care was being delivered. Staff described additional steps they took to respect people's privacy during personal care, including keeping the person covered as much as possible, asking the person what support they wanted and maintaining communication throughout.

The registered manager explored people's cultural and diversity needs during pre-admission assessments and included people's specific needs in their care plans. For example, they were aware that one person no longer wished to follow their faith and that another person preferred female only staff for personal care.

People and relatives told us they were involved in discussing and making decisions about the care and support they received. One person said, "They talk to me occasionally about things like my care. They offered me a room downstairs, but I like my room." A family member told us "[Staff] keep me up to date. If there's anything wrong, they let me know. They show me the care plan once or twice a year." Information in people's care records confirmed that they, and family members where appropriate, were consistently involved in developing and reviewing their care plans.

Good

Is the service responsive?

Our findings

People told us they received personalised care and support that met their individual needs. One person said, "I'm happy with the routine here. I always get help with showers and baths." Another person said, "I get fidgety in the evenings, so [staff] help me go to bed early. And, because I've got a knee problem, they raised the bed to make it easier for me to get in and out." A family member told us their relative "couldn't get better care".

Assessments of people's needs were completed by one of the managers, before people moved to the home. This information was then used to develop an appropriate care plan in consultation with the person and their relatives where appropriate. Care plans contained sufficient information to enable staff to provide appropriate care to people and were reviewed monthly, or sooner, if people's needs changed.

The home operated a 'key worker' system where a named staff member was responsible for keeping the person's care plan updated and for liaising with family members. The registered manager described how they had assigned staff to people based on the strength of their relationship with that person and by seeking the views of the person concerned. A staff member confirmed this, saying that they felt they had "an active involvement" in people's care plans. This approach helped ensure people's individual needs were known, recorded and met.

Staff demonstrated an in-depth understanding of people's individual needs and how to meet them. They described how they supported different people with personal care and how they tailored their approach according to the person's preferences and how they were that day. For example, one staff member told us, "Some [people] like a quick bath, some love a good soak. Some love talc, some don't." Another staff member said, "Everyone is different and has different needs." Staff kept records of the care and support they provided to people. These confirmed that people's needs, as outlined in their care plans, had been met consistently.

Staff responded promptly when people's needs changed. For example, one person had broken their arm and had a plaster cast that restricted their movement, so staff were providing additional support with personal care and offering to cut up their food. Staff knew people well, so they were able to recognise when they presented differently, for example if they were quieter than usual or appeared more confused. They then explored the reasons for this, including checking if the person had an infection.

People were supported to access a wide range of activities to help them lead active, fulfilled lives. A new activity coordinator had been appointed since our last inspection and a further activity coordinator was due to start work soon after the inspection. They had developed a comprehensive programme of activities including activities within the home, such as pet therapy, baking, quizzes, bingo, "sherry and gossip" events and sing-songs. In addition, staff also supported people to take part in community based activities, including shopping trips, trips to local attractions and coffee shops. A staff member told us, "Some people have lived in Shanklin for years and it's lovely bumping into people they know when we're out."

All activities were tailored to the particular interests of each person. For example, staff knew that one person was sleepy in the mornings, but livelier in the afternoons, so quizzes were arranged at that time to suit them. Another person liked to visit a beauty salon once a week and this was accommodated. A further person enjoyed a drive around the Island and this was organised whenever the weather was fine. Other people were described as "quite tactile" and enjoyed nail care, reflexology and massage. It was clear, from talking with people, that the enhanced activity provision had significantly improved the quality of their day to day lives. One person told us, "I never used to play bingo, but it's very good here. It's great fun and causes a lot of laughter. [A staff member] helps those with dementia and there are good prizes." Another person said, "They [staff] take people out on trips. I'm going to a garden centre to see the Christmas decorations. We have singers who sing all the old songs we know and we all join in. There's never a dull moment." A further person said, "I like to hear all the old songs. They even sing one that used to be my dad's favourite. It's lovely." On the second day of the inspection, we saw eight people attended a slide show, presented by an external entertainer, about the history of the local area. People clearly enjoyed the presentation and reminiscing about bygone days.

Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. One person told us, "I stay in my room quite a bit, but I don't have to. They [staff] know I like to get up early, so they help me before breakfast. I have baths twice a week, but I could have more if I wanted." A family member told us, "If [my relative] wants to join in [the activities] she does. If she doesn't, she doesn't. She can do what she wants." We heard staff continually offering people choice, for example where they wished to sit, whether they wanted their doors open or closed, and what they wanted to eat and drink.

People's wishes and preferences were also recorded in their care plans, including their preferred daily routines, when they liked to get up and go to bed, and where they liked to take their meals.

A staff member told us, "It's their home. They [people] should be able to do what they want. For example, if they want a sandwich at midnight, they can have one." Another staff member said of the people living at Firbank, "We support people when they are ready, not when it suits us. Most people have one bath a week, but if they want more they can have it. [One person] has a shower most mornings." Other staff described how they supported people living with dementia to exercise choice, for example by holding up a small selection of clothes for them to choose from, or making suggestions for them to consider.

Staff spoke positively about their desire to provide people with high quality care at the end of their lives, to help ensure they experienced a comfortable, dignified and pain free death. People's end of life wishes were discussed with them and their families and recorded in their care plans. A family member told us, "We have talked about end of life care and about [my relative's] wishes. I know [staff] will do their utmost to make sure they are met." Most staff had received training in end of life care and knew how to access specialist support. The registered manager and the deputy manager told us they enjoyed good working relationships with the local doctors, community nurses and the community pharmacy. They said this helped them advocate for people and helped ensure they had access to anticipatory medicines to manage their symptoms. One person's care plan confirmed that their end of life wishes had been discussed with them and their family and that their faith and spiritual needs had been considered.

A staff member told us, "We are all passionate about end of life care. We involve the GP and district nurses, Mouth care is particularly important when people stop drinking, as is looking after the families." Another staff member said, "[End of life care] is the last thing you can do for someone. I feel very privileged when I'm with someone at the end of their life." A further staff member told us, "It's about making sure [the person] is comfortable, respecting their dignity and making sure [the person] has got everything around them that they

want. For example, one person wanted all the family pictures in front of her. When they pass, if the family aren't there, we ask if they would like to visit before the undertaker comes. When the person leaves, we all stand in the hallway to say goodbye, but we make sure doors are closed so as not to upset other residents."

People told us they felt able to raise concerns or complaints with the management, although they all said they had not had cause to complain and no complaints had been recorded in the previous year. A complaints procedure was in place. A copy was given to people and their relatives when they moved to the home and was also advertised on the home's notice board.

Good

Is the service well-led?

Our findings

At our last inspection, on 18 and 22 August 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. At this inspection, we found the provider had taken effective action to address all areas of improvement identified in the last inspection report and there was no longer a breach of this regulation.

People were happy living at Firbank and felt it was well-led. One person told us, "It's an excellent home, everything is well-organised. It's wonderful the way in which carers [staff] work together. I've been much happier since I decided to come here. I would definitely recommend it." Another person said, "You couldn't get better than this place. Everything seems to tick over alright. They [staff] are a happy bunch; you never hear any moans from anyone." A family member said, "I would recommend the home, very much so. It's the people more than the place and they're good."

We found staff were organised and completed delegated tasks in an efficient and effective way, ensuring all the work got done. They used a 'handover book' to aid communication between shifts and we saw this included information about people's health status and any changes in their needs. In addition, senior staff operated an "on call" rota to provide advice and guidance to staff out of hours.

People were consulted in a range of ways about the way the service was run. These included "residents meetings" held every two months, yearly questionnaire surveys and individual discussions with people and their relatives. Any issues raised were acted on promptly. For example, some people had asked for more spinach and kale, so this had been added to the menu. Other people had asked for a Chinese take away and this was provided and made into a special occasion. A family member told us, "I can walk in the office anytime and they [the managers] listen to you. You never feel you're being a nuisance."

Staff told us they felt engaged in the way the service was run. They said the registered manager operated an "open door" policy and attended the "handover meetings" at the start of each shift to enable staff to raise any concerns. Staff had received equality and diversity training and this was due to be refreshed in the New Year. A staff member told us they felt the manager were alert to diversity issues and treated staff fairly. Comments from staff about the management included: "The [registered] manager is very understanding and likes to get our input. For example, during supervision, we can suggest improvements and they are put in place. We feel listened to and if we pick up extra shifts, we always get a thank you"; "[The managers] care. If I had to put a loved one into a home, I'd be happy to put them here"; and "All the managers are approachable. I never feel I can't go to them. They're considerate and listen to you".

Staff told us they were happy, motivated and worked well as a team. Comments included: "We are like a family here and cover for each other whenever needed"; "We all work together to help each other. Everyone fits in so well. It's the best team we've ever had"; "There's good team work and we look after each other"; and "It's a relaxing, friendly place to work. You can ask anybody for support and they are helpful. The residents are happy. If there's anything they need, they get it".

There were effective quality assurance systems in place. These were based on a wide range of regular audits, including infection control, medicines, care plans and the environment. When improvements were identified, action was taken. For example, the environment audit had identified further areas of the home that needed refurbishment or redecoration, and we saw these had been planned into the maintenance programme. The quality assurance systems had been improved since our last inspection and further enhancements were planned to help ensure the improvement that had been achieved was sustained and fully embedded in practice. To support staff in this aim, the provider had employed the skills and resources of an external social care consultant.

The registered manager told us they received positive support from the provider, who visited the home weekly. They also had access to advice and support from the social care consultant to help them keep up to date with best practice guidance. For example, in the previous year, the registered manager had refreshed their training in a wide range of subjects, including infection control, health and safety, mental capacity act and person-centred care.

People and relatives described an open and transparent culture within the home where they had ready access to the management at all times. Visitors were welcomed, the provider notified CQC of all significant events and the home's previous inspection rating was displayed prominently in the entrance hall. Positive links had been developed with the community, including a local donkey charity who visited and families were actively involved in fund raising events to enable people to take part in outings to a local theatre and seasonal parties.

A duty of candour policy was in place. This required staff to act in an open and transparent way when accidents occurred and to provide information and an apology in writing to the person or their relatives. Although the registered manager had been giving information and apologies verbally to relatives, they had not been providing the information in writing. However, by the end of the inspection, they had developed a template letter for this purpose and we saw it was used when a person experienced a fall between the two days of the inspection.