

Firlawn Nursing Home Limited

Firlawn Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 4, 5 and 6 December 2018. At our last inspection in May 2018 Firlawn Nursing Home was rated as 'Inadequate' due to concerns about the safety and well-being of people who lived there. We found eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to these concerns the service was placed in 'Special measures' by CQC. Services that are placed in 'Special measures' are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the service. We also asked them to provide us with a monthly action plan to keep us updated with the action they were taking. At this inspection we found improvements had been made. This service is no longer in 'Special measures', however, the rating reflects that further improvement is required in some areas. In addition the ratings for each key question reflect that it will take time to see the improvements embedded in practice and the areas of improvement sustained.

Firlawn Nursing 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. Accommodation is provided in two separate buildings (The House and The Manor). The Manor specialised in providing care to people living with dementia. Both buildings shared a large secure garden. At the time of our inspection 20 people lived in The House and five people lived in The Manor.

There was a registered manager in post. 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.

People received their medicines as prescribed and records were kept of medicines administered. However, we found medicines were not always stored safely. Improvement was required to how the service stored medicines when they were checked into the service. In addition, staff did not always record their actions when the fridge temperature was outside of the recommended range.

Activities were planned and people were encouraged to attend activities they might enjoy. Improvement was required to make sure people living with dementia had opportunity to engage in suitable activities for their needs. People could have visitors without restriction.

People had their own care plan which was personalised. Improvement had been made to how staff recorded daily information. Improvement was required to make sure people had the opportunity to see their care plan and be involved in care planning.

People were being supported by staff who were trained. New staff received an induction and could shadow more experienced members of staff. Further training was required however, this had been identified and a training plan was in place.

Staff had been recruited safely as the provider had completed all necessary recruitment checks. Staff could identify the different types of abuse and knew how to report any concerns. Feedback about staffing levels was mixed. People told us they thought there were enough staff deployed, however some people told us they had to wait for support.

Accidents and incidents were recorded and analysed. A new form had been developed which encouraged investigations to take place following any accident or incident. Any lessons learned were shared at heads of department meetings which took place daily.

Where appropriate, referrals to healthcare professionals had been made. Records demonstrated that people could access healthcare advice and support when needed.

Improvements had been made to make sure people received sufficient food and drink. Where people required additional monitoring of food and fluid this had been completed thoroughly.

People were being cared for by staff who were kind and caring. We observed positive social interactions which demonstrated staff knew people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The environment was clean and cleaning schedules were being followed to maintain cleanliness. Maintenance was carried out and records kept of action taken. Equipment and premises were serviced regularly by external contractors.

Complaints were recorded and responded to within the provider's timescales. Quality monitoring systems had improved. Since the last inspection the provider had made a decision to appoint a care management service to oversee the management of this 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?

Requires Improvement ●

The service was not always safe.

Medicines were being administered by nursing staff.
Improvement was required in how medicines were stored.

People's views of staff being available were mixed. Some felt they had to wait for support.

Staff had been recruited safely and understood their responsibility to safeguard people from harm.

The environment was clean and improvement had been made to maintain cleanliness.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were being supported by staff who had been trained and felt supported. Further training was required and had been planned.

People had sufficient food and drink. Meal times were relaxed and unhurried.

Referrals to healthcare professionals were made, they were appropriate and timely.

People were supported to make their own decisions. Where people lacked capacity assessments had been completed.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People did not always have the opportunity to be involved in care planning and had not always seen their care plan.

Relatives could visit without restriction. Relatives told us they felt welcomed at the service.

People were supported by staff who maintained their privacy and dignity.

Is the service responsive?

The service was not always responsive.

Activities for people with dementia required improvement. People had opportunity to take part in activities and social events.

Care plans had improved and were personalised.

People's additional health needs were being monitored.

Complaints were responded to and recorded with all action taken.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

A new management structure and team were in place. The team will need time to effectively work together.

Quality monitoring had improved. The provider had reviewed the audit tools used to monitor quality.

Staff could attend team meetings and had opportunity to develop in their roles.

The service had worked in partnership with external agencies to improve the service.

Requires Improvement 

Firlawn Nursing 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4, 5 and 6 December 2018 and was unannounced. On day one the inspection was carried out by two inspectors, a pharmacy inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two the inspection was carried out by two inspectors and an expert by experience. On day three the inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service including the providers action plans and previous reports. We also looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us by law.

We used different methods to help us understand the experiences of people who used the service. This included talking to 10 people, six relatives and their experience and views of the service. During the inspection we also observed the interactions between people living at the service and staff.

We spoke to the registered manager, the head of nursing care, the head of care, 11 members of staff and the provider. We looked at four recruitment files, 10 care and support plans, medicines administration records, risk assessments and other records relating to the management of this service.

Following our site visit we contacted five healthcare professionals for their feedback about the service.

Is the service safe?

Our findings

At our last inspection in May 2018 we found that the provider was in breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the provider had made improvements in these areas, however further improvement was required.

At our last inspection we were concerned about the safety of people living at the service. This was because risks had not always been identified and/or addressed. People at risk of falling did not have all the safety measures possible in place. Falls had not been analysed so that lessons could be learned and safety measures could be reviewed. The registered manager had not informed all the relevant people following accidents and incidents. Staff were not following people's moving and handling plans. People did not have access to their call bells which meant they could not call for assistance if they needed it. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the service had made improvements to accident monitoring. A new form had been introduced which recorded the incident, the action immediately taken and the investigation. The registered manager or the head of nursing had investigated all accidents and incidents and recorded their findings and any follow up action. All accidents and incidents were discussed at the head of department daily meeting to share learning. When people had falls these were reported to the local authority safeguarding team. In addition, if a person sustained a serious injury this was notified to both the local authority and CQC.

Risks had been identified and appropriate measures were in place to reduce risks. There were risk assessments in place for a range of areas such as malnutrition, choking and the development of pressure ulcers. Where risks had been identified appropriate action had been taken to support people. For example, if people were at risk of developing pressure ulcers the service had obtained appropriate equipment to support the person, such as specialised mattress and cushions.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. For example, one person had a manual handling risk assessment in place which detailed the person's abilities, equipment required and how much staff support was needed. For example, '[person] likes to stand and hold onto her bed when transferring, if she is not able to, as her ability can change, one carer to use a stand aid.' We saw one person had a risk assessment around keeping a small fruit knife in their belongings. Identified risks, amongst others, were that the person may cut themselves as they had a habit of wrapping items in tissues or plastic bags. The risk had been assessed and the actions put in place were detailed. For example, one action was for the staff to remind the person where to store the knife after it had been used.

The service had improved how they moved people safely. Staff had been trained by the 'in house' moving and handling trainer. People's records had been reviewed and updated. Information on moving and handling needs and guidance were kept in folders in people's rooms. We also observed people had access to a call bell whilst they were in their rooms.

At this inspection we saw that improvements had been made to infection prevention and control. Staff had access to personal protective equipment and used this appropriately. A new head housekeeper had been recruited and had reviewed the cleaning schedules. All areas of the home looked clean. One person told us, "Cleanliness is definitely better." Equipment was no longer being stored in communal bathrooms which meant that people could access them easily.

At our last inspection we found that safe recruitment practice was not being followed. We had concerns about the staffing levels and people's call bells were not being answered in a timely way. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that recruitment was safe. Since the last inspection a new administrator had been employed. They had audited the personnel files and introduced systems to make sure all the necessary pre-employment checks took place. References had been sought and the provider had completed a Disclosure and Barring Service Check (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable adults. The provider asked for a full employment history and for staff to fill in a health declaration.

During our inspection we saw sufficient numbers of staff deployed and call bells were being responded to in a timely way. A member of staff told us, "Staff levels were low, there are now more permanent staff and less use of agency, much less."

Comments from people and their relatives about staffing was mixed. Some people told us they found there was enough staff deployed and their call bells were answered promptly. Comments included, "Yes, on the whole, enough staff. New ones recently have boosted them up quite well", "I think there must be enough staff" and "I have a neck pendant. Oh yes, it's answered quickly."

However, we also received comments from people and their relatives about the service not having enough staff on duty. Comments included, "No, I don't think there is enough staff. I have to wait for ages for staff to hoist me and put me in the chair. It makes me very uncomfortable", "There are not enough staff – things have improved, and it is going in the right direction, but it quickly tips to understaffing" and, "Meal times they keep me waiting for a person to bring me food."

We discussed these comments with the registered manager during our inspection. They told us the staffing available was linked to people's needs. They had used a dependency tool but found this inaccurate. They told us they planned to work with the provider to review the tool. The service was still not able to electronically monitor the responses to call bells. The registered manager told us they had done manual checks of call bell response times and would continue to do this. The registered manager told us the numbers of people living at the service had reduced recently. They had however not reduced the numbers of staff, this meant the service was currently overstaffed.

People told us they felt safe at Firlawn Nursing Home. Comments included, "Safe, oh yes. I've never thought of not being safe. Never entered my head", "I feel safe, because the staff are friendly. I tell them what I want, and they sort it for me" and "I'm safe and happy. The staff are wonderful. Brilliant staff."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. One staff member told us, "If something is worrying me or I am concerned, the first person I would go to is [the registered manager]." Another member of staff told us, "If I've noticed a mark or a change in behaviour, I would report it to the manager and she gets in contact with safeguarding." Staff had received training in safeguarding practices and procedures and we saw the local authority safeguarding flowchart

giving guidance to staff, on the wall of the office.

Staff knew they could contact the local authority safeguarding team and understood that they could whistle-blow to CQC. Whistle-blowing is the term used when an employee passes on information concerning wrongdoing or poor practice. Whistle-blowing procedures ensure that the whistle-blower is protected from reprisals when they raise concerns of misconduct witnessed at work.

Maintenance was carried out by a maintenance worker employed by the service or external contractors. Fire systems and moving and handling equipment were regularly serviced and water systems were regularly checked.

At our last inspection we found that medicines were not being managed safely. We had concerns people were not receiving their medicines as prescribed and we observed medicines were being left unattended. In addition, the service had not identified improvement required following medicines audits. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that improvements had been made in how medicines were managed, however further improvements were required. Medicines were given by nurses and senior carers and recorded on Medication Administration Records (MARs). We reviewed 18 MARs and they showed that most medicines were being given as prescribed. However, we found two people who were prescribed a medicated cream which had not been given as directed. We raised this with the registered manager during our inspection.

Since the last inspection a daily running balance on medicines had been introduced, however there were some discrepancies. It appeared that staff were not counting stock daily but were using previous balance to work out current stock and mistakes were being carried forward. Staff could explain the arrangements they had in place for medicines which had to be given at specific times. We also saw that when a variable dose had been prescribed staff were now recording exactly how many tablets had been given.

Creams and other external preparations were applied by care staff and recorded on separate charts. They were being applied as directed. Protocols for medicines which are to be taken when required were available. Since the last inspection they had been updated with patient specific information so staff knew exactly when these medicines should be given. There were suitable arrangements for medicines which needed to be administered via a gastrostomy tube. A gastrostomy tube is a feeding tube which goes directly into a person's stomach.

Medicines were stored in a locked treatment room with access restricted to staff who administered medicines. However, medicines which had been delivered by the pharmacy were being kept in an area which was accessible by non-authorised staff. When made aware the service made arrangements to have these locked away appropriately. Room and fridge temperatures were being recorded daily. However, as identified at the previous inspection there was not always action taken when the fridge temperature was shown to be outside the recommended range. This had not been identified in the internal medicines audits completed. During our inspection the registered manager produced a new form to enable staff to record their action taken if the temperature was out of range.

Is the service effective?

Our findings

At our last inspection in May 2018 we found that the provider was in breach of Regulations 11, 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we were concerned people were not receiving sufficient food and fluids. We were also concerned about staff induction, supervision and training. We found the service was not working in line with the Mental Capacity Act 2005 (MCA) and had unlawfully detained a person. During this inspection we found that the provider had made improvements in these areas, however further improvement was required. In addition, the improvements that had been made needed time to embed and become sustained.

At our last inspection we found that staff had not always had the training they needed to be effective in their roles. We also saw that staff had not had regular supervision or an appraisal. This was a further breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that new staff received a thorough induction prior to working independently. This included six shadow shifts, three in each part of the home. The head of care told us, "I want staff to rotate from The Manor and The House, it's nice if we all know all the residents." Staff were supported to shadow more experienced colleagues and when confident, their practice was observed and spot checks were regularly undertaken. Staff had completed or were working through the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

The provider had identified an experienced member of staff to act as their 'training champion'. They had re-organised and re-scheduled all staff training to ensure they were up to date with mandatory training and had access to specialist training. Scheduled sessions were displayed on a notice board to inform staff. All staff had individual electronic training plans so that the training champion could track what had been completed and which training was over-due. Mandatory training included amongst others, safeguarding, manual handling, diet and nutrition, health and safety and dignity in care. The training champion was also building in quizzes, in areas such as fire safety and moving and handling, as another method to suit staff learning styles.

Another staff member was identified as the continence champion and had received specific training in this area to undertake assessments. They told us, "I learned externally how to use the products properly, what is available, I came back and did some continence assessments myself. I need a nurse to sign it off but I can do the assessments."

Staff had access to regular one to one supervision to receive support and guidance about their work and developmental needs. A programme to improve opportunity for staff to receive an annual appraisal had been put in place.

People and their relatives told us they thought the staff were trained and able to meet their needs. Comments included, "I think they are well trained. I'm confident in their ability", "Definitely confident in the

staff. I can never speak too highly of them", "The staff know how to use the hoist" and "I would have thought well trained and managed with the very odd exception. We are very lucky with the staff".

At our last inspection we were concerned that people did not have choice of food and people and their relatives told us they were not always happy with the food. Staff told us the food was often left to go cold before they could serve it. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that improvement had been made. The provider had invested in additional hot trolleys which meant food could be kept at the right temperature before and during service. We saw the kitchen staff took the hot trolley upstairs to serve meals. Staff told us this had improved the service as food was kept at the appropriate temperature until it was served. We observed that people could choose their meal either beforehand or at the time of service, depending on their needs.

People told us they enjoyed the food. Comments included, "I'm extremely happy with the food. Not interested in food but always eat everything. Always ready for food. Choice of two things main and pudding and omelette. Staff are excellent. I can have a cooked breakfast. Kitchen staff will do anything", "We have very good food. Friday, fish and chips. I can ask for ham egg and chips. A choice every day. Not usually a pudding choice. It is whatever there is or ice cream", "There is a choice at tea time sandwiches, beans on toast etc", "I get plenty to eat. I am diabetic. They are good about sugar advice with puddings" and "The food is very good especially the puddings."

People told us and we observed that snacks and drinks were readily available. Comments included, "Oh yes, can have snacks between meals. We have regular drinks", "Yes, can have a snack. Definitely enough to drink. They give me a pot of cranberry sauce at every meal time. They spoil me" and "I have enough to drink."

The service used a Malnutrition Universal Screening Tool (MUST) to assess people's needs in relation to nutrition. Once a score had been calculated this information would form the basis for the care plan and support given. If people were at risk of malnutrition they would be weighed weekly. People's weights were monitored by the head of nursing. Where needed they told us appropriate action would be taken such as a referral to the speech and language therapists (SALT). The chef told us they attended the daily head of department meeting to make sure they were updated on people's needs. They told us if people were at risk of malnutrition then they would provide a fortified diet. This is where food has additional calories added to support weight gain.

Referrals to healthcare professionals had been made where appropriate. The service worked with the local surgery to make sure people could see a GP if needed. Comments from people included, "I had a throat infection last week. They rang the surgery and got antibiotics for me", "Yes, they are good at picking up if I'm not well. If I'm quiet they ask. I can see the doctor as needed" and "Every time they [staff] come around, they say, are you alright?" Relatives we spoke with told us the service had informed them if their relative had been unwell. Comments included, "They do contact us if [relative] is unwell", "The staff got the doctor out this week [relative] had a wheeze. They did contact me" and "The staff notice if [person] is not well and organise for them to see the GP. The staff then phone to tell me."

At our last inspection we saw the service was not working to the principles of the Mental Capacity Act 2005 (MCA). We were also concerned that a person had been unlawfully detained as the appropriate authorisation had not been sought. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that improvement had been made. 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

Where appropriate, mental capacity assessments had been robustly completed along with their corresponding best interest's decisions. In addition, where people had capacity to make their own decisions, this was also documented. The provider had made appropriate applications to the local authority for DoLS. One had been authorised and we saw that the conditions were being met. Reviews were carried out regularly to monitor the appropriateness of restrictions in place, such as independent access to the garden.

People had appropriate representatives in place to help them with consent and decision making, such as Lasting Powers of Attorney (LPOA) for both Finance and Affairs and Health and Welfare. The staff we spoke with were knowledgeable about the Act and how to apply this in their work with people. This meant the provider was fully compliant in meeting the lawful requirements of the Mental Capacity Act (2005).

Accommodation was provided over two buildings. One building (The Manor) was for people living with dementia. At the time of our inspection only the ground floor was in use. The provider told us this would continue for a period of time. The service had made improvements by putting up pictorial signs to help people find their way around the building. The second building (The House) was the nursing accommodation. One person told us, "I can get around the home easily." Another person said, "There is easy access, the staff push me in the wheelchair and I use the lift." Both buildings shared a secure garden. We observed people using the garden to go for a walk. One relative told us, "[Relative] is able to get out in the garden. They like it outside."

Is the service caring?

Our findings

At our last inspection in May 2018 we found that the provider was in breach of Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always being treated with kindness and compassion. In addition, people were not being treated with dignity and their choices were not being respected. During this inspection we found that the registered manager had made improvements in these areas, however further improvement was required.

Prior to this inspection we received information of concern about staff at the service handling people roughly. We looked into this concern and found that the registered manager had taken some action to address poor staff practice. During this inspection some people told us they were not happy with some of the staff. This was mainly staff working at night. One person told us, "There are normally enough staff. At night it is often different agency staff. This can be a bit confusing." One relative told us, "Communication is difficult with temporary staff. It is important to have regular people when people have dementia or forgetfulness." The registered manager told us that day staff were now fully recruited however there were some vacant posts on the night care team. To cover the vacant hours the service was using agency staff. The registered manager hoped to fully recruit into the night positions in the near future.

People did not always have the opportunity to be involved in their care and support. Care plans had been re-written since our last inspection. Whilst there was improvement in the care plans we were not able to see that people had been involved consistently. Some care plans had forms which recorded a care review. Not everyone had been given the opportunity to have a review of their care. Care plans had not been signed by people, where appropriate, to confirm they were happy with the content. Comments from people included, "I am not aware of a care plan", "I don't know about a care plan. I have had no involvement in writing it" and "I think there's one somewhere. I'm happy with it." We discussed this with the registered manager during our inspection. They told us care reviews for everyone were the next steps of their improvement plan.

Whilst care reviews had not consistently been undertaken, there were other opportunities for people to discuss their care and support. There were regular 'resident meetings' for anyone to attend. We observed a 'resident meeting' during our inspection. We saw it was well attended by people and there were a number of heads of department present. People were encouraged to have their say. The meeting was an opportunity for people to raise any concerns and discuss potential solutions.

The service used a key worker system. A key worker was responsible for making sure people had what they needed such as toiletries and to act as a point of contact for relatives. One person told us, "[Staff member] is my key worker. If I need anything and my daughter is not available, they will get it for me." There were details at the service of advocacy services. An advocate is a person who can act and speak on behalf of a person if they have no family or friends.

Overall, care and support was provided by staff who knew people and their needs. People told us, "Yes, they [staff] know me very well" and "Not really any staff that I don't feel comfortable with." We observed people talking to staff and saw that staff used people's preferred names and the conversation was friendly. One

person told us, "I very much like the staff. Oh yes, I get on well with them." Relatives we spoke with told us they thought the staff were respectful and caring. One relative told us, "[Relative] is treated in a caring and respectful manner." Another relative told us, "The staff are caring."

We observed interactions between people and staff during our inspection. We saw that staff were kind and treated people with respect. Comments from people included, "Yes the staff are kind and caring", "Brilliant staff. I can't speak highly enough of them", "The staff are very much kind and caring" and "I very much like the staff. I get on well with them." Comments from relatives we spoke with told us they appreciated the care their relative received. Comments included, "I'm happy with the way [relative] is treated. The care staff know the residents and always offer kindness and a willingness to go above and beyond. The nurses 99% of the time are well organised although pushed for time sometimes", "I'm quite happy with the care" and "I am happy with everything. I really can't fault it."

People's relatives and friends could visit without restrictions. Comments from people included, "My family come in. Children, grandchildren and great grandchildren" and "My [relative] can visit anytime." Relatives we spoke with told us they were welcomed by staff. One relative said, "The staff welcome me when we visit." Another relative told us, "I can visit anytime. They [staff] encourage the relationship. I can stay for lunch. The atmosphere is lovely and friendly. Like another home for me."

Rooms were personalised with people being encouraged to bring their own belongings. People told us they felt secure in their rooms. Comments included, "My belongings are safe, I have a cupboard for my clothes" and "My bedroom is secure and yes my belongings are ok too."

People had choice about their daily routines such as when to get up, when to go to bed and when to have a bath or shower. Comments from people included, "I can choose things for myself", "I always go to bed at 8pm and get up at 6am or 7am. It's my choice. I eat in the dining room for lunch. Breakfast and supper in my room, that is also my choice" and "I have choices around bed, getting up time and showers." Staff obtained consent to care and support from people prior to giving them help. Comments included, "Yes, they [staff] do ask permission", "The staff ask permission. They mention what they're going to do" and "The staff ask permission, oh yes, before giving care."

People's privacy and dignity was promoted. We observed staff knocking on people's door before entering rooms. We saw they closed the doors when providing personal care. People told us the staff maintained their dignity. Comments included, "My privacy and dignity are respected. They [staff] cover me and close doors", "The staff do respect my privacy" and "The staff keep my privacy and dignity. They are careful with intimate care." One person told us, "The staff talk it through before giving care."

Independence was promoted as much as possible. People were encouraged to do as much for themselves as they could. People and their relatives told us, "They [staff] help me to be as independent as possible", "I am independent with care. I make my own bed" and "[Relative] washes their own face which is important for them, the staff encourage independence." People could spend time where they wanted to. One person told us, "I can spend time in my room if I want. Afternoons I go to my room and sit and read."

Is the service responsive?

Our findings

At our last inspection in May 2018 we found that the provider was in breach of Regulations 12 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because complaints were not being managed and people's health needs were not being monitored safely. During this inspection we found that the registered manager had made improvements in these areas, however further improvement was required. Our rating for this key question reflects that it will take time to see improvements embedded in practice and the areas of improvement sustained.

At our last inspection we saw the provider had given people and their relatives incorrect information. Complaints literature recorded that CQC would investigate people's complaints. This is not correct as this is not our role. At this inspection we saw that the provider had changed their complaints policy to provide the correct information. The service had received a number of complaints since our last inspection. These had been logged and investigated by the registered manager. The provider's complaints policy had been followed. The provider informed people of the correct process to follow should they not be satisfied with how their complaint had been dealt with.

People told us they knew how to complain if they needed to. Comments included, "I have no complaints. I am aware of a complaints policy", "I don't have any complaints. I would go to the nurse or my key worker if I needed to" and "If I had concerns, I would be happy to speak to the staff". One relative told us, "Our complaints have been dealt with by speaking to the manager. Things have improved now."

At our last inspection we were concerned about how the service was monitoring people's food and fluid. We found monitoring forms were not being completed appropriately. At this inspection we saw that the service had improved this process. The head of nursing and head of care identified people who needed monitoring. Once a person was identified the monitoring forms were added to their room folder. This meant staff completed the entries at the time of monitoring. Fluid and food forms we checked had been filled in correctly. Fluid forms had targets for intake and had been added up at the end of the shift. Records we saw demonstrated people were having sufficient amounts of fluid. When people's health improved and they were assessed as not needing monitoring the forms were removed. At the front of the room folders was an audit record of when any monitoring forms were started or removed.

At our last inspection we were concerned that people who had been assessed as being at risk of pressure ulcers were not being supported safely. We saw that people had not always been supported to re-position at the time identified in their care plan. At this inspection we checked monitoring forms for re-positions and found them to be completed in full. Staff had recorded whether people were standing, sitting or lying down. People were re-positioned according to their care plan. For example, where people required re-positioning every two hours, this action had been taken.

People had care and support plans that were personalised. Since our last inspection all care plans had been re-written and reviewed. The service had worked with the local authority quality assurance team to make improvements to the templates for the care plans. We saw they were written positively focusing on what

people could do. They gave staff guidance and support on how to maintain people's independence. Care plans were in place for a range of areas such as moving and handling, personal care and nutritional needs. At our last inspection the language used in care plans was not always appropriate. This had improved and we saw recording was personalised and gave a good overview of care and support given.

'Resident of the day' had been introduced. This was a system which in part supported the staff to review people's care and support plans. Nursing and care staff reviewed the care plans and risk assessments as part of this process monthly or sooner if needed. The heads of department visited the person identified as 'resident of the day' and spent time making sure their needs were being met. For example, the chef told us they visited the 'resident of the day' and checked their food likes and dislikes were up to date. One person told us, "Staff have time to sit and talk with me, I can talk to staff about important things." Another person said, "Usually they [staff] come and say, are you alright and anything you want? You can't ask for more than that."

People had one-page profiles in their care and support folders. These included how best to support the person, what was important to them and what people who knew them, liked and admired about them. These gave a personalised snap shot of important information about the person referring to their social, emotional and cultural well-being. One member of staff told us, "Person centred care means you put the resident at the heart of everything, like a dart board - the person is the bullseye. Their needs and wishes, everything that they would like, comes from them, we help them to fulfil their wishes."

People had a one-page routine of 'my day' to guide staff on how to support their practical needs and preferences. For example, 'in the afternoon I like to wear a clothes protector when eating lunch' and 'at night I like to have the curtains open'. A member of staff told us, "You have to be able to put yourself in their [person]'s position and know how they would like to be treated. I don't do things if they haven't opened their eyes, I ask them, would you like your teeth cleaned? Always ask, be polite, I always introduce people."

People told us they enjoyed the activities available. Comments included, "The activities are very, very good", "I usually take part in the activities, they do things I'm interested in" and "I thoroughly enjoy the activities. There are 2 singers that come here – brilliant."

People had the opportunity to take part in activities and social engagements. We saw the activities at The Manor were not as varied as the activities on offer at The House. The registered manager had employed a new activity worker who was settling into the service. They told us they were planning to make improvements to the activities programme to introduce more sensory activities. They hoped this would benefit people living with dementia and sensory impairment. There was a planned programme in place which included opportunity for people to have 1-1 activity support.

During the inspection we observed different activities taking place. People were going out to watch a film. This had been organised in partnership with another care home in the area. We saw people taking part in games, puzzles and Christmas activities. The registered manager had organised for the Christmas trees to be delivered, and people were encouraged to decorate them. As they were doing this staff were encouraging people to sing Christmas carols. People enjoyed taking part in this. The activity worker told us that they supported people to celebrate national festivals if they wished. People were also supported to participate in religious activities that were important to them.

Is the service well-led?

Our findings

At our last inspection in May 2018 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance systems were inadequate and had not identified the concerns that we found. During this inspection we found that the provider had made improvements in these areas. The improvements that had been made needed time to embed and become sustained.

Following our last inspection, the provider had made a decision to consult with and retain a care management service. They told us they were committed to improving the service and felt they needed additional expertise to do so. The care management service would provide management oversight and guide and support the registered manager. Since our inspection the director of the care management service had registered for the role of nominated individual for this service.

The service had made some key appointments which had made a difference to the workload of the registered manager. At our last inspection we were concerned about the workload of the registered manager, which had contributed to the shortfalls found. At this inspection we saw there was a new administrator, activities worker, head housekeeper and head of care. The deputy manager role had been divided into new roles, head of nursing and head of care. This had made a difference to how the service was managed. The head of nursing focused on clinical governance and support for the nurses, whilst the head of care supported the care team. A member of staff told us, "There is a new structure, a head of care, head of nursing and administrator, between us all we have pulled everything together. We are all trying really hard."

Quality audits had improved and were being completed monthly. Actions for improvements had been identified and completed where appropriate. If there was action still to be completed, this was being monitored by the registered manager. People and their relatives had noticed an improvement in the service since our last inspection. Comments included, "A year ago, a lot of staff left. There is a great improvement now. Prior to now it was not caring enough. Things have changed, and I've told them [staff]" and "In general, since last year things have improved. I'm quite happy."

Following the last inspection, the provider and registered manager had set up monthly meetings with people and their relatives. Minutes of discussion were kept and demonstrated that the service was being open and transparent. The provider was keeping people and relatives updated on progress in key areas such as recruitment. The registered manager told us that they also were giving reassurances they were improving and would continue to do so. Comments received from relatives we spoke with told us they appreciated the communication. Comments included, "The staff here communicate well with me" and "Yes, the service is excellent with communication."

Team meetings were being held and minutes of discussion kept. Staff had the opportunity to attend either their own team meeting or larger general staff meetings. For example, the domestic team met regularly as a team with discussion recorded in minutes. Staff were encouraged to complete work based qualifications. One professional told us, "[Registered manager] is always looking for ways to improve their knowledge and

practice and that of the staff. Firlawn are always enrolling staff to complete work based qualifications'. One staff member told us, "It's very good here, they do offer development."

The service worked in partnership with a number of agencies. The registered manager told us they worked with various departments in the local authority, the local mental health teams and specialist dementia team. One professional told us, '[Registered manager]'s passion and commitment for the residents, families and staff at Firlawn is paramount'.