

Barrels UK Care Ltd

The Firs Residential Care 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?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Firs Residential Care Home (The Firs) is a residential care home providing accommodation and personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

The Firs accommodates people in one adapted building. There are shared lounges, dining room and sun room on the ground floor. Bedrooms are single and are on both the ground and first floors.

People's experience of using this service and what we found

Medicines were not always managed safely, which put people at risk of harm. Staff did not always respect people's privacy and dignity; care plans were not all fully personalised; and some people did not have enough to do to keep their minds and bodies active. Audits had not always identified where there were shortfalls.

We found there had been improvements made since our last inspection. Most of the time there were enough staff to meet people's needs and the manager had followed good recruitment procedures to make sure new staff were suitable to work at the service. Staff knew how to keep people safe from avoidable harm and abuse and followed good infection prevention and control procedures. The manager ensured that lessons were learnt when things went wrong.

Staff had undertaken training and received support from senior staff to ensure they could do their job well. People enjoyed food that they had chosen and staff involved external professionals to help people maintain their health.

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

People received kind and compassionate care and were involved in most decisions about their care.

People and their relatives were confident their views would be listened to and complaints would be addressed. Staff provided compassionate and kind care to people at the end of their lives.

The manager had worked hard to ensure improvements had been made and had a plan in place to sustain the improvements. They provided good leadership, made sure appropriate people were informed if things went wrong and involved people and their relatives in the running of the home.

Rating at last inspection and update

The last rating for this service was inadequate (reports published 20 March 2019 and 28 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to

show what they would do, and by when, to improve. At this inspection we found improvements had been made. However, the provider remains in breach of one regulation.

This service has been in Special Measures since March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We found evidence that the provider needs to make further improvements. Please see the safe, caring, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Firs Residential Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to safe management of medicines at this inspection. This puts people at risk of harm. The manager took immediate action to reduce the risk.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Firs Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector, an inspection manager 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.

Service and service type

The Firs Residential Care Home (The Firs) 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 service had a manager who, at the time of the inspection, was applying to be registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked for feedback from the local authority and professionals who work with the service. We used the information in the

provider return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two people's relatives about their experience of the care provided. We spoke with five members of staff: the cook, one care assistant, two team leaders and the manager. We looked at a range of records. This included support plans, medicine records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We received comments from four external professionals and two people's relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Using medicines safely

- Medicines were not always managed appropriately, which meant that people were at risk of not receiving their medicines safely or as they were prescribed. The local authority reported that they had had concerns about the number of medication errors that the staff had reported to them. Following the inspection, the manager told us that two of the errors were not within their control.
- Staff had not always given people their medicines as directed by the prescriber. One person had been prescribed a medicine to be taken at bedtime: medicine administration record (MAR) charts showed the person had not been given this medicine on five of the previous 12 nights. Another person, prescribed a cream to be administered twice a day, had only had the cream on two days in the previous seven.
- Staff had not always followed the provider's medicines policy. Staff had not recorded why they had not given people their medicines.
- There were protocols in place for medicines prescribed to be taken 'when required'. However, these did not give staff clear instructions on when to give the medicine. The protocol for one person stated 'for anxiety'. There were no details of how this person would show they were anxious, nor what staff should do to reduce the person's anxiety before they resorted to giving the medicine.
- Records for topical medicines (creams) did not give staff clear directions on when the medicines were to be given, nor where on the person's body the cream had to be applied.

We found no evidence that people had been harmed. However, staff had not always managed medicines safely, which placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager acted promptly and following the inspection, they told us they had undertaken supervision with the member of staff responsible for medicines. This member of staff had completed medication training and the manager was confident the errors would not occur again.

- Some aspects of medicine management were done well. We checked one PRN medicine and found the number of tablets remaining in the packet tallied with the records. Staff had recorded temperatures of the areas medicines were stored in and all were within acceptable limits. Special storage and records for medicines that required additional measures were satisfactory.
- People were satisfied that staff gave them their medicines when they wanted them. A relative told us their family member now required medicines in liquid form. They said, "We are very happy how quickly that was done", as it meant their family member had not missed or refused any of their medicines.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough trained and competent staff available to meet people's needs in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- There were enough staff deployed to meet people's needs. A relative told us, "I do believe there's enough staff – always somebody around when we need it." Staff told us that some shifts worked better than others, but generally there were enough staff.

At our last inspection the provider had failed to follow safe recruitment practices to ensure new staff were suitable to work at the home. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider's recruitment procedure ensured as far as possible that new staff were suitable to work in the home. The manager had followed the procedure and all the required checks had been completed before new staff were allowed to start work. These included references, proof of identity and a criminal record check through the Disclosure and Barring Service (DBS).

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The Firs. One person said, "I am happy to be here because the room is nice, people around are also nice and it's good that my [relative] will be able to have a bit of a rest knowing I am safe and well-looked after." Another person's relative told us, "We know that [name] is safe because staff are aware of [their] condition, they know [name] needs care around the clock and they follow what we ask them to do."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns. One member of staff told us, "I'd report to the manager and if they didn't do anything, I'd go to the police or [the local authority]."

Assessing risk, safety monitoring and management

- In the PIR the provider told us that they carried out an assessment of a wide range of potential risks to people. The manager recorded the assessments and put guidance in place for staff so that any risks were minimised. One member of staff told us, "We assess continually – assess surroundings, lighting, obstacles, slippery floors. If there's a risk we record it and put [safety measures] in place."
- For example, the manager had given one person a wireless handset to use the call bell remotely. This reduced the risk to this person by them no longer having a wire near their bed.
- Staff undertook regular checks of all equipment and systems in the home, such as the fire safety awareness system, to make sure people, staff and visitors to the home would be safe. Each person had a Personal Emergency Evacuation Plan (PEEP) in place and easily accessible in an emergency. However, these were not personalised enough and would be complicated to read quickly in an emergency.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. For example, they used gloves and aprons appropriately.
- Following our last inspection, the provider had installed a sluice in the home. This helped to ensure that staff disposed of bodily waste in a way that would lessen the risk of cross-contamination.
- Most areas of the home were reasonably clean. However, there was an unpleasant odour of stale urine when we first arrived, which was very strong in one of the lounges. The manager told us this was because the lounge carpets needed to be replaced. Staff cleaned this carpet later in the day and the odour was reduced.

Learning lessons when things go wrong

- The manager had several ways they made sure lessons were learnt and that this learning was cascaded to the staff team. The manager had held a 'group supervision' a few days before the inspection. The staff team had discussed the improvements that had been made and how these improvements would be sustained moving forward.
- Staff told us that following our last inspection they had undertaken training in how to use a thickening product if people's health meant they needed thickened fluids. They said that each person's different requirements were listed in the kitchen and staff checked each time they gave people a drink.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably qualified, competent, skilled and experienced to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- New staff received a thorough induction. The length of the induction period varied depending on the new staff member's previous experience. Induction included working alongside an experienced member of staff.
- Staff were happy with the training they received. The manager confirmed that almost all staff were fully up to date with all the training the provider considered was 'mandatory training'. Topics included first aid, safeguarding, moving and handling and fire safety.
- Staff told us they had also undertaken training in topics specific to people's individual conditions. This included training about diabetes and the administration of insulin, Parkinson's disease, and dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager carried out a full assessment of people's needs before they offered the person a place at the home. This was to make sure that the staff team could meet the person's needs. Support plans were developed to ensure staff knew how the person wanted the staff to support them.
- The manager ensured that staff delivered up to date care in line with good practice. Equipment was available that would enhance people's care and promote their independence.

Supporting people to eat and drink enough to maintain a balanced diet

- People were very satisfied with the food the cook provided. One person told us, "I have plenty of choices and the food is good. I have a choice about what I would like and also how much I would like." Staff also told us that the food was always very good.
- Menus gave people choices at every meal. On the day we visited, the choice of pudding at lunchtime was two different flavours of cheesecake. The cook confirmed that there were other choices available, such as yoghurt or fresh fruit.
- Special diets were available for people who needed them. A relative said the cook prepared appropriate food for their family member's medical condition. Following our previous inspection staff had undertaken

training relating to assisting people to eat and prevention of choking. This had included how to reduce the risk of a person choking by thickening their drinks to a consistency specific to their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with a number of other services so that people received effective, seamless care and support. Staff involved a range of external professionals to support people to maintain their health. These included the GP, community nursing team, chiroprapist, dentist and optician. One person told us, "I see my GP if I need to." A relative said, "I know [my family member] has seen an optician."
- Staff referred people to see specialists relevant to the person's condition, such as a physiotherapist, dietitian, the diabetes nurse or the tissue viability nurse. A relative told us how grateful they were for the manager's intervention in their family member's pressure area care. This had led to an improvement in the person's health.

Adapting service, design, decoration to meet people's needs

- Each person had their own bedroom. Staff encouraged them to choose what they wanted in their rooms and how they wanted their room decorated and furnished.
- Some areas of the home had recently been re-decorated. The manager told us they were working towards getting the whole home re-decorated but it was a slow process.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff had undertaken training and knew how the MCA and DoLS applied to their work. One member of staff said, "If the person loses capacity [to make decisions] we have to act on their behalf, in their best interests. We give people choices." A relative said, "[Staff] really listen and don't push [my family member] to do things they don't want to do."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives, such as the time they wanted to get up, which clothes they wanted to wear and what they wanted to eat. A relative of a person with fluctuating capacity told us, "I know they ask [my family member] before they do anything."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always respect people's privacy and dignity. During our inspection, a member of staff walked into someone's bedroom without knocking or getting the person's permission to enter. The smell from the lounge carpet did not promote the dignity of people who were sitting in the room.
- Staff did not always use language that was appropriate or respectful of the people they were caring for.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were very complimentary about the staff team. One person said, "The care staff are good at listening. They always find time to listen to my ramblings and learn more about me." A relative told us, "The care staff are kind and polite, and some of them have a good sense of humour." Another relative said, "The staff are full of humour, they know people well and it's lovely to see the interaction. They are so sensitive of people's needs and make the residents laugh."
- An external professional told us, "Staff appear kind and gentle in their approach. I have seen nothing to suggest that people are not treated with compassion, kindness and respect."
- A relative whose family member's deteriorating health meant they had long periods when they refused food, told us, "It's good that care staff learned not to give up but keep up with fluids even when he's not eating." They were impressed that staff "keep trying, around the clock."
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation. However, one person was not fully supported to follow the practices relating to their religion. They were offered, and encouraged to choose, a meal that did not comply with their religion. The manager told us the person had not fully followed their religion when they lived at home. However, they were not given any other choice that would have enabled them to adhere to their faith if they had wished to.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people well, including their likes and dislikes and their preferences about the way the staff provided their care. A relative told us, "Staff are very friendly. [All staff] know us and our family member well."
- However, people were not always supported to make informed decisions. A member of staff asked one person what they wanted for their lunch, telling them the two meals they could choose from. The person looked confused and said they did not understand what was being offered. Staff had no pictures of the meals to show them and did not try any other way of helping the person except to keep repeating the choices.
- Staff were very welcoming to people's visitors. One relative told us they had even been invited to join a staff training session about Parkinson's disease, as their family member was living with this condition.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan. At our last inspection we found that these had not been consistently written and did not support personalised care. At this inspection care plans had been reviewed and the manager told us that all except two had been transferred to a different format. The manager said that there was still further work to do on the care plans to ensure they fully supported personalised care.
- The care plans that had been reviewed were more personalised and included greater detail, for example about people's health conditions. The manager acknowledged there was still further work to be done.
- The manager gave us several examples of ways in which the service was being responsive to people's needs. One person who used to sit in one place all day now walked to the dining room for meals and used the nearest toilet; another person who had always sat by themselves was sitting with other people and joining in some activities; and a third person who had always declined to do anything had asked if they could help fold napkins. The manager said, "Our residents are taking small steps and moving towards achieving daily living skills and playing an active part in the home."
- The service provided to people was not always responsive to their needs. For example, there had been nights when no medication-trained staff had been on duty. This had meant people had their night medicines before the staff went off duty at 8pm. If anyone needed any medicines during the night, staff had to call the on-call member of staff to come in. This had improved recently when one of the agency staff had been trained to give medicines, but there was still not a trained member of staff on duty every night.
- The service provided to people was not always responsive to their needs. For example, there were no medicine-trained permanent night staff, so people received their regular night-time medicines before the day staff left at 8pm. This meant that the period during the day for people to receive their medicines was limited to less than 12 hours. Also, although the home was being supported by medicine-trained agency staff at night, there were still occasions when on-call staff had to be called in if people needed 'when required' medicines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had attempted to provide people with information, such as a weekly activities planner; a weekly menu; and the day's menu on each table. However, these were not produced in a way that people could understand. They were in very small type and there were no pictures or symbols.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed a member of staff to lead activities. Although the range of activities had improved since our last inspection, there was heavy reliance on this member of staff. Other staff told us they did not have time to spend with people. An external professional commented, "I am concerned that the residents do not have enough mental stimulation/activities."
- On the day we visited, the activities lead was on holiday. There were periods of the day when people had nothing to do. One person said, "I'm finding it difficult to spend time here, there's not much for me to do." Another person told us, "The activity lady is away now but she promised she will help me walking up and down with my frame – that's enough activity for me."
- The manager told us they were trying to "change the culture around activities." Staff were beginning to understand that keeping people active did not necessarily have to be an organised group session. Staff were encouraging people to do things they enjoyed around the home, such as dusting, hanging out the laundry or folding napkins. One person told us, "When I get down to the lounge I meet my friends – it's like a club down there. We have a chat and it's easy to spend the morning like that. I'm very happy to be here with people I know."
- Following the inspection the manager told us they had recruited a second activity member of staff who was due to start work in early September. They said this would ensure there were activities over six days a week.

Improving care quality in response to complaints or concerns

- The manager kept a log of any complaints or concerns that had been raised. They had followed up on complaints that had been raised before they started working at the home, which had previously not been dealt with. No complaints had been raised since. The manager felt this was because they had regular contact with relatives, which helped any "grumbles" not to become complaints.

End of life care and support

- Staff had undertaken training and supported people well at the end of their life. End of life care plans were in place for most people.
- One person's relative told us they had recently discussed plans for the end of their family member's life with their family member, staff and the GP. They were very happy their family member had been able to be involved because "we can now all follow [their] wishes."
- A relative of someone who had recently died told us, "Everything I could have wanted was done respectfully and I felt very reassured by staff at the end – I know they really cared about my [family member] and our family....staff did an excellent job, they couldn't have been more respectful and caring to us all."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure there was adequate management and oversight of the home so that people were not placed at risk. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had appointed a new manager who started working at The Firs on 28 March 2019. They had been clear about their role and the improvements that were required. They were also clear that there was still a lot of work to do, but they had started to address all the previous issues. "A relative told us, "The new manager is really good – [they've] turned this place around very quickly...the new manager is approachable, she listens and she's on board."
- Staff thought the new manager "had done a good job" and they could approach them with anything. One member of staff said, "[Manager] is brilliant, really experienced, very approachable – if she doesn't know the answer she will find out and come back to you."
- Staff meetings were held monthly and staff received one-to-one supervision six times a year. The manager stated they shared the action plan with staff "to ensure all members of the team are empowered to take responsibility of the service."
- The manager and team leaders undertook audits of a range of aspects of the running of the home. Any shortfalls they identified were added to the home's sustainability plan and actions taken to address the issues. Although these audits had generally led to improvements, the system for auditing medicines had not identified the shortfalls found on the day of the inspection. Further work was needed to make sure the auditing and monitoring system fully promoted the best possible quality of care.

At our last inspection the provider had failed to ensure that the Commission was notified of possible abuse and serious injury as required by this regulation. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18.

- The manager had notified the Commission of all the incidents and events that they were required to by law. They had also ensured that referrals were made to the safeguarding team when it was necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, staff and relatives told us that the culture in the home had changed since the new manager had started working there. One relative said, "I would whole-heartedly recommend this place. The last [CQC rating] was fair and the manager has turned this place around with big improvements."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had procedures in place to ensure appropriate people were informed if anything went wrong. For example, a relative told us the manager had contacted them to apologise that an error with medicines had taken place. The manager had explained what happened and the actions they had taken to prevent recurrence. This relative added, "I and other relatives have noticed a big improvement in the quality of care at the home – implemented by [name of manager] I'm sure! Staff are more attentive and communicating with residents."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who lived at The Firs and their relatives were engaged in what was going on at the home as much as they wanted to be. The manager told us relatives had decided they would like to meet every two months, so dates had been advertised. A relative said they had completed a written survey to give their views about the running of the home. They knew there were forms in the entrance hall that they could complete if they wanted to. They added, "Somehow I prefer to talk and if I have anything to ask or suggest I would talk to the new manager. [They seem] approachable."

Continuous learning and improving care

- A few days before the inspection the manager had held a 'group supervision'. This was a meeting for all staff, which provided an opportunity for them to reflect on what had been achieved since our last inspection. The minutes showed that a lot had been achieved.
- The manager's sustainability plan showed how actions achieved were going to be sustained so that the service staff provided to people continued to improve.

Working in partnership with others

- The staff team worked in partnership with a range of external professionals and agencies, such as the GP and the local authority, to ensure that people received joined-up care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely.