

Sohal Healthcare Limited

Firstlings

Inspection report

7 The Street
Heybridge
Maldon
Essex
CM9 4NB

Tel: 01621853747
Website: www.sohalhealthcare.co.uk

Date of inspection visit:
12 August 2019

Date of publication:
01 October 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Firstlings provides accommodation and personal care for up to 32 older people, some of whom may be living with dementia. At the time of our inspection, 29 people were living at the service. The building had been adapted and was set on three floors with a large accessible garden.

People's experience of using this service:

People received an outstanding service from Firstlings which was exceptionally person centred, individual and focussed on the outcomes for people. People were fully involved in their assessment of need and in their planning, delivery and end of life care. The service was enthusiastic and skilled in the way it responded to people's needs, wishes and preferences.

Staff were wonderfully caring, kind and compassionate. They created a homely and warm environment where people could be themselves. People's independence was actively promoted and encouraged and staff went the extra mile to ensure people had autonomy, self worth, dignity and respect.

Staff had an excellent understanding of people's needs and were imaginative in the way they provided person centred care which placed people at the heart of the service. They continued to find creative ways of supporting people to have an exceptional quality of life. People's well-being and social life was enriched by a range of group and individualised opportunities and activities, within the home and the local community.

Everyone was immensely positive about the way the service was led and managed. The registered manager was an outstanding visible role model, led by example and maintained high values and standards. Staff were aware of their roles and responsibilities and all, regardless of their role, worked as a strong team. There were a variety of checks in place to monitor the quality of the service and drive improvements.

People and their relatives felt safe. Staff knew how to recognise abuse and to report any concerns. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence. People's medicines were managed safely. Incidents and accidents were investigated, and actions taken to prevent recurrence. Effective infection control processes were in place.

There were enough staff available to ensure people's security, safety and wellbeing. Recruitment processes were robust to ensure prospective new staff had the right skills and were suitable to work with people living in a care setting. Staff received an induction, on-going training, supervision and observations of their practice to ensure they continued to have the skills and knowledge to be competent in their role, and support people safely and effectively.

People were supported to have enough to eat and drink and people enjoyed the meals provided. The service worked well with other health care professionals and referrals were made in a timely way to ensure people's health needs were met.

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 supports this practice. Where people had been deprived of their liberty, appropriate referrals had been made to the local authority.

People and relatives were encouraged to be involved in the running of the service. People knew how to raise a complaint and felt confident any issues would be addressed. Where there had been incidents or complaints, these had been responded to appropriately and the provider had systems to monitor and learn from these.

Rating at last inspection: Good (report published 28 December 2016)

Why we inspected: This was a planned inspection, based on the rating at the last inspection.

Follow up: We will continue to monitor the service and will return to carry out an inspection in line with our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Firstlings

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one 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.

Service and service type:

Firstlings is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to our inspection, we reviewed information we held about the service. We checked statutory notifications we had received from the provider. Statutory notifications are reports of important events that providers are required by law to tell us about. We also reviewed information sent to us in the provider information return (PIR). A PIR is a document which providers are required to send us, detailing key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection.

During our inspection:

We spoke with 10 people who used the service and three of their relatives. We also spoke with the registered manager, deputy manager, activities coordinator, and five care and domestic staff. We looked at a range of paper and electronic records including six people's care and support plans, three staff recruitment files and systems relating to the quality assurance and management of the service.

After the inspection:

We continued to seek clarification from the provider to validate evidence found and this included lessons, learnt and complaints. We received views about the service from five health and social care professionals.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "You couldn't be more comfortable. There's nothing I ever need to worry about and I know the staff will do all they can to keep me safe." Another said, "I feel so safe here because everyone looks after me so well." A family member said, "I'm happy my [relative] is here. It's safe and just so nice. I feel so confident."
- People were supported by staff who were trained and understood their responsibilities to report any concerns of abuse or harm. One staff member said, "I would know if someone was being hurt, by a change in their behaviour or not their usual self, and I would question it and report it."
- The registered manager was aware of their responsibilities for reporting concerns to the local safeguarding team and to the Care Quality Commission.

Assessing risk, safety monitoring and management

- There were systems and processes in place to identify, manage and review risks. This included risks to moving and handling, pressure ulcers and falls. Risk management plans were of a high standard and were person centred and respectfully written. Staff would know how to support people to maintain their independence and wellbeing and keep them safe.
- The service used an electronic monitoring system which meant people's day to day needs were recorded as they happened which kept staff up to date with any ongoing changes of care needed.
- We observed people being assisted to move from wheelchairs and being reminded to use their mobility aids. The service participated in a scheme called 'No Frame the Same'. People decorated their walking frame, so they could recognise which one belonged to them, reducing the risk of unnecessary falls.
- Health and safety and maintenance checks were undertaken to ensure the service was safe and well kept. One family member said, "I was here when they had a fire alarm practice. [Registered manager] directed staff and afterwards briefed them on how it could be improved."
- Individual personal emergency evacuation plans were in place. These described the support people required in the event of a fire or other emergency evacuation of the building.

Staffing and recruitment

- People, relatives and staff told us they felt there were enough staff. One said, "It's lovely here. I feel happy and secure because there's enough staff to look after me." Another said, "I feel so safe here because everyone looks after me so well. If I ring my alarm they are usually here in good time." A family member told us, "My [relative] is in bed all the time but I don't worry about them at all or get anxious because the care is of such high quality."
- The rota arrangements were consistent, and staff told us they worked as a team. They had time to care for

people, they were not rushed, and call bells were answered in a timely way. One staff member said, "The thing about working here, is the management don't scrimp on staffing levels, we get good time with people."

- Safe recruitment procedures were in place and all the necessary checks had been completed to ensure staff were safe to work with people in a care setting.

Using medicines safely

- People received their prescribed medicines by staff who were trained and competent. People told us they received their medicines when they needed them and on time. One family member said, "My [relative] gets their medicine on time. The staff are very accommodating because they don't like tablets, so they now give them in a dissolvable form. [Relative] had a pain in their knee and they were not getting on with the painkillers, so the staff got them changed."
- Where people had been prescribed medicines on an 'as required' basis, for example pain relief, protocols were in place for staff to follow.
- We observed medicines being administered to people by a staff member who knew people well and was respectful and sensitive to their individuals' needs.
- Medicines were stored correctly in line with best practice. We looked at a sample of people's medicines administration records (MAR). We found these to be in good order with no errors.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and provided with personal protective equipment (PPE) such as gloves and aprons which we observed being used appropriately.
- The home was clean and had good housekeeping and laundry facilities.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager and provider monitored incidents and accidents. This helped them to identify themes and, where necessary, put actions in place to stop them from happening again. For example, since the last inspection, the service had recognised that the call bell in people's room was a trip hazard and restricting their independence. They had fully implemented a portable call bell system so that people could access their room without fear of tripping and this had reduced the number of falls. Also, the panel recorded each time a person rang the bell and the length of time staff took to answer it which meant the service could ensure people were attended to quickly.
- The registered manager told us lessons learned were shared with staff and minutes of meetings confirmed this.

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 Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them using the service to ensure their care and support needs could be met.
- People's individuality and diversity was considered at assessment and through care planning. People's protected characteristics, such as their age, gender, religion/fait, sexual orientation and ethnicity were acknowledged and recorded to ensure the service was person centred and met their individual needs and lifestyles.
- People and their relatives were invited to visit the home before deciding whether they wanted to live there. There was evidence that people, who had spent time at the service on a short stay, had liked it so much, they had moved there permanently.
- Information from the pre-assessment process and good practice guidance was used to develop people's care plans. People and their relatives were involved in this process.

Staff support: induction, training, skills and experience

- All new staff had a full induction to the service, including shadowing experienced staff and completed the Care Certificate (which represents best practice guidance when inducting new staff into the social care sector).
- Staff received ongoing training to enable them to fulfil their role and responsibilities. The registered manager told us, "All my staff have refresher training and myself also, so we keep up to date and don't get complacent in our best possible care for people." A staff member told us, "The training is great, we always learn something new, something different and it makes you think twice about what you are doing."
- Staff received supervision and told us they were able to speak with senior management if they needed any support or guidance. A staff member said, "The management and all the staff are so very supportive, nothing at all is too simple to talk about."

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

- People and their families told us they were supported to maintain a balanced and healthy diet. They were very complimentary about the variety and quality of the meals provided. feedback included, "The food is excellent. The chef is really good. I'm always happy with the choice on offer", "The food is well presented on the plates and tastes nice" and, "Sometimes I eat in the dining room as well as in my room. I can choose if I don't like the food, like they'll give me a poached egg."
- If people required their food, fluid and weight to be monitored, records were kept so that they kept well. Action could be quickly taken if their needs changed. One family member said, "They [staff] keep a record of what [relative] has been eating and they review this. If [relative] says they are hungry between meals, the

staff will give them, say cheese and biscuits."

- Where people required specialised diets, the service worked alongside the speech and language team (SaLT). Staff followed advice given for example, if a person required textured or soft meals or fluids which needed to be thickened to reduce and prevent the risk of choking.
- Since the service organised monthly hydration days which introduced, promoted and encouraged the intake of fluids in innovative ways such as ice lollies, jelly shots and mocktails (non-alcoholic cocktails), people's fluid intake has increased keeping them well.

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

- The service worked in partnership with other healthcare professionals, for example, GPs, district nurses and social workers to achieve good outcomes for people. Professionals were very positive about the service. One health care professional said, "Whenever I have contacted Firstlings by telephone, I am always greeted politely and professionally. I am always put through to the correct person to help with my call the most appropriately. I have never spoken to anyone who doesn't know the needs of the person I am calling about."
- People were supported to access health professionals and, where required, staff accompanied people to attend appointments. Referrals were made in a timely way, so people got help and treatment quickly. One health care professional told us, "Whenever I go to the service, the person is ready and waiting, comfortable in a suitable location, with a member of their staff on hand to assist me and follow/pass-on any advice or information I provide. I have always found this to be the case at Firstlings."
- Care plans included people's health needs and recommendations from health care professionals. These were clear, and staff would be able to follow the advice given. One person told us, "The staff know me well and I'm sure if you asked them they'd know what I'm like and what I need. I need a sling to get me up and there's always two of them and they make me feel relaxed." A health professional told us, "Staff understood that people from different cultural groups required different creams and products to ensure their skin remained intact and well cared for."

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

- People were able to access all areas of the building. This included access to communal lounges, dining room and large garden. A lift was available to access all floors.
- The home was bright and tidy. Objects of interest were sited around the home to support people to orientate around the building and generate conversations.
- People's bedrooms were comfortable and personalised according to their taste and choices, such as pictures and family photos.

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 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, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received MCA training and understood the principles of the MCA. Staff consulted people about their care and supported them to make day to day decisions.

- Where people were deprived of their liberty, appropriate DoLS applications had been made to the local authority.

- People's consent had been obtained to the writing of their care plan and the sharing of information about them. This was saved on the electronic care planning system. Where people did not have capacity to consent to their care, their representatives were sent a copy of the care plan for their authorisation.

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 Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and their families said, without exception, the staff were friendly, diligent, kind and considerate. One person said, "Staff are wonderful. They all talk to you, really talk to you including the cleaners as well. We are treated like human beings. It all makes me feel good inside." Another said, "The staff have been friendly and talk to me as if they are interested to know about me." A third said, "The staff are all lovely. They treat everyone in a kindly way. They make me feel so comfortable that this feels so homely here. You can always have a joke and they'll approach you for a word without you calling them."
- There was a strong emphasis on providing person centred care for people and their families. People's needs were met by staff and management who knew them well. Staff were committed to ensuring people received the best possible care in a safe, warm and caring environment. This was very much appreciated by families. One family member said, "They [staff] are so kind and caring which has helped [relative] settle in. Staff chat to people casually and when they come past, they'll stop and chat. They're very friendly towards me too." Another said, "Staff acknowledge me, offer me a cup of tea and have a chat. They are very caring towards me. I noticed this, when I was upset because [relative] was ill and I was worried and concerned. Staff are so dedicated and talk to me as they pass by. Even the cleaners acknowledge me. Everyone here works so hard."
- There were many examples of positive, engaging interaction and communication between staff, people and their families. We observed an in-depth conversation between a person and staff member, about the person's family, their [relatives] work and holidays. The staff member said, "I remember you liked to travel a lot on your holidays," which engaged the person more as the staff member knew it was a subject they enjoyed talking about. Another example included, a person who was upset as they got confused. The staff member was sensitive, reassuring, gave them a well needed hug and, whilst giving them enough time for their tears to be shed, made positive suggestions about a cup of tea and going to find something in the garden. The person wiped their eyes and agreed.
- Staff were committed to making sure people's lives were enriched and were very positive about working for the service. One staff member said, "I can't think of a better place to work. People are so lovely, friendly and it gives me pleasure to do things for them the way they want them to be." Another said, "We have a 'can do' culture here, we don't use the word 'No' as, if it is possible to do something for someone, we will."

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

- People were actively involved in their care. Regular reviews were used to update people's preferences and choices. Observations showed people were being involved in day to day choices; staff offered people choices of drinks and snacks as well as offers of activities throughout the day. One example included, a staff

member who was serving drinks at a table. One person, when offered a variety of options, didn't know which drink to choose from. There was an eruption of laughter around the table when the staff member gave them three glasses, all with a different flavours in.

- There was a variety of systems to involve people in decisions about their home and their care. Regular meetings were held, and people and their families were encouraged to have a say on the day to day running of the home as well as ideas for the future. One person said, "My life has become so much better since moving here. I feel I have a life now, with all these lovely people." Another told us, "I love a joke and my goodness they tease me, and I tease them. I enjoy it and it makes me feel part of a family. These lovely staff will just come and chat to me any time."
- We saw many compliments the service had received from families. These showed not only the care and compassion shown to people, but also to people's families and friends. One stated, "We just want to say how grateful we are, as a family, for the exceptional care you provided for our [relative]. You all went above and beyond to not only support [relative], but all of us during such a difficult time. We appreciate, beyond measure, the lengths you went to, to make our [relative] feel comfortable, included and loved during their stay at Firstlings. You are a truly wonderful team."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Care plans reflected people's strengths and described tasks they liked to do themselves. One person said, "Staff have always encouraged me to do as much as I can for myself and, until my present problem they definitely wanted me to walk with a frame, however long it took. They have so much patience." A family member said, "Staff encourage my [relative] to walk. I accept their mobility has declined, but they still want them to try." Another told us, "They [staff] treat people as individuals and care about each one. They know them well. They encourage them to stay independent. There's a variety of activities and they encourage them to take part."
- People were treated with dignity and their privacy respected. For example, staff could tell us how they protected people's dignity by closing doors and curtains and gave examples how they respected people's need for privacy whilst ensuring their continued safety. One person said, "They are so respectful. When they take me to the toilet, they will set me up then just look out of the window."
- People's confidentiality was respected, and care records were stored securely.

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 Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- Staff provided outstanding end of life care and worked extremely closely with healthcare professionals to ensure people experienced a comfortable, dignified and pain free death. The service strove to be outstanding and innovative in providing person centred end of life care based on best practice. One health professional told us, "I have been involved with many people's end of life care at Firstlings and, without exception, the care that has been provided to each of them has been exceptional. Staff have always supported me by providing all the information I have required, followed my advice, been very friendly and taken the time necessary. What has always stood out for me however, is the kindness and compassion shown by every staff member I have met towards people. They absolutely go the extra mile and care for the person literally as though they were one of their own family."
- People were cared for by exceptional staff who were compassionate, understanding, enabling and who had the skills in caring for people at the end of their life. We saw examples of where staff had gone the extra mile. One example included, a staff member arranged for a family member to see their dying [relative] for one final time before the end of their life. This was not easy, due to the complex family situation, but was of enormous benefit to the person in their care. One staff member said, "We will do everything in our power to support the person and their family when they are coming to the end of their life. It's heart-breaking for us but we must be professional and make sure we do the absolute best we can do for them." Another told us, "The family of a person who is dying is so much part of the Firstling's family. We have facilities for them to be with their loved ones, mattresses on floors, meals, a shoulder to cry on any time of day or night, we are there." A compliment by a social care professional said, "I am very impressed by the staff's delivery of care and support to [person's name] after a difficult and complex end of life journey. [Registered manager] who has exceptional awareness of what needs to happen, has led and guided their team to ensure this person's needs were met until the very end."
- Staff were very responsive in enabling people to engage with their religious beliefs and preferences at the end of their life. Care plans provided staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care. One health professional told us, "One person's wish was to end their days at Firstlings. The staff did absolutely everything to ensure that they died peacefully whilst supporting the family with such expert care and compassion. I witnessed them providing truly holistic care in their last weeks, ensuring the pain and agitation was well managed, reading the bible to them and playing hymns so their spiritual needs were met, providing hand massage as well as ensuring their dignity was maintained at all times."
- People's care plans were written in a respectful way. These included their wishes in relation to being resuscitated in the event of a cardiac arrest.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us the service was immensely responsive to their needs. One person said, "Amazing staff help me stay young inside, give me a real sense that I matter." A family member said, "It's a very caring, friendly place, one I'd recommend to anybody. They have such good knowledge of the individual and cater for their specific needs. They care about the relatives too. Fantastic service."
- Care plans were based on an assessment of people's needs and reviewed regularly. They were exceptionally person centred and contained people's physical, mental health, psychological and emotional needs and their history, preferences and wishes. For example, one person, whose first language was not English, received post cards from their [relative] who still lived in the country they grew up in. They would read the post cards to the staff, first in their language, and then in English. The deputy manager told us, "With the person's consent and agreement, we got in touch with a local school, whose students were studying that particular language. They came to the service and translated some of [name of person's] care plan. When [person's name] read it, first in their language and then in English, they were delighted, saying, "It's fantastic, unbelievable. That's all about me."
- People received excellent individualised care which was focused on them having a fulfilling life and making some of their dreams come true. We saw examples of innovative ways the service had developed to make a significant difference to people's lives. For example, one person had always wanted to be sung to by Frank Sinatra. The service organised a 'look alike' to surprise them and sing their songs to them. This resulted in visits to the hairdresser again and paying attention to their appearance. We were told by the staff, "It had really boosted [person's name] wellbeing and self-image." Another person wanted to ride on a motor bike again and relive their memories. The service arranged for them to ride pillion on a pristine Triumph Thunderbird for their 90th birthday. They said, "It was one of the best birthdays I have had as it has made me feel young again."
- Professionals were very complimentary about how responsive the service was to people and their families. One social care professional told us, "I found Firstlings to be very forward thinking. They cared for a person who was always very worried about their appearance. The care provided to them was very individual and ensured their culture was very much focussed on, such as a change of their wigs, their diet and the music they enjoyed. The staff also provided stimulation and reminiscence, using doll babies and a pram as the person had been a midwife. This gave them an important task to do every day which they enjoyed and gave them satisfaction." Another said, "I have never doubted their [staff] competence and feel that there is excellent individualised care planning." A third said, "On my visits to see people, the quality of care provided by staff is of a consistently high standard and people are treated with high levels of dignity and respect."

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

- People had opportunities to engage in a range of activities within the home, the garden and the local community. The daily exercise and meditation classes were extremely popular and well attended. There were numerous examples we saw of the benefits people had experienced from this. We observed the enthusiasm for the exercise and relaxation sessions, the latter with calming music and instructions to breath deeply. The room fell silent and eyes were closed. One person said, "It feels good, lovely atmosphere."
- Gardening and outings were also a regular and enjoyed pastime. One person grew vegetables which were enjoyed by everyone. This person was immensely proud when they were presented with a plaque saying it was their garden by a child at the local primary school. Outings involved going to places of interest in the local community, either individually or as a small group. One person said, "There's so much to do, bingo, knitting, crafts, yoga. It's nice sometimes just to have a break!" Another told us, "I enjoy all the activities. I enjoy my TV. I'm never bored. I can look around and see and hear what others are doing." A family member said, "There are exercise classes, craft activities and children from the primary school visit which my [relative] really enjoys. They like the therapy dog, Poppy and like going to the cinema showings. They loved

the choir and games and the jigsaws."

- A dedicated activities coordinator, who had been nominated for a national care award, provided an exciting and changing programme based on what people had requested. Placements were provided to students from a local senior school to gain experience of working with older people and this had provided very popular with everyone. One professional said, "Thank you for providing our students with such great opportunities which are proving very successful and all the students come back with such lovely feedback."
- The service had forged strong links with community groups and talented individuals who visited and engaged with people. As well as regular visits from the Brownies and Guides, the service had created the 'Together programme' whereby eight Year Six pupils from the local primary school visited once a week to chat, do games and art work with people using the service. The registered manager told us, "The outcome for people and the pupils is really paying off. The bonding and confidence building for people and the pupils, in particular, one relationship blossomed, where a person and the pupil would chat, giggle and pull faces at each other. One person's talent for painting had been resurrected by the involvement of two artists who visited the service and, jointly with the person, now ran an art workshop. We were told of the joy and confidence this had given this person."
- People were valued and celebrated for their uniqueness and individuality. It was recognised not everyone wished to participate in group activities. The activities coordinator explained, "I ensure people in their rooms have the same opportunities for one to one time. Together with staff and volunteers, we provide a bespoke service which, for me, is just as important as group activities and outings. Some of the gentle and sincere engagement with people we observed included, looking at a magazine with one person, asking questions and encouraging them to engage with them and time spent with another person, who had their eyes closed, speaking in gentle, quiet tones, stroking their hand, then their face, talking all the time. The person responded by parting their lips and partially opening their eyes and the conversation with them continued about the garden, their family and things of importance. One family member said, "The staff chat to [relative] in their room and put music on for them. They tell the staff all sorts of stories and the staff check with me to see if they're true, so I know they are talking to them all the time." One health professional told us, "I am particularly impressed with the attention to providing meaningful activities for people at all stages but especially at their end of their life."
- Staff recognised the importance of people spending quality time with families. Friends and relatives were actively and warmly welcomed to attend any events held at the service.

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.

- The service was complying with the Accessible Information Standards (AIS) and was able to provide information about the service in a range of formats such as large print and easy read when required.
- People's sensory and communication needs were known and understood by staff.

Improving care quality in response to complaints or concerns

- There was an effective complaints system in place and people knew who to go to if they had a complaint. People were actively encouraged to give their views and raise concerns or complaints. People's feedback was valued, and their concerns dealt with in a transparent and open way. A person told us "I've never had to complain but I'm confident they would listen if I had a concern. I'd have no fear saying something." Another said, "They [staff] are always asking me how I'm doing and if everything's all right." A family member said, "You can go and chat to [registered manager] about any concerns, their door is always open. I really like that. They hide nothing from us."

- The registered manager encouraged people to voice concerns and viewed concerns and complaints as an effective tool to drive service improvements, ensuring people received a responsive service. For example, they had introduced a 'You said, we did' board located by the front door. This had examples of some of the issues that had been raised and what the service had done to resolve it."
- The service was proactive in listening to concerns and responding appropriately. Investigations were comprehensive, and responses were professional, respectful with apologies provided to complainants and lessons learnt.

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 Good. At this inspection, this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People, relatives and staff were exceedingly complimentary about the staff and registered manager and thought the service was very well led and provided excellent care. People said, "The place runs exceptionally well. It has a good reputation and people talk positively about the service which is nice to know", "[Registered manager] is always about. They talk to everyone and that makes us feel good that they take that time" and, "[Registered manager] is very pleasant. They and the team make life safe and comfortable for us."
- The registered manager was an extraordinary role model for staff and truly led by example. We observed them interacting warmly with people, staff and visitors throughout our visit. One family member told us, "The service is so very well led. [Registered manager] is so easy to talk to. They are very 'hands on,' for example, there was a barbecue recently and there they were, cooking the food. They are so full of ideas and they sound them out with me, like menu plans for the Autumn. They are also thinking of opening up the hair salon all week, so relatives can use it."
- There was a clear vision to deliver care and support which promoted a positive inclusive culture, which was open, transparent and welcoming. It was clear staff knew people well and put these values into practice. We saw many examples of where the service enabled people to consistently achieve good outcomes; from making people's memories come alive to ensuring people's end of life wishes were fulfilled.

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

- A clear strong management structure was in place and management and staff were aware of their roles and responsibilities. Staff told us team morale was high. One staff member said, "This is such a nice place to work, honestly, you cannot get better." Another said, "The manager and deputy make everyone feel special, it doesn't matter what their role is. They are true leaders."
- The registered manager understood their regulatory responsibilities; for example, notifying CQC of incidents and prominently displaying the rating of their previous inspection. They also understood their responsibility under duty of candour.
- Feedback from professionals was extremely positive about the management and staff. End of life care was especially seen as excellent. One healthcare professional said, "The service is well led, and the managers advocate for people to ensure that they receive excellent end of life care, even if this means challenging (always professionally and appropriately) healthcare professionals who may not be administering

anticipatory medicines as required." Another said, "I have always found the staff and management to be very friendly, organised and helpful. The quality of care provided by staff is to a consistently high standard and people are treated with high levels of dignity and respect." A third said, "Firstlings is one of the best homes in the area."

- Systems were in place to monitor the quality of the service and drive continuous improvements. Representatives of the provider visited regularly to provide support to the registered manager and undertake their own quality monitoring.

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

- People, relatives and staff were encouraged to contribute their views on an ongoing basis, informally and through surveys and meetings. The activities coordinator and staff were very proactive in engaging with people who were not able to provide their views verbally. For example, different types of music were played for people and staff observed their body language, eye contact and facial movements to try to understand their views about it. The service had received some lovely compliments from people and relatives on the online feedback. One family member said, "I cannot speak more highly of Firstlings. The standard of care is excellent. Being able to speak to my [relative] on Skype and seeing them so happy in the photographs on Facebook, is more important than you can imagine."

- People were fully involved in the recruitment of staff, asking questions during the interviews. When new recruits were shown around the service and engaged with people, the registered manager obtained their feedback as to their views about the person's suitability. One person took on the role of welcoming new people to the service. They sat and explained the service to them, when meals were, who the staff were so people got to know the service and build relationships from the start which reduced isolation and loneliness.

- The service had developed its own Facebook page for people and relatives to contribute and be involved in. The registered manager told us it was a great way of documenting people's lives at the service, they said, "It's like a living photograph album that anyone, wherever they are, can enjoy. We use it as a tool to help people recognise the good times they have had, especially people with dementia. One family member said on the online survey, "I cannot speak highly enough of the staff. I see the activities on Facebook and am amazed at the wide variety. [Relative] can't always remember what they have done but I know from the staff and Facebook that they participate."

Continuous learning and improving care; Working in partnership with others

- Management promoted person-centred, high-quality care and good outcomes for people, by working in partnership with other professionals to support safe care.

- The registered manager and staff worked proactively with other organisations to ensure that best practice was followed to ensure excellent care outcomes for people. This included involvement with a range of initiatives to benefit people who used the service. Two such areas were Prosper (set up to reduce preventable harm from falls, urinary tract infections and pressure ulcers) and the development of the Champion role, where a skilled staff member takes on the leadership and good practice of areas of care. For example, end of life care, falls, dementia care, infection control and nutrition and hydration. There were many examples of staff going the extra mile to embed these roles in practice and the positive impact this had had on people's care, health, safety and wellbeing. One such example included support given to the family of a person whose dying wish was to be buried in their home country overseas. Another was the significant reduction in falls with the introduction of regular exercise and yoga.

- The registered manager was passionate about ensuring the service provided excellent care. They regularly attended local care forums and meetings to keep up to date with best practice and consultation with other services. This included participating in a Parliamentary review about what good care looks like. The

registered manager told us, "We are pleased our views and the experiences of people who live here, will be incorporated into developing social care." They said, "We get involved in so much, which benefits people who live here, but also to share good practice and to show we are the best. We have been voted by CareHomes.UK in the top 20 homes in the East of England 2019 and we are always striving to do better."