

Marston Care Limited

Fir Villa Residential Home

Inspection report

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Tel: 01935850670

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 12 April 2016 and was an unannounced inspection.

Fir Villa provides accommodation and personal care for up to 24 residents. Accommodation is provided in the main house and a one bedroom cottage, known as The Owls Nest which is situated in the grounds of the home. The home is staffed 24 hours a day

At the time of our inspection there were 22 people living at the home. 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.

The atmosphere in the home was relaxed and welcoming. People and their visitors described Fir Villa as a home from home. One person told us "It's a real home from home here and you would struggle to find anywhere better." A visitor said "Nothing is too much trouble. The staff are so happy and friendly and they always have time for my [relative]."

There were sufficient staff to meet people's needs and help keep them safe. Staff were available when people needed them and they responded quickly to any requests for assistance. One person said "If I need anything; the staff are always there." Another person said "Sometimes I use my call bell and somebody comes before I know it." A member of staff said "I love coming to work and what's really good is that we can spend so much time with people."

People told us they received care and support from kind and caring staff. Throughout this inspection we saw people were supported in a friendly and gentle way. Personal care was provided to people in a way that respected their privacy and dignity. One person told us "The staff have always got a smile on their face. They are all so very kind to me and so patient." Another person told us "Everything is perfect. I couldn't be happier. The staff are lovely and will do anything they can to help you." A visitor said "The staff are so happy and friendly. It's like you're part of a big family. I know they adore my [relative]."

People's health needs were monitored and they had access to healthcare professionals according to their individual needs. Incidents and accidents were analysed to ensure people received the support they required to maintain their health and well-being. A visiting health care professional described the care people received as "Excellent." They said "The staff here are so knowledgeable about people and they inform us and work with us if there are any concerns."

People had their nutritional needs assessed and received meals in accordance with their needs. Where people required physical assistance to eat this was provided in a dignified manner. People were complimentary about the food served in the home. One person said "I am certainly well fed and the meals

are excellent." Another person told us "It's good home cooking. Very good indeed and plenty of it."

The arrangements for social activities were innovative and focused on meeting people's individual needs. The home employed a very enthusiastic activity co-ordinator who developed a very varied and innovative programme of activities for people. Outside entertainers and visitors to the home included shows put on by a community theatre group, singers, musicians and visits from various animals. There was a strong emphasis on enabling people to continue with their individual hobbies and interests. There were strong links with the local community.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Risks to people were well managed and people were supported to be as independent as they could be.

The service made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them by staff who had been trained to carry out this task.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

There were effective systems in place to monitor and improve the quality of the service provided.

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

There were enough staff to help maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good ●

The service was effective

People had access to a range of healthcare professionals according to their individual needs.

People were supported by well trained and competent staff.

People's nutritional needs were assessed to make sure they received an adequate diet which met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Outstanding ☆

The service was responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

The arrangements for social activities were innovative and enabled people to live as full a life as possible..

Is the service well-led?

Good ●

The service was well-led.

The registered manager was described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

Fir Villa Residential 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 12 April 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. At our last inspection of the service on 20/09/2013 we did not identify any concerns with the care provided to people.

At the time of this inspection there were 22 people living at the home. This included two people who lived in the cottage (The Owls Nest) and 20 people who lived in the main house. During the inspection we met with 13 people who lived at the home, seven members of staff and a volunteer. We also spoke with two visitors and a health care professional.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person told us "I feel very safe here. I was falling a lot at home and that was a worry. Now I have wonderful staff to help me whenever I need them. I feel much safer when I am walking around now." Another person said "How could you not feel safe here? It couldn't be better."

Care plans contained risk assessments which included assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. From these assessments a plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to enable them to mobilise safely. Staff quickly interacted and reminded people to use their walking aids when they got up to walk. Records showed staff monitored people's intake of food and drink where they had been assessed at high risk of malnutrition and took appropriate action.

People's medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. Medicines were administered in a safe and caring way to people and people were asked if they needed any medicines that were prescribed on a 'when required' basis such as pain relief. People told us they were happy with the way they were given their medicines, and that they got them when they were needed. Medicines were recorded using an electronic system that helped to reduce the risks of doses not being given at the correct times. Medicines were stored securely. Each person had a lockable cupboard in their bedroom for the storage of their medicines. A senior member of staff, who had responsibility for overseeing the management and administration of people's medicines, showed us how the system was used to help with administration, recording and stock control. They told us medicines were only administered by senior staff who had received training in the safe management and administration of medicines. They told us they carried out weekly audits on stock levels to make sure medicines had been administered as prescribed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

Staff told us there were enough staff to help keep people safe. People did not have to wait long for staff assistance. For example call bells were answered promptly and staff responded quickly when people requested assistance with their personal care needs. People were supported in an unhurried and relaxed manner. The manager told us they adjusted staffing levels to meet the needs of people. For example if someone was unwell and required additional support then extra staff would be provided. One person said "If I need anything; the staff are always there." Another person said "Sometimes I use my call bell and somebody comes before I know it." A member of staff said "I love coming to work and what's really good is that we can spend so much time with people."

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Each person who lived at the home had an emergency evacuation plan (PEEP). These gave details about how to evacuate each person with minimal risks to people and staff. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Staff also carried out regular health and safety checks.

Is the service effective?

Our findings

People were supported by staff who had undergone an induction programme which gave them the skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One staff member told us "The induction I had was really good. I had lots of shadow shifts with experienced staff and this really helped me to get to know each person."

Staff told us training opportunities were very good. Mandatory training included safeguarding adults from abuse, first aid, fire safety and moving and handling. Service specific training included caring for people living with dementia, nutrition and end of life care. Staff also had opportunities to gain nationally recognised qualifications in care which ensured they had up to date skills and knowledge. One member of staff told us "I am doing my NVQ3 at the moment. It's very orientated to dementia care which is really good as we have a lot of residents here who have different levels of dementia."

Staff told us they received regular supervision sessions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff were very positive about the support they received. One member of staff told us "The support here is brilliant and I can ask for additional support or training whenever I need it."

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care Plans contained assessments about people's capacity to consent to living at the home and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff. Staff had received training in how to protect people's legal rights and all knew about the need to involve people's advocates and health and social care professionals when making decisions in a person's best interests. This made sure people's legal and human rights were protected.

People were supported to maintain good health and wellbeing and the service made sure people saw

health and social care professionals when they needed to. A visitor told us "My [relative] hadn't been feeling very well recently. They got the doctor straight away and they made sure [relative] was started on the antibiotics he prescribed." We met with a GP during our visit. They were very positive about the service. They told us "The communication is very good and they always listen and implement any recommendations or treatment." They also said "They are very good at calling us if they are concerned about anyone. I have no doubt they meet the needs of their patients."

Each person had a health action plan and an "emergency admission pack". This document contained important information about each person's needs, abilities, preferences and prescribed treatment. It also contained important contact details of relatives and health and social care professionals. This information would help those who did not know the person well. For example, if the person was admitted to hospital.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. Staff were knowledgeable about people's needs and we saw people being supported as detailed in their plan of care. Menus were based on the preferences of the people who lived at the home and we saw people were offered alternatives where they indicated they did not want what had been offered. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals. People told us they were provided with plenty to eat and drink. A choice of hot and cold drinks were offered regularly throughout the day and on request. One person said "I am certainly well fed and the meals are excellent." Another person told us "It's good home cooking. Very good indeed and plenty of it."

People and their visitors spoke very highly of the staff team. They told us staff had the skills and knowledge to meet people's needs. A visitor said "My [relative] wouldn't be alive today if it wasn't for care and attention from all the staff at Fir Villa." A visiting health care professional described the care people received as "Excellent." They said "The staff here are so knowledgeable about people and they inform us and work with us if there are any concerns." A person who lived at the home said "I wouldn't want to live anywhere else. All the staff are marvellous. They help me when I need help. They are all friendly and certainly know what they are doing."

Is the service caring?

Our findings

There was a cheerful and relaxed atmosphere in the home and staff communicated with people in a very kind and respectful manner. One person who lived at the home said "The staff have always got a smile on their face. They are all so very kind to me and so patient." Another person told us "Everything is perfect. I couldn't be happier. The staff are lovely and will do anything they can to help you." A visitor said "The staff are so happy and friendly. It's like you're part of a big family. I know they adore my [relative]."

It was clear staff knew people well. Staff were able to tell us about people and their individual lifestyle choices and wishes. Staff knew about people's interests and hobbies which enabled them to chat and socialise with people on a very personal level. We heard staff talking to people about their interests and their families.

People were treated with dignity and respect. Staff spoke about people in a warm and respectful way. Staff supported people to make choices about their day to day lives and they respected their wishes. One person told us "I like to spend a lot of my time in my room. All the staff know that and they regularly pop in to check I'm alright or if I want anything." We saw this to be the case during our visit. While we were chatting with a person in their bedroom, a member of staff knocked on the door and asked the person if they would like assistance to attend a musical activity which was going on in the home. The person declined saying "maybe later." Their decision was respected and we heard staff asking the person again later in the afternoon.

People's privacy was respected. Each person had their own bedroom with en-suite facilities. This meant staff could support people with their personal care needs in the privacy of their own bedroom. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Each bedroom door had a sign which read "Private room. Please knock loudly." Staff knocked on doors and waited for a response before entering.

We met with a couple who were able to continue to live together as they had at home. They lived in a cottage in the grounds of the home with staff support. One person lived with dementia and required more support. We observed staff provided the required level of support in a very dignified manner and were as unobtrusive as possible. The home had further larger bedrooms in the main home which could be used to accommodate couples or friends who wished to share.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.

The home was able to care for people at the end of their lives and there were care plans which gave information about how and where people wished to be cared for at this time. Advance care plans and information about people's wishes regarding resuscitation had been signed by people or their representatives to show they agreed with the plan in place. The home was accredited to the Gold Standards

Framework for end of life care which is a comprehensive quality assurance system which ensures people receive high quality care at the end of their lives.

A person who lived at the home told how they had been able to fulfil the wishes of their [relative] before they had passed away. They explained they did not live at the home at the time but their [relative] did. They told us their relative had wanted them to be with them during their final days. They told us the provider had purchased a double bed so they were able to stay with their relative during the night. The person told us "I was holding [person's name] when they slipped away and died in my arms. I cannot begin to tell you how much that meant to me."

The service had received numerous compliments. In the Provider Information Return (PIR) it stated "We have received compliments from both service users, families, visitors and professionals. Some specific quotes in the written compliments were "Thank you for making my [relative's] last few weeks special," "We were thrilled to meet lovely and caring staff." "I know how much my [relative] enjoyed it with you and he thought he was on holiday all the time." "How impressed the whole team are with the amount of effort everyone at Fir Villa is taking to help our client to settle in" (from external professional) and "I have appreciated the warmth and respect you have shown to me when I have visited my [relative]." Numerous verbal compliments had also been recorded." The provider said "We are often complimented by other professionals with whom we have an excellent working relationship and reputation. It is often appreciated that we keep service users and avoid distressing and unnecessary hospital admissions often by providing one-to-one care."

Is the service responsive?

Our findings

People received a service which met their individual needs and preferences. The service was innovative and creative in enabling people to enjoy fulfilling lives. For example people were supported to have choice and control over their lives and to continue with past hobbies and interests. Through discussion with one person who was living with dementia and the person's family, they found the person used to be a very successful swimmer and this had been an important part of their life. However; they had not had the opportunity to go swimming for many years. The provider researched facilities in the local area and found a suitable private pool where the person was supported with one to one staffing to swim regularly. A member of staff told us "The first time I took [person's name] swimming it was incredible and so lovely to see. [Person's name] just seemed to come to life. They swam up and down the pool for ages." We were told that other people were thinking about going swimming. We observed another person doing some vacuuming and later helping a staff member peg washing out on the line. It was evident they were enjoying being involved in household chores. A member of staff told us "[Person's name] really loves to help with the housework. They used to be a cleaner and it's important to them to be involved. They also like to help in the kitchen."

Staff told us about another person who liked to occasionally cook their evening meal. They explained "[Person's name] likes to do their own menu. We then do a shopping list and [name of provider] gets what they want."

The arrangements for social activities were innovative and focused on meeting people's individual needs. The service employed a very enthusiastic activity co-ordinator who had received training in how to provide meaningful activities for older people. They told us "It's such a privilege to be able to do what I do with people. I enjoy the joy they get from it, That's why I love my job and love coming to work." There was a varied programme of activities where something was going on every day. People regularly accessed a range of activities both in the home and local community. Outside entertainers and visitors to the home included shows put on by a community theatre group, singers, musicians and visits from various animals. After discussion with the people who lived at the home; a mother and toddler group recently held their meeting at the home and we were told how much this had been enjoyed by people. People enjoyed various games and an Easter egg hunt in the gardens. The provider told us people enjoyed this so much there were plans for them to visit the home again.

The activity co-ordinator told us they met with people and their families when they moved to the home so they could get to know them and find out about their interests and hobbies. They gave us examples where they had sourced local people to visit the home based on people's interests. One person used to be a seamstress so the activity co-ordinator arranged for a local person to spend time sewing with the person. Another person used to enjoy quilting and it was arranged for a quilting group to visit the home. After one person had talked about their love of carnivals; the activity co-ordinator organised a visit from a local carnival organiser who brought various costumes and hats. We were told this was thoroughly enjoyed. We were told about forthcoming plans for a visit from a "petting farm." The activity co-ordinator explained some people who lived at the home had been involved in or had an interest in farming so they had done some research and found a petting farm who would visit the home. They explained pens would be set up in the

grounds of the home and animals would include horses, cows, sheep, pigs and chickens. The activity co-ordinator told us many people enjoyed classical music so they were in contact with a local charity about arranging a summer concert for people.

People had enjoyed cookery demonstrations and themed food tasting sessions. The activities co-ordinator told us they were planning to talk to the people who lived at the home about having a wine and beer tasting event. We were told local people provided regular tai chi and zumba exercise classes which have proved very successful. There was also a gardening club run by a volunteer. Several people told us they were looking forward to warmer weather so they could spend time in the garden.

Several people told us they were looking forward to going out to lunch the day following our visit. The provider told us 13 people were being taken to a local pub for lunch. They told us "We regularly go there and the resident's really enjoy it." The service had purchased a vehicle for people which allowed for more impromptu trips. Trips out had included, shopping, visits to garden centres, pantomimes and other places of interest.

The activity co-ordinator told us they wrote an article about what was going on in the home in the local parish magazine. A newsletter was also given to the people who lived at the home and their representatives to inform them of forthcoming events. One person told us "I've got my newsletter so I always know what's going on. It helps me decide what I fancy doing." Another person told us "There is always something going on here. No time to get bored."

Before people moved to the home they were visited by a member of the management team to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. This was confirmed by a visitor we met with who said "I knew from the minute we walked through the door, this was the home for my [relative] and it has exceeded our expectations."

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. People told us they had been asked about their wishes and preferences when they first came to live at the home.

People received care that was responsive to their needs and personalised to their wishes and preferences. The care plan format provided a framework for staff to develop care in a personalised way. The care plans were person centred had been tailored to people's individual needs and had been reviewed on a regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met. We saw care plans had been updated to reflect any recommendations made. For example, staff had alerted a person's GP as they had recently lost weight. Staff had implemented the recommendations made which included monitoring the person's intake of food and fluids, increase the calorific value of meals and offer regular snacks.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. Staff also used "emotional mapping" to record how a person had responded to a particular interaction, visit or event. For example if they were happy, sad, angry or satisfied. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

There were ways for people and their representatives to express their views about the quality of the service provided. There were monthly "resident forums" which also gave the opportunity for the service to keep people up to date with important issues. Topics discussed at a recent meeting included safeguarding adults from abuse, the home's complaints procedure and fire safety procedures. Menus and activities had been discussed and some people had requested a more varied selection of music CD's. As a result the activity co-ordinator had spoken with each person about their choice of music and had purchased additional CD's based on their choices.

There were suggestion boxes in the home where people or visitors could make any comments anonymously if they wished. The provider told us they very rarely received any suggestions this way as people and their visitors tended to discuss any issues or suggestions at the time. Their Provider Information Return (PIR) told us "Our open environment encourages dialogue and discussion. This empowers both staff and service users and helps us to become aware very quickly of any issues which we are proactive in addressing. This helps to prevent situations escalating into formal complaints; however should a complaint occur it is dealt with promptly and in accordance with our complaints procedure. Feedback tells us that service users and visitors feel able to approach us at any time and feel supported."

People were supported to maintain contact with the important people in their lives. We met with two visitors who told us they were able to visit at any time and were always made to feel welcome. One visitor told us "It's like being part of one big family when you visit. I can't fault it." The provider had recently had an additional telephone line and broadband installed in the home specifically for people and their friends and families.

Is the service well-led?

Our findings

The home was managed by a person who had been registered by the Care Quality Commission. Another home manager was also employed. It is planned for this person to register with the Commission as the registered manager was due to retire. The provider, registered manager and home manager were available throughout our visit.

Staff morale was good and staff told us they were very well supported. In their completed Provider Information Return (PIR) the provider told us "We have an open door management policy which allows everyone involved to feel inclusive in the running of the home. This approach also encourages transparency. Annual staff appraisals, bi monthly supervisions and staff spot checks are carried out by the registered manager and the home manager." A member of staff told us "The support is brilliant. I get so much support but if I wanted more I would just have to ask. The training is very good here and if there was something you wanted to do; then it would be arranged."

The completed PIR stated "Approachable management leads to staff feeling empowered to communicate issues, ideas or concerns. An example of this is when evening staff felt that extra help was needed at this time of day due to increased service user demands. An extra member of staff was employed in response. Regular staff meetings encourage discussion. Staff are encouraged to learn and enhance skills and knowledge. All staff are qualified to Minimum NVQ level 2 but many have continued to gain additional qualification's creating a confident, positive and capable staff contingent which helps with staff retention and benefits our service users."

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager and home manager there was a team of senior care and care staff. The provider was also at the home most days. The home manager told us there was a senior member of staff on every shift. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative and activity staff were also employed.

The provider met with the management team each month to review internal audits and discuss any concerns or areas for improvement. We looked at the development plan which had been produced following a recent audit. This clearly identified any shortfalls or areas for improvement, the required action, who was responsible and timescale for completion. We saw prompt action had been taken to address the identified areas for improvement. These included redecoration, specific training for a member of the management team and the purchase of specialised equipment for a person who lived at the home.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. The provider used an external company to carry out a full audit on the quality of the service provided annually. The audit was in-depth and focused on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? We looked at the findings of a recent audit. Findings had been positive and each domain had been self-rated as good.

Satisfaction surveys were sent to people who lived at the home, their representatives, health and social care professionals and staff to seek their views. The results of a recent survey showed a high level of satisfaction about the quality of the service provided. The provider had taken prompt action to address a comment which related to checking the identity of visiting professionals when they arrived at the home.

Prior to this inspection we received numerous comments from members of the public about Fir Villa. These included "The staff at this home are true carers; they are cheerful friendly and certainly do all they can for the residents. I am eternally grateful to the kind and caring staff who own and run Fir Villa." And "I feel relieved and happy that all the staff at Fir Villa have cared tremendously for my [relative] since being there. Staff are all very friendly and helpful. [Name of provider] also sends me pictures of my [relative] enjoying activities which really puts my mind at rest. They really seem to go the extra mile." Another comment included "My [relative] took up residence following a fall and a prolonged stay in hospital. [Name of provider] had little time to prepare for my [relative's] arrival and I believe went beyond the call of duty by taking the weekend to decorate and refurbish the room allocated to my [relative]. I have been most impressed with the level of care and gentleness given unstintingly to my [relative] and the residents. Clearly, the ethos of viewing each resident as an individual, with individual needs is cascaded down from the owner to the managers and carers. They demonstrate patience and kindness and there seems to be a 'homely' atmosphere."

There was evidence of the provider's commitment for continuing to improve the quality of the service people received. For example we saw areas of planned improvement, which had been identified in the PIR, had been actioned. These included formalised training for the activity co-ordinator to enhance the quality of the activities offered, establishing greater links with the local community and the introduction of a suggestion box.

The provider reviewed their policies and procedures to make sure they remained in line with current legislation and practices. In their completed PIR they told us they subscribed to business support from a training company which provided updates relating to any changes in legislation or best practice. The PIR also stated the knowledge of staff would be kept up to date through "Continued attendance to CQC workshops, not just for management but also for all care staff to aid in under pinning knowledge of the fundamental standards and to ensure their implementation."

Significant incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. The registered manager reviewed incidents to see if there was any learning to help improve the service. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.