Marston Care Limited

Fir Villa Residential Home

Inspection report

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09 October 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 8 and 9 October 2018. It was unannounced.

Fir Villa provides accommodation and personal care for up to 24 residents. Accommodation is provided in the main house and there is 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 the 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.

At our last inspection we rated the service good. At this inspection, although there were some improvements needed to how the provider manages people's medicines, the provider responded immediately and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns to people. We therefore kept the overall rating of good in place.

People being supported at Fir Villa told us they felt safe, although some areas of practice within the service were not safe, and placed people at risk. For example, one person's medicines had not been administered for seven days. There were gaps in fridge temperature records and no records were kept of the room temperatures where back up stocks of medicines were stored. Discrepancies that the inspection team found had not been brought to the attention of the registered manger and appeared to occur when the staff member responsible for medicines management was on annual leave, which meant the oversight of people's medicines was not robust.

Staff showed a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them. The registered manager was also aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

The provider had suitable processes to assess people's needs. Care plans were detailed and contained risk assessments that documented areas of risk to people, such as nutrition and hydration or pressure areas. Staff sought consent to care.

The provider employed enough staff to cover the needs of the home and there was a robust recruitment and selection process in place where staff had been subject to criminal record checks before starting work at the service.

The provider had infection control arrangements in place and the home was clean, tidy, and free from any unpleasant odour. Accident and incident reporting was robust. Staff knew the reporting process. Records

showed that staff had taken proper action where necessary and made changes to reduce the risk of a re-occurrence of an incident.

Staff and volunteers had the skills, knowledge, and experience to support people. Supervision and appraisals were completed regularly to develop and motivate staff to improve on the care and support being delivered.

Staff supported people to eat, drink and keep a balanced diet. People told us that they had choices of food and that the quality of the food was good. People told us they had access to healthcare services such as GPs, Dentists, and Chiropodists.

People were supported to take part in activities. The provider helped people celebrate special occasions such as birthdays and religious festivals such as Christmas.

People told us they were encouraged to give their views and raise concerns or complaints.

The leadership was visible and accessible. The registered manager understood the importance and responsibility of their role and had clear lines of responsibility and accountability. There was evidence that learning from incidents and accidents and investigations took place and appropriate changes were implemented

There were effective quality assurance arrangements at the service to raise standards and drive improvements and the service worked with other health and social care professionals in line with people's specific needs. Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines management was not robust.

There were sufficient numbers of staff to meet people's needs.

People were supported by staff who had been safely recruited.

Risk assessments were in place for both people and the environment.

Infection control procedures were in place.

The registered manger understood their responsibilities to raise concerns and record safety incidents.

Is the service effective?

Good

The service is effective.

Staff had the right skills, knowledge and experience to deliver effective care and support.

There were records of individual appraisals and staff received regular supervision with a manager.

The provider supported people to eat and drink enough to maintain a balanced diet.

Staff worked successfully with healthcare services to ensure people's health care needs were met.

The provider sought peoples consent to care and support.

Is the service caring?

Good

The service is caring.

Staff treated people with kindness respect and compassion.

People felt involved in decisions about their care and told us they were able to express their views about how their care was delivered.

Staff respected people's privacy and made sure care was provided in a dignified and respectful way.

Staff were aware of confidentiality and records were stored securely.

Is the service responsive?

Good

The service is responsive.

People had their needs assessed before they moved in to the home.

The support plans were set out clearly and easy to read.

The provider complied with the Accessible Information Standard by identifying and recording the communication needs of people.

The provider employed an activity co-ordinator who was focused on creating an activity program for people.

There was a system in place to manage and investigate any complaints.

There were ways for people and their representatives to express their views about the quality of the service provided.

People's friends and relatives could visit them at any time of day.

People were supported at the end of their life to have a comfortable, dignified and pain free death.

Is the service well-led?

Good

The service is well led.

The provider had a clear vision to deliver care and support that promoted a positive culture.

The registered manager had a clear understanding of the key values and focus of the home.

There were effective quality assurance arrangements in place to raise standards and drive improvements.

The provider had followed all relevant legal requirements, including registration and safety obligations and the submission of notifications.	

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 comprehensive inspection took place on 8 and 9 October 2018 and was unannounced.

One adult social care inspector, one medicines inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form 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 other information we held about the service.

At our last inspection of the service in April 2016, we did not find any concerns with the care provided to people. At this inspection we found there were some improvements needed in the way the provider managed people's medicines.

During our inspection, we spoke with the nominated individual, the registered manager, one deputy manager, one activity co-ordinator and seven support workers. We spoke with 14 people who received personal care and four members of their family who were closely involved in their care and support. We also spoke with three health and social care professionals to seek their views on the service.

We looked at records relevant to the management of the service. This included 10 care plans, risk assessments, five staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the evidence did not continue to support the rating of good and therefore changed the rating to requires improvement.

Although generally people being supported at Fir Villa told us they felt safe, some areas of practice within the service were not safe and placed people at risk. For example, whilst medicines were being given as prescribed we found one person had not had one of their medicines administered for seven days because it was unavailable. Staff told us the medicine had been ordered before the supply had run out, but there was a delay in the prescription being dispensed and sent to the home.

Staff checked and recorded the refrigerator temperatures to make sure that medicines would be safe and effective. However, we saw there were gaps in these records for 11 days during September. No record was kept of the room temperatures where back up stocks of medicines were stored. This did not follow the home's medicine policy and meant staff could not assure themselves that medicines were always stored at a safe temperature.

One member of staff had full responsibility for overseeing the management of medicines. We saw records of weekly counts of all the medicines in use. This allowed staff to check medicines had been given as recorded. We were told that any discrepancy would be highlighted and reported to the home manager, but the discrepancies that the inspection team found had not been brought to the attention of the registered manger and appeared to occur when the staff member responsible for medicines management was on annual leave, which meant the oversight of people's medicines was not robust.

We discussed our concerns about medicines management with the registered manger and the provider. They agreed to put a plan in place to strengthen their current procedures. Following the inspection, we received an update from the provider who told us they had now employed a senior care manager to start in November 2018. This staff member will support the registered manger and focus on the care and support delivered in the home which includes overseeing the management of people's medicines. This will reduce the risk of any further errors.

Staff gave people their medicines and recorded them using electronic medicines administration records (MAR). This helped to ensure that people received their medicines at the correct times. Staff recorded the reason if they did not give a medicine, for example if a person said they did not need a medicine prescribed 'when required' such as Paracetamol for pain relief.

People were able to look after their own medicines, if staff assessed this was safe. One person looked after one of their inhalers so they could use it when they needed to, to help their breathing. People's medicines were stored in locked cupboards in their bedrooms.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including those

needing extra security and refrigerated storage. The pharmacy providing medicines to the home had done an annual audit of the handling of medicines in January 2018 and had not raised any issues for staff to address. All the staff giving people medicines had received training in the safe management and administration of medicines, including use of the electronic recording system.

People told us they felt safe living at Fir Villa. Comments included, "I feel safe here, the carers are very good and lights are left on at night". "I feel safe here, at my age as well". "Yes, I feel very safe here, I just feel comfortable and looked after". And, "I think I feel safe here, the people here make me feel safe". One relative told us, "I can't believe the difference, (person's name) is so safe I no longer worry about them".

People had a call bell in their room. We saw staff responding promptly when people rang it and people told us, "They always answer my bell fast". And, "I rang the bell for her and a very nice carer came very quickly". A visitor told us, (relatives name) is so safe here I can't tell you how safe, staff are great". The registered manager audited the alarm system including the time it takes for people to respond to the bell. Staff told us, "If no one responds in a few minutes the bell changes to an emergency sound".

The provider had policies and procedures in place for safeguarding vulnerable adults. Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed.

The registered manager understood their responsibilities to raise concerns and record safety incidents, concerns, and near misses. The registered manger reported these internally and externally as necessary. Staff told us if they had concerns, management would listen and take suitable action. If the registered manager had concerns about people's welfare, they liaised with external professionals. We reviewed safeguarding referrals the registered manager had submitted.

The co-owner of Fir Villa carried out general maintenance around the home. The staff were responsible for carrying out Legionella tests; we reviewed records that included the current water certificate. We also reviewed the provider's contingency plan; the plan included loss of accommodation plans due to flooding, gas supply disruption, electricity supply disruption and a communication strategy. In addition to this, the provider had contractors that serviced their equipment to ensure it was safe to use.

Staff carried out risk assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks within the home such as fire, legionella, electrical and gas safety, and any risks in relation to the care and support needs of the person, such as tissue viability, risk from falls, and mental health needs. Staff regularly reviewed all risk assessments.

Staff assessed risks to people and took appropriate action to mitigate them which helped keep people safe. For example, one person was at risk of hallucinations due to their mental health issues. There was a clear action plan in place for staff to follow that ensured this person remained safe within the environment. Staff had implemented these control measures where appropriate.

Staff had assessed some people who lived at Fir Villa as having concerning behaviours which might challenge themselves or others. There was guidance in place and staff understood how to follow this guidance. For example, one person could become distressed when around male care workers. Staff were aware of this and agreed no male care worker would support this person unless absolutely necessary. Another person could become physically aggressive when staff were delivering personal care. Staff knew to offer constant reassurance and ensure they explained what they were doing at every stage.

There were enough numbers of staff available to keep people safe. The provider employed 30 contracted staff members at the time of the inspection, most staff were longstanding which created a consistent environment for people.

There were no staff vacancies but the owner told us they had heard someone they considered to be a good care worker was seeking employment. We observed the provider asking the administrator to contact this person and to see if they would be interested in interviewing for a post at Fir Villa. The owner told us, "I would rather have to many staff with the right skills than not enough".

The provider produced a rota in advance. The rota recorded details of staff on duty. One person said, "They are always about". Another person said, "The girls are lovely they work so hard". A third person said, "There is always someone around to help you, or just bring you tea and cake".

Staff told us if people were on holiday or off sick they worked more hours, this meant people using the service did not have their care and support compromised. We observed the provider on the day of the inspection contact a staff member to cover sickness for that day, the staff member willingly came in.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. The provider obtained references and completed a Disclosure and Barring Service (DBS) check. A DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

People were protected by staff who followed good infection control practices. The provider employed three domestic staff who had a clear schedule to work with. The home was visibly clean; communal areas and bedrooms smelt fresh and were in relatively good condition, although some paint work was peeling off in places.

Staff had received training on infection control and had access to personal protective equipment such as gloves, hand gel and aprons. On the day of the inspection the provider had not displayed any hand washing signs in communal areas which meant people could be at risk of infection. We mentioned this to the provider who immediately ordered them and we saw these were put in place the next day. People using the service told us, "The girls are lovely, they keep it nice". And, "Oh its lovely here my room is often cleaned". A visitor told us, "Staff really do work hard to make sure it's clean and safe here".

Accident and incident reporting was robust. Staff knew the reporting process. Records showed that staff had taken appropriate action where necessary and made changes to reduce the risk of a re-occurrence of an incident. Where incidents had occurred, the registered manager had used these to make improvements to the service. Staff said they received the outcome of incidents through staff meetings and handovers which meant all staff received learning from the incidents that occurred. For example, staff told us if people had regular falls the registered manager would evaluate that, identify any patterns and implement procedures to reduce any further risk to the person.

Good

Is the service effective?

Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

The provider had systems in place to assess people's needs and choices. Copies of pre- admission assessments on people's files were comprehensive. These assessments helped staff to develop a care plan for the person so care was delivered in line with current legislation, standards, and guidance. One person told us "Staff checked what I wanted to do before I came here". Adding, "They asked me what I liked and what I use to do". Another person said, "I think they came to see me in hospital". One relative told us, "Before (relatives name) came in the registered manager came to visit and asked lots of questions about (relatives name), they really wanted to know what they liked and didn't like". Another relative told us, "We are so grateful they have accepted (relatives name) they were in a bad place before, the registered manager really understood their needs".

Nobody we spoke with, for example people who used the service and staff, said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability, or age. Staff told us, "The provider is great they do so much for us and the people here". A relative said, "(Relatives name) gets what they need, staff don't treat them differently just because of their problems".

Staff had the right skills, knowledge and experience to deliver effective care and support. Staff completed an induction when they started employment this included shadowing more experienced members of staff. Shadowing continued until the person felt confident to carry out their role.

All staff who were new to the service completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to work in the care sector. People we spoke with about staff skills said, "They are very good, they help me I have no problem with them". Another person said, "They do it well I think". A relative we spoke with told us, "Staff are great they really get to know people and they are on it all the time". Another relative said, "They do know what they are doing, they keep a close check on (relatives name) if things change they deal with it straight away they do not leave things".

Records showed staff received training which enabled them to carry out their roles effectively. There was a system in place to remind staff when their training was due to be refreshed. Aside from the subjects which the provider considered to be mandatory, such as moving and assisting, infection control, and safeguarding, staff told us they received training which was relevant to the individual needs of the people they supported such as dementia training.

Although staff did say they were supporting someone with mental health problems and had not had mental health training which meant they could not be sure they were delivering the correct care and support to this person. We discussed this with the provider who told us, the persons community mental health nurse had offered to come in and deliver some training for staff and there was clear guidance for staff that included

what they should do if this person should become unwell.

We saw this guidance in care records and staff confirmed thy knew what the guidance said. We also had further information sent in following the inspection informing us the provider had reviewed current staff qualifications and found two staff members had previously received training in mental health, and the provider had now recruited a new care manager who will also bring knowledge of working with mental health to the role. The provider also told us they would arrange for other staff to receive mental health training.

Staff told us they felt supported in their roles. There were records of individual appraisals and regular supervision with a manager. Supervision is a process where members of staff met with a supervisor to discuss their performance, any goals for the future, and training and development needs. One staff member said; "We get supervision regularly but we talk all the time as well". Another staff member said, "We all talk about all sorts, like if there are any problems with people we support". Adding "The registered manager is really hands on so they can support us really well, they know people and their needs".

The provider supported people to eat and drink enough to maintain a balanced diet. Staff had received training in food safety and were aware of safe food handling practices. The provider employed two cooks who offered a choice of food and drink. The menu was adapted as necessary to meet the various needs of people. For example, one person's Malnutrition Universal Screening Tool (MUST) score was high risk. MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. Staff identified this person needed full support to eat and drink, but also that they needed to focus on full fat foods to improve their weight. Staff monitored this person by completing regular food, fluid and weight charts which help reduced the risk of malnutrition.

The dining area was beautifully laid out with wine glasses and napkins. People told us they were very happy with the food provided, one person told us, "The food is good, I like it, no complaints at all". Another person said, "The food is very good here and we are offered choices". A third person told us, "The food is all right". They added "I do my own drinks and snacks as I am quite capable". A relative told us, "(Relatives name) stopped eating properly since they came out of hospital, they have lost about two stone". They added, "Staff do their best to get them to eat they offer all the things (relatives name) likes". Another relative told us, "(Relatives name) didn't eat at the last place, now they eat so much I just don't worry about it anymore".

Staff worked successfully with healthcare services to ensure people's health care needs were met. Staff had supported people to access services from a variety of healthcare professionals including GPs, community psychiatric nurses and district nurses to give additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately. One professional told us, "I love this care home, they are on it before we even come in". Adding, "They never just wait for us, they know their residents and their needs, if they think they need a GP they book a GP".

Staff told us they had professionals such as chiropodists and dentists visit the home regularly and people could have their own preferred healthcare professional if they choose to. People confirmed this, "One person told us, "They have taken me to the dentist before". Another person said, "Staff go to the Doctors with me when I need to go, its fine".

The provider met people's individual needs through adaptation, design, and decoration of premises. People were involved in the design of the home and could personalise their bedrooms to reflect their likes and preferences. One person showed us their bedroom with lots of personal items in. A relative told us, "When (relatives name) came here they brought lots of personal things so the room felt like theirs". Adding,

"They never had that in the old place".

The provider sought consent to care and treatment in line with legislation 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.

Care records showed that people had signed consent forms to receive care and support. Staff knew to ask people before they carried out any tasks, but most people using the service had the ability to make decisions for themselves. One person we spoke with told us, "The girls are very good, they ask if I want my back washed". Another person told us, "Yes, they do ask, they ask what I want to eat and what I want to wear they always ask me". A third person said, "They always ask if I want my door open or shut".

There were a couple of people using the service who did lack capacity and staff knew what this meant for those people. The provider had completed mental capacity assessments and attended best interest meetings where professionals and family members could formerly make decisions on their behalf. This meant staff could be sure they were delivering care and support in line with current guidance and legislation.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care services is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had submitted DOLS applications for 12 people but only three had been authorised and granted, nine are still waiting to be assessed by the Local Authority.

Good

Is the service caring?

Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

Staff treated people with kindness respect and compassion. This was reflected in the feedback from people who used the service. Comments included, "The staff are caring and friendly and usually have time for a chat. "They have been very kind and caring to me in here". And "The staff are all very polite here and caring". "A relative told us, "I can't believe the changes since (relatives names) came here, the staff are wonderful and so supportive they do anything for (relatives name)". Another relative told us, "When (relatives name) came to visit before they moved here, staff had brought tea and cake before they even sat down, so kind and thoughtful".

Staff spoke about people with affection and it was clear they had built trusting relationships. When they discussed people with us they were respectful and knowledgeable. Comments from staff included, "We are like a family, it's not like coming to work". Another staff member said, we just love the people here we all get on so well, staff and residents we are just one big family". We also saw staff interacting with kindness and respect addressing people appropriately and having a laugh and joke making them feel at ease.

People felt involved in decisions about their care and told us they were able to express their views about how their care was delivered. Three people we spoke with said they had been included from the beginning in every aspect of planning their care but they did not recall seeing any care plans. We discussed this with the registered manager and checked the care records. People had signed to say they were involved in the care planning process, but staff had not offered them a copy of the care plan which meant people could not review their goals, request changes to be made or monitor their progress when they wanted to. The registered manager said they would look at introducing this in the future.

Staff respected people's privacy and made sure care was provided in a dignified and respectful way. People told us they could choose the gender of the staff member who assisted them with personal care and their choices were respected. Comments from people included, "They do the bits I can't do but leave the rest to me in the morning". "They do help they always knock on the door before coming in". A relative said, "(Relatives name) has never looked so clean and tidy, staff do a great job". A staff member told us, "We don't just leave people if they don't want help we go back later and try again". The staff had received positive feedback through emails; they included the following comment, "There's already a noticeable change and the staff are so friendly".

Staff were aware of confidentiality and did not speak about people in front of other people. When they discussed people with us they were respectful and knowledgeable. People we spoke with confirmed that staff did not speak about people in front of them and care records were stored securely.

Good

Is the service responsive?

Our findings

At the last inspection we found the service was extremely responsive and awarded a rating of outstanding. At this inspection we found the evidence did not continue to support the rating of outstanding, we have therefore changed the rating to Good.

People had their needs assessed before they moved in to the home. Staff visited people in their own homes which helped to decide whether the provider could meet people's needs and expectations. People and their family members were encouraged to visit the home before deciding to move there. A visitor confirmed this, they told us, "The last place (relatives name) was in was awful, when we visited here it felt right".

The support plans were set out clearly and easy to read. We reviewed 10 care plans all of which gave a wide range of information about the person. This included peoples preferred daily routines, likes, dislikes, details of people and things that were important to them and how staff could support them. This was important for staff to understand because some people receiving support had limited verbal communication.

Staff reviewed care plans regularly to ensure they were up to date with people's needs, although there was some confusion as to how staff involved people in care planning as described in the care domain of this report. People we spoke with told us, "I guess I do have a care plan but I have not seen it". Another person said, "I have nothing to do with my care plan". A third person told us, "No never seen any care plan". Relatives we spoke with said, "The care is great and staff keep us informed about changes". Adding, "I don't know what specifics are in (relative's name) care plan". This meant people and their families were not fully involved in their care planning. We discussed this with the provider who told us they created the plans with people but they did not offer copies of the plans once written. The registered manager told us they would ensure people and their relatives, where appropriate, received a copy of their care plan in the future.

The provider complied with the Accessible Information Standard by identifying and recording the communication needs of people. Staff sought ways to communicate with people and to reduce barriers when their protected characteristics made this necessary. For example, care records had communication profiles that showed how staff should support people to communicate. Most people living at Fir Villa could communicate well with staff, but staff told us they would assess anyone who couldn't communicate and identify the best way for them such as using pictures or objects to help anyone that did have communication difficulties make a choice.

People were not fully encouraged to keep their independence where possible. Staff told us people were only able to go outside the building if they were supervised even though eight people had capacity to go out on their own. This meant people were restricted from accessing their community when they wanted to. We challenged this and staff told us people did not like to go out on their own, one staff member said, "If (person's name) wanted to go for a walk for example, they would ask staff to go out with them rather than go alone". People we spoke with said they went out with staff on day trips. One person told us, "We can't go out without a staff member, but they take us out a lot". When asked if they would like to go out alone this person said, "I'm not bothered I like the company". Even though this did not seem to bother the people

living at Fir Villa we did discuss it with the registered manager as people needed to know they had the choice to go out if they wanted to. The registered manager told us, "People didn't have access to the key code but could go out if they wanted to". Adding, "No one has ever asked to go out on their own". We recommended the registered manger reviewed their restrictive practice policy and ensured it is in line with current guidance and legislation.

The provider was very proud of their activity program and employed an activity co-ordinator who was focused on creating an innovative activity program. The provider had a social media page where we saw people and their families attended several different events, including birthday parties, days out to the beach, and garden parties. Staff comments included, "We love making people here happy, we do so much with them". "We even get animals in, we had donkeys and reptiles, they love it". And, "There is always something going on, we take them out a lot". Relatives told us, "(Relatives name) used to sit in their room in the old place, now they come out and they do things, it's great to see". Another relative said, "(Relatives name) loved cooking, so staff let them do some cooking here".

We also saw different activities throughout the day of the inspection such as playing games or doing craft work, but some people told us the staff did not ask them what they wanted to do, "They just put on lots of things we can all attend if we want to". For example, one person said, "I used to love gardening but I just have a pot in the window now". We asked if they had spoken to staff about their love of gardening and they said, "No". Adding, "Staff never asked me about it". This person also told us they like to read but they could not see so well. We asked if they had talked to staff about audio books, to which they replied "No". Another person said, "I have never had anyone in to my room for one to one activities".

Although there were some mixed views from people about the activities, clearly the provider did an awful lot to ensure people kept active every day and other people told us, "The activities are good here especially the quiz". "They take me out sometimes in the car we went to West Bay, it was wonderful". A third person said, "They did take me out one day to see horses as I really liked them". Other comments included, "I don't do activities but I read and knit I don't know if they have a library here". And, "I would like to go to church, perhaps I will ask if someone can take me".

There was a system in place to manage and investigate any complaints. The registered manager sought people's feedback and addressed any issues raised. The provider underpinned this with a policy and procedure, which staff knew. Records showed formal complaints were responded to promptly and the complainant was told of the outcome of investigations. Where concerns or complaints highlighted shortfalls in the service action was taken to make future improvements.

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, building work in the home, and food and nutrition. People we spoke with told us they were confident the provider would deal with any complaint to their satisfaction. One person told us, "You will never get perfection anywhere". Adding, "I can't think of anything I would like to change here". Another person said, "Some staff are better than others but I have no real complaints". Relatives told us, "We have nothing to complain about, if I had a problem I would speak with (managers name)." Another relative told us, "If we want to make a comment we can put it in the suggestion box or speak to the manager".

People's friends and relatives could visit them at any time of day. There were no restrictions on visiting the service and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. During our inspection, several visitors came to the service to see people. It was clear

that staff knew the visitors well when we heard them speaking with them. Relatives we spoke with were all very positive about the way staff treated them and felt comfortable visiting at any time of the day. They told us staff offered drinks during their visits and we saw this happening.

People were supported at the end of their life to have a comfortable, dignified and pain free death. At the time of the inspection one person was receiving end of life care. This person was staying in the Owls unit which meant the family could stay with them and they had complete privacy. The provider worked within the Gold Standards Framework, (GSF). The GSF aims to enable everyone to have a "good death" in the place of their choice. Staff were aware to liaise with the person's GP and the district nurse team when supporting people with their end of life care. Some people had "do not resuscitate" plans in place and staff were aware of these. We did notice the provider had a board on the wall in the office that identified people through their room numbers. This board was colour coded with peoples suggested life spans. We discussed this with the registered manager who told us this was a requirement of the GSF. However, this board was not dignified and could identify people. The provider removed the board immediately.

Good

Is the service well-led?

Our findings

At the last inspection we found the service was well led and awarded a rating of good. At this inspection we found the service remained good.

The provider had a clear vision to deliver care and support that promoted a positive culture. Care and support was person-centred, and achieved good outcomes for people. There was a registered manager at the home. 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 leadership was visible and accessible. We saw open, honest, skilled leadership at Fir Villa. People said the registered manager was very approachable. A deputy manager supported the registered manager. They both showed an excellent knowledge of people and their care needs. During the inspection they spent time in the main areas of the home talking with people. Everyone was very comfortable and relaxed with them.

The registered manager had a clear understanding of the key values and focus of the home. They, and the provider were committed to continuously improving the support and care at Fir Villa. This was clear when they spoke about their plans for the home as well as the day-to-day experience of people living at the home. The management team were able to reflect on past decisions and consider if they could improve their approach. For example, when we mentioned the concerns about medicines management, not only did the provider review their policy, they also recruited a new care manager to help improve people's experience of living at Fir Villa.

There was a management structure in the home, which gave clear lines of responsibility and accountability. There was also an administrator based in the office who was very knowledgeable and supported the management team well. There was a positive culture in the home, the management team provided strong leadership and led by example. There was a culture of support and cohesiveness amongst managers and staff. There were regular manager's meetings and staff meetings which meant staff were kept up to date with developments in the home.

People spoke highly of the staff and management team. One person said, "They are very nice they help me when I need it". Another person told us, "I know the manager and he is very good". Adding "He was in here this morning". A third person told us, "Yes, I know the manager and he is very easy to talk to, as are all of them in here". A relative told us, "The manager here is very nice and so supportive, whatever we ask they do". Adding, "It's better than the last place (relatives name) was at".

The provider valued staff and appreciated their contributions. Staff told us the provider always went above and beyond to make sure staff were ok. For example, one staff member told us, "When I went through a bad time, they were there on my door step ready to help".

The registered manager understood the importance and responsibility of their role. They told us the provider supported them well. This was clear on the day of the inspection when the provider spent the day working closely with the manager to support the inspection. They were knowledge about people and were clearly hands on in the delivery of care and support at Fir Villa. The provider held regular monthly management meetings and director meetings. We reviewed minutes where areas discussed included, CQC, occupancy and staffing.

There were effective quality assurance arrangements in place to raise standards and drive improvements. The providers approach to quality assurance included completion of an annual survey. The results of the most recent survey had been extremely positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included medicine records, care plans, and monitoring accidents, and incidents. There was a culture of openness and honesty. Feedback on the service was encouraged and sought through a number of forums, including staff surveys, team meetings and resident forums.

The provider was transparent, collaborative, and open with all relevant external stakeholders and agencies. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care. For example, community nurses visited the home to see people who had physical healthcare needs and required additional support. This helped to make sure people received care and support in accordance with best practice guidance. We spoke with one professional who told us, "This is the best home I visit, staff are so on the ball I don't have to worry about anyone here".

The provider had followed all relevant legal requirements, including registration and safety obligations and the submission of notifications. They displayed the previous Good rating issued by CQC in the front reception area.