West Bank Residential Home Limited

The Firs Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
The Firs Residential Home provides personal care and accommodation for older people. The service is registered to support up to 29 people. At the time of the inspection there were 12 people living at The Firs.

People's experience of using this service and what we found
At our previous inspections in August 2019 and November/ December 2020 we found people were at risk because the providers governance system had not identified failings in the quality and safety of the service. At this inspection we found improvements had been made, however they were recent and still in the process of being established and embedded.

At the inspection in November/ December 2020 there were serious failings with infection control prevention measures. We took enforcement action. At this inspection there were robust infection control practices and staff were following them. An effective maintenance programme ensured the premises were safe, clean and well maintained. The environment promoted people's independence, especially for those people living with dementia.

People told us they were happy at The Firs. The service was consistently reported to be safe by relatives who expressed confidence in the care. People and their relatives gave us positive feedback about the quality of care and staff approach. A relative told us, "The care is very good, it's improved significantly since the last inspection, there has been a real difference."

Risks associated with people's care had been assessed and guidance was in place for staff to follow. The service was proactive in ensuring peoples nutrition and hydration needs were met and any risks managed. Care plans were detailed, person centred and reviewed frequently with people, and their relatives where appropriate. They gave staff the information they needed to support people safely in line with their individual needs and preferences. There were systems in place to ensure information about any changes in people's needs was shared promptly across the staff team. The service worked alongside external health and social care professionals to support people safely. Safeguarding processes were in place to help protect people from abuse.

The service had been through a challenging time due to the pandemic. Relatives and staff spoke highly of the way this had been managed. Feedback from one relative stated, "This is a home that despite the challenges it has had to embrace has worked with all outside agencies to become a well led, caring and friendly residential home. I have complete praise for all staff here, in one of the most difficult occupations and in the most difficult of times."

Staff were caring and kind and had developed positive and meaningful relationships with people. People were respected, included in decisions and their privacy and independence promoted. People and relatives were supported to express their views and had a voice in the running of the service.

The care provided was sensitive to people's diverse needs. All information was available in an accessible format, which meant people could make a meaningful contribution to their community.

Staff had worked hard to provide social and mental stimulation for people to reduce their anxiety and depression. Activities and engagement provision was person centred, consistent and showed clear positive outcomes for people. Staff supported peoples contact with loved ones as best they could given the restrictions. Relatives spoke highly of the communication they had with the service during the pandemic.

Staff were recruited safely, and there were sufficient staff on duty to meet people's needs and spend time with them.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

An effective induction and training programme had been developed and was being introduced. Staff told us how this helped them to do their jobs effectively. We observed some skilled practice as staff supported people living with dementia, recognising any triggers that may cause them distress, and providing the individualised support they needed.

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

Rating at last inspection.
The last rating for this service was inadequate (published 25 November 2019) and there were multiple breaches of regulation. Positive conditions were placed on the providers registration. Since this inspection CQC has received monthly action plans showing continuing improvement.

As part of CQC's response to care homes with outbreaks of coronavirus, we carried out a targeted inspection on 27 November and 14 December 2020. This looked at infection prevention and control measures under the Safe key question. We found evidence that the provider needed to make improvements. An urgent condition was placed on the providers registration. Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections cannot change the rating from the previous inspection. This is because they do not assess all areas of a key question. This resulted in an inspected but not rated outcome.

This service has been in Special Measures since 23 October 2019. At this inspection we found there had been good, sustained improvement. This stemmed from robust overall governance which was in the process of being embedded. Previous breaches of regulations had been met. The service is no longer in 'special measures'. The service has demonstrated improvements and is no longer rated as inadequate for any of the five key questions. The conditions on the providers registration have also been fully met. These relate to governance; care plans and risk assessments; staff training; people at risk of weight loss; the provision of individualised social activities; obtaining people's views and infection prevention and control.

Why we inspected
This was a planned inspection based on the previous rating.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always 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?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Firs Residential Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by two inspectors 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.

The Firs Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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
We gave the service short notice of our inspection so we knew there would be staff available to support us.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was because this would compromise social distancing.

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with 10 members of staff including the nominated individual, registered manager, deputy manager, team leader, care workers, a domestic, the maintenance man and the cook.
We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. Following the inspection, we received written feedback from five staff and one health professional. An expert by experience also contacted relatives to gain their views.

Requires Improvement

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 requires improvement. At this inspection this key question has stayed the same. .

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our comprehensive inspection in August 2019 the provider had failed to manage risks and maintain effective staffing levels. These were breaches of regulation 18 (Staffing) and 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 18.

At our targeted inspection in November/December 2020 we found people were at risk because sufficient measures were not in place to prevent the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. An urgent condition was placed on the providers registration. At this inspection we found improvements had been made and the condition met. However the improvements were recent, and more time was needed to demonstrate sustained and continued improvement.

Preventing and controlling infection
There were robust infection control practices and staff were following them. The whole home was not odorous and looked clean throughout. There were two domestics each day, with one at the weekend and they followed an increased cleaning schedule. An isolation area had been prepared should it be required.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- The service was consistently reported to be safe by relatives who expressed confidence in the care. Comments included, "It is very good care. I feel she is safe" and "The care is very good, it's improved

significantly since the last inspection, there has been a real difference."
● People's care records and risk assessments were in an electronic format and easily accessible to staff. This also enabled the management team to have effective oversight of the care being provided in real time.
● People had comprehensive personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care. Staff were kept up to date with any immediate changes at regular handovers throughout the day, and a communication book which all staff read and signed at the start of their shift.
●People's risk of malnutrition, dehydration or choking were identified. There were nutritional care plans with clear information about the risks and action needed to minimise them. For example, people requiring an enhanced diet had high calorie meals. A relative told us, "[Family member] looks well and I've not seen any weight loss, if she doesn't like any of the food, they offer alternatives or extras. They give her cake she likes cake!".
●Food and fluid charts were completed, and people's nutritional status was monitored and shared with health professionals as necessary.
● A medication trolley had been repurposed to look like an ice cream stall. The maintenance man, known as 'Rehydrate Dave', was doing the rounds with drinks and snacks to encourage people to eat and drink. People had drinks within easy reach throughout the day.
●Risk assessments included a separate skin integrity section to monitor the risk of developing skin pressure damage. No-one at the home had any pressure damage and people at risk were using pressure relieving equipment appropriately. For example, one person spent a lot of time in their chair in their room, so they had an electric pressure relieving cushion.
● There were robust falls audits and preventative measures in place to keep people safe. A relative said, "[Family member] is complex and they have been really good with her. She has been very prone to slips and falls and they have sought advice, support and equipment."
●The environment and rooms were spacious and uncluttered, and people had their walking aids to hand. Independence was promoted with staff encouraging people to change position or move regularly.
● Hospital appointments were risk assessed during the national pandemic to ascertain if the visit was necessary and precautions were taken to keep people safe.
● The home was well-maintained and safe for the people living there. Regular checks and audits were carried out to ensure the safety of the environment and fire safety was effectively managed.

Staffing and recruitment
● Since the last inspection the provider had successfully recruited to the staff team, using a dependency tool to calculate the number of staff required. No agency staff were employed.
● There were now sufficient staff on duty to meet people's needs and spend time with them. This was confirmed by staff. The nominated individual told us that staffing levels were under constant review, as new people moved into the service.
● Staff were very visible during the inspection. They ensured they checked on people in their rooms regularly who could not use a call bell.
● Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
Systems and processes to safeguard people from the risk of abuse
● People felt safe living at The Firs. One person told us, "The staff are all lovely, I'd sure tell you if I wasn't happy here."
● There was a friendly, calm atmosphere and staff were effectively managing behaviours which could be challenging, by identifying and acting on individual triggers. This information was documented in care records, so that all staff understood how to support a person if they became distressed. For example, staff knew when people, some living with dementia, preferred some quiet time. This ensured people continued to

have choice, maintaining positive wellbeing and therefore minimising incidents with others.
●Where safeguarding concerns had been raised, they had been escalated appropriately. The service had worked with the safeguarding team to investigate concerns and taken action to keep people safe when required.
● There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook training in how to recognise and report abuse.
●Staff told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.

Using medicines safely
● Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills. A new team leader doing the medicine round told us, "I've been very well supported, and I have grown in confidence. The new electronic medicine administration system is really good, and I can text the deputy manager anytime." The system flagged up medicines due, information relating to medicines given 'as required' (PRN) and medicines that needed administering at certain times.
● Regular medicines audits were completed, and learning shared with staff. Two people's medicine charts were also audited every day individually. Topical creams were highlighted on individual care plans on the handheld computer system so staff could check them every day and ensure they had been used. The system could also generate medicine administration charts so staff could send these to the hospital with people if they were admitted.

Learning lessons when things go wrong
●The providers service improvement plan evidenced the provider had learnt from failings at the previous inspections, and was putting systems in place to address them.
● Accidents and incidents were appropriately recorded and responded to by staff.
● Information was regularly reviewed to promote reflection and learning from what had occurred and to identify any emerging patterns or trends that needed addressing. For example, the manager had recognised that people were falling more at the weekends, so had increased staff numbers at this time to minimise the risks.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our previous inspection in August 2019 the provider had failed to provide nutritional support in a way that met people's needs, and ensure staff received the relevant training. These were breaches of regulation 9 (Person-centred care) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 9 and 18.

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

● The registered manager and staff felt it was important to promote a positive meal-time experience for people. People benefitted from having a choice of freshly made appetising food at mealtimes. We observed people enjoying the meal-time experience and staff discreetly supported and encouraged people to eat and drink.

● Most people ate in the bright, airy conservatory dining room but people could choose where they took their meals, for example in front of the television or in their rooms. The dining room was set out with pretty laid tables, with pictorial menus and a large notice board to aid independent choice.

●The cook and staff knew peoples' preferences and dietary requirements, which were clearly documented in the kitchen in individual nutritional needs reports. The cook said they visited people regularly to update their preferences. A relative told us, "She has had swallowing issues, so her diet is pureed. She's always liked simple foods and that's her normal which they respect."

Staff support: induction, training, skills and experience

●People, and their relatives were positive about the knowledge and skills of staff. One person told us, "You can always say good things about this lot!" A relative commented;" All of her needs are catered for, even though she is potentially needing nursing care, they have done everything they can."

●An effective induction and training programme had been developed and was being introduced. Staff completed the providers mandatory training programme, to ensure they could meet people's needs. Specialist training was provided by external health professionals if required, for example related to diabetes, choking risks and dementia.

●Staff told us the training equipped them for their role, saying, "The training I have had has helped me to provide a better service, to work professionally, to improve my skills, I understand better how to take care of vulnerable people."

●The provider was proactive in ensuring staff skills and knowledge were maintained. Staff competency was checked, for example in relation to moving and handling, infection control, eating and drinking, dementia and fire safety. An in-house trainer had been recruited to deliver a rolling training programme.
●Staff told us they were well supported. They received professional supervision every three months, or if poor practice had been identified. They were extremely positive about the support provided to them by the management team during the pandemic.

Ensuring consent to care and treatment in line with law and guidance
At our last inspection we recommended the providers governance processes included the effective monitoring of people's mental capacity and status of DoLS applications. The provider had made improvements.
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff sought and documented people's consent to their care and treatment in line with the principles of the MCA. Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records had been completed, for example for pressure alarm mats, medicines administration, seeing the dentist and where a person chose to eat foods which increased their risk of choking. The principles of the MCA were also followed in relation to gaining consent for Covid 19 tests and vaccinations.
● DoLS applications and authorisations were effectively monitored and managed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed and documented prior to them moving into the service, to ensure staff at the home were able to safely and effectively meet their needs. The home was now open to taking new admissions and knew the process to do this safely. The registered manager considered any prospective new admissions carefully to ensure their needs could be met by the service.
● People's individual equality and diverse needs were considered during the assessment and the care planning process, such as age, sexuality, disability and religion.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's health was closely monitored by staff. Staff knew people well, so recognised when they didn't 'seem themselves.' This meant they were able to notice changes in people's health and respond promptly, for example increasing monitoring and support or requesting an external assessment or review. For example, one person had been seen promptly by their GP and taken to hospital for treatment.
●The service worked closely with a range of health professionals. There was a regular virtual ward round with the GP, and community nurses supported people as required. People had been referred to the Older Persons Mental Health Team and staff followed their recommendations. One person was much calmer and less agitated following a referral and medicines review.

●People were supported to see a dentist to have their oral health care needs met. Recommendations were made and the guidance followed. For example, some people benefited from having an electric toothbrush, and people at risk of choking used a low foam toothpaste for their safety. A relative told us their family member had new teeth and was now eating well.

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

● Attention had been paid to ensure the premises met people's needs and promoted people's independence, especially for those people living with dementia. Rooms and corridors were clearly identified so they could be seen and found easily. Corridors were clearly signposted and named to promote independence. There was plenty of direction signage, brightly coloured grab rails, large staff notice boards showing which staff were available, and calendars and a daily board for orientation.

● People had been supported to personalise their rooms to reflect their personalities and tastes. Rooms had en-suites and were spacious with matching bedding and curtains. They were very homely and well maintained. The deputy manager said, 'We encourage people to make their rooms as homely as possible with their own things."

● The layout of the service gave people options of where they wanted to spend their time. A large lounge had new chairs with access to a secure garden area. A smaller lounge enabled people to spend time in a quieter area. There was a large dining room with tables giving front garden views of the entrance and activity tables in the larger lounge.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

●People we spoke to during the inspection looked happy and well cared for. There was a lot of gentle banter and laughter. People's comments included, "I like it here. I'm very happy."

● Relatives' comments about the home were consistently positive. One relative told us how, since moving to the Firs, their family member had "changed from someone really negative, to someone settled," and friends had commented on how much calmer they were.

● Positive and caring relationships had been made between people, staff and relatives. The registered manager, deputy and staff spoke about people with genuine care and concern. One person often became anxious and upset so staff ensured they were able to speak to their spouse at these times.

●One person living with dementia had shown they were missing their loved one. They had been supported with window visits. Their loved one also received care, so the process had included working with external care workers to ensure the visit was positive for them both.

●Staff knew about people's likes and dislikes and used these to engage with them. For example, staff made conversation with one person living with dementia, who was very private but enjoyed chatting with staff on a one to one basis about vehicles and their past career using a book for reference.

●Maintaining contact has been especially important for some families where they could not visit either because of distance, national lockdown or because they were shielding during the pandemic. The deputy manager told us how they tried to ensure people remained in contact with their loved ones. They had received lovely feedback from relatives around Christmas as staff had taken photographs with people's consent of them opening their presents, so they knew they were well. A relative commented, "There has been a real difference particularly regarding information and communication, we have had video calls and telephone calls to maintain contact with one garden visit but we have been kept informed throughout."

● Birthdays were celebrated, individual treats were bought for people and staff talked about using their skills and interests to enrich people's wellbeing. Ideas were welcomed, including from relatives, who had dressed up as elves to deliver Christmas presents and gifts for people and staff.

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

● Staff ensured people and their relatives were involved in making decisions about their care and people told us staff listened to them. People and relatives confirmed they had been fully involved in the care planning process, if they were able. A relative told us, "I sat with [family member] and we did the care plan with [manager]. It worked well and [manager] made sure my [family member] fully understood."

● There were regular care plan reviews where people and their family could be involved, virtually if needed. The deputy manager said they regularly emailed, texted and used a private portal on social media to communicate with relatives. This enabled staff to share photographs and messages.

Respecting and promoting people's privacy, dignity and independence

● Staff treated people with dignity and respect and people were supported by staff to maintain their appearance. For example, as the hairdresser could not visit due to the pandemic, a staff member had stepped in to make sure people felt good about their appearance. Staff ensured they knocked and waited for a response before entering peoples' rooms.

● People were supported to be independent and we heard staff gently encouraging people. Staff were patient with people living with dementia, responding kindly to repetitive questions or offering reassurance. A 'Dignity Tree' display reminded staff of the ethos of respecting individuals and promoting independence.

● One person living with dementia liked to move independently around the home and staff supported them to do this. They had initially walked with them to ensure they knew the home, encouraging the safest routes and had activities available at a base which they returned to for rest.

● People's confidential information was stored securely in locked rooms or held securely on computers that could only be accessed by people who needed to see it.

Good

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 inadequate. At this inspection this key question has now improved to good.

At our previous inspection in August 2019 the provider had failed to consistently document people's health and social care needs or promote their social care and wellbeing in line with their needs, wishes and preferences. These were breaches of regulation 17 (Good Governance) and regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17 and 9.

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

● When we inspected in August 2019 care plans were inaccurate and out of date. The registered manager was new in post and did not know the residents. At this inspection we found they had reviewed and rewritten all of the care plans to ensure they were accurate and reflected people's needs and preferences. They told us they had done this by, "Speaking to families, speaking to people, observing and watching what they liked. Speaking to staff who have been here a long time." A relative commented; "When [registered manager] started she got to know everyone and reviewed their care in detail."

● Care plans continued to be reviewed regularly with people and their relatives, where appropriate, to ensure their continued accuracy. This was done by telephone at every family contact, due to the difficulties of organising a formal review due to the lockdown.

● Care plans contained detailed guidance to support staff to understand and meet people's needs. For example," Due to her dementia (name of person) is unable to verbalise if she is low in mood and staff need to be aware if she shows any signs facially or through body actions/movements".

At our last inspection we recommended the provider refers to the Commissions 'smiling matters, oral health care in care homes' to help strengthen people's oral health care plans. The provider had made improvements. Care plans now contained detailed information about the support people needed with oral health.

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

●At the inspection in August 2019 we found there were no arranged activities for people and little social interaction. At this inspection people appeared to be happy chatting with staff, doing crafts or reading a newspaper. People had been coming together to make art, painting tulips using fork shapes, which was displayed.

●People and their relatives gave positive feedback about how the service promoted peoples social care and

wellbeing. A relative told us; "[Family member] enjoys communal activities and prefers to observe and watch others rather than participate. They do try to engage her with a variety of things and always chat about what's going on whilst respecting her preference to not join in."

● There was an activity co-ordinator who had spoken to people and their families to find out about their hobbies and interests. This information was incorporated into a detailed, person centred wellbeing/activity care plan.

●Activities were discussed and planned at residents' meetings. They were monitored and reviewed to ensure people enjoyed them and were involved in the ongoing planning. A folder was placed in people's rooms to keep them informed. It contained pictorial 'easy read' information about the weekly activities programme, special events such as birthdays, a monthly newsletter, word search and menus.

● The activity programme was discussed with staff, so they knew what was happening each shift and followed it when the activity co-ordinator was not working. The programme included; floor games, tea parties, walks in the garden and film afternoons. People had wanted to decorate areas of the home as an activity. They had created a flowered walkway and named it. A plaque commemorated, "Blossom Walk' named by [persons name] and [persons name]." A rainbow corridor was in development with a beach themed area being planned.

● Staff recognised the importance of preventing social isolation. We saw staff regularly taking time to engage with individuals and chat with them in their rooms. Staff had put fresh flowers around the home which people had helped to arrange.

●Family members had been employed as volunteers to support the wellbeing of all the residents at the home. They were tested regularly for Covid 19 alongside the staff team and followed the homes infection control guidelines, in order to support people safely. One volunteer had supported a person at end of life when their family could not be there.

●Care plans enabled staff to 'match' people with similar likes and some people had formed friendships through activities such as arts and crafts. The service was part of the national 'Postcards of Kindness' scheme. This meant people received postcards from around the world, which they were highlighting on a world map and discussing as triggers for reminiscence. People had received postcards from Canada and staff also had sent them from their own holidays.

Improving care quality in response to complaints or concerns

● Complaints and concerns were managed effectively in line with the providers complaints policy. A relative described how they had raised a concern which had been dealt with immediately, and the issue resolved.

● People and their relatives had access to information and guidance about making a complaint and said they felt comfortable raising concerns. The service was consistently reported to be very responsive and relatives felt listened to.

End of life care and support

● No one was receiving end of life care, however, people's wishes on their end of life care, such as resuscitation, had been discussed and documented. Plans were in place to ensure people's preferences at the end of their life were met.

● The home had received positive feedback from relatives on their loved ones' care at end of life. One relative had commented, "I was so grateful that I got to spend time with [family member] last night and I would love to be able to hug both [manager] and [deputy manager] for your kindness and care for [family member] during her stay there."

● Management and staff cared about people and their families. People's lives were celebrated within the home community and the registered manager was developing ways to highlight remembrance.

● Staff had relevant training to meet these needs and worked with other health professionals to ensure people's end of life care needs were effectively met. Advance care support plans were being compiled for

everyone as part of their care.

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.

- People's individual communication needs were assessed, and the information clearly documented in care plans for staff to follow.
- Information, for example the activities programme, was provided in pictorial format to make it accessible for everybody.
- A notice board helped to show people what was going on and photographs showed which staff were available, including the registered manager's dog.
- Effective use was made of technology. People could access an electronic tablet to communicate with family if able with staff support, and to gain further care information unaided

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our previous comprehensive inspection in August 2019 the providers governance system was ineffective. This was a breach of regulation 17 (Good Governance). At our targeted inspection in November/ December 2020 we found the provider had failed to ensure systems and processes were effective in identifying and minimising significant risks from the spread of infection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, the improvements to the providers governance system were recent and yet to be fully established and embedded to demonstrate sustained and continuous improvement.

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

- The quality assurance programme was overseen by the nominated individual, who had been appointed to this role on 11 December 2020. They completed their own in-depth audits, checking compliance with action plans and regulations.
- In November 2020 the provider had created a 'Good Governance Policy'. This outlined a comprehensive quality assurance programme, with clarity around roles and responsibilities. Actions identified informed the service improvement plan, which was reviewed monthly.
- Systems were now in place to continually review infection prevention measures, to ensure adherence to government guidelines and keep people safe.
- The views of people, relatives, staff and visiting professionals were gathered via surveys and informal feedback.
- Our findings showed that improvements had been made in the management of the service. A member of staff told us, "The Firs is managed well. The manager is very approachable and puts her heart into the Firs and has worked hard to get to where we are. The deputy manager is just absolutely fantastic in all aspects."
- Relatives consistently told us the service was well led. They said there had been a real improvement in the service under the current manager and spoke of them very highly. Feedback from a relative stated, "For the last 18 months this is a home that despite the challenges it has had to embrace has worked with all outside agencies to become a well led, caring and friendly residential home. I have complete praise for all staff here, in one of the most difficult occupations and in the most difficult of times."
- The manager was proactive in promoting effective monitoring and accountability, for example through

staff supervision, observations and appraisal. 'Champions roles' were being created for infection control, dignity, dementia, falls and pressure area care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on their duty of candour responsibility

●There was an open and transparent culture at the service. During the inspection the registered manager, deputy manager, nominated individual and staff team were open about the previous failings at the service, the work they were doing to address them and where improvements were still required. They welcomed the feedback given, immediately addressing any concerns raised.

● Staff said they were happy working at The Firs and felt they had become closer, working well as a team during the pandemic. They had been through a very challenging time and valued the support they had been given by the management team. Staff also had access to counselling should they require it.

●The registered manager had only praise for staff and was proud of them, displaying a 'Certificate of Appreciation' for all staff 'whose loyalty and dedication to The Firs began on [date]" The provider had hung a framed artwork with a thank you for the hard work by staff during the ongoing pandemic.

● The service met its regulatory requirements to provide us with statutory notifications as required.

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

● The manager was proactive in finding ways to better engage and involve people, relatives and staff in the development of the service. A relative told us, "Initially [manager] had two meetings with residents and families to gather ideas. Views were heard and although it took time, we have seen change happen." People were regularly asked for their views. Minutes of the resident's meetings documented discussions about the activities programme and menus. Lunch time ended with a recorded survey to ensure people had enjoyed their meal and gain their views. The manager was looking into the development of a feedback questionnaire using symbols, which might be more accessible for people living with dementia.

● Staff were a close, loyal group who supported each other and who were well supported by the management team and provider. They told us they felt valued and appreciated for their contribution to the service. Comments included," I am often thanked for what I do and told it makes a difference."

Continuous learning and improving care

●Since the inspection in August 2019 the provider had taken action to ensure managers had the support and learning opportunities they needed to be effective in their role. The new nominated individual visited regularly to support the management team and provide professional supervision. A manager's induction plan was in development and being trialled. Managers meetings were held every two weeks so the managers could share knowledge and experiences and support each other.

● The management team at the Firs were committed to developing staff knowledge and skills. For example, a 'policy of the month' was identified and discussed at staff meetings where they could ask questions. Staff professional development was supported through vocational programmes and apprenticeships were being planned. A member of staff told us, "We work as a proper team now and we have developed so much in all areas. I feel I have learnt a lot, such as care plans, reviews, more in-depth paperwork and medication. I have been praised by the management for my improvement in the care planning system."

Working in partnership with others

●The service worked closely with local GP's, community nurses and other health and social care professionals. They had worked constructively with the local authority quality assurance and improvement team to improve quality and safety. They had also engaged with the safeguarding process to ensure people were protected.

● There was a community links notice board showing links with Ikea, who had supplied activity items for people during the pandemic; watering cans, blankets and games. A local school when able came to sing and people came together to raise funds for charities.