Caldwell Care Limited

The Firs

Inspection report

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Locks Heath
Southampton
Hampshire
SO31 6LS

Tel: 01489574624

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Firs is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. The Firs provides accommodation for up to 22 older people who are physically frail or may be living with dementia. At the time of our inspection there were 19 people living at the home. The home provides long term care and respite care. It does not provide nursing care. Most people needed assistance with managing daily routines such as personal care. A small number of people routinely needed support with tasks such as feeding or support with moving and positioning. The home is located in a residential area of Locks Heath. There is a small car park located at the front and there is a secure garden to the rear of the property. The accommodation is arranged over two floors with both a lift and stairs available for accessing the first floor. The home offers 16 single rooms and three shared rooms. All of the rooms have ensuite facilities.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

At our last inspection in August 2016, we found that the service was not meeting a number of the fundamental standards and was in breach of four Regulations. This inspection checked to see whether the required improvements had been made.

Improvements had been made which ensured that people were appropriately protected from harm or abuse. Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff were confident the manager would act upon any concerns they raised.

Improvements had been made to ensure that risks to people's safety and wellbeing were fully assessed and planned for.

The registered manager had taken action to ensure that serious injuries were notified to the Care Quality Commission (CQC). This is important as it enables the CQC to effectively monitor the safety and quality of the service provided.

Improvements had been made to ensure that all of the required checks were made before new staff started working at the service.

Medicines were managed safely and there were sufficient numbers of experienced staff to meet people's needs.

The home was clean and good infection control practices were followed.

Staff worked in accordance with the Mental Capacity Act 2005 and the deprivation of liberty safeguards were applied appropriately.

Staff received training, supervision and an induction which ensured they had the skills and knowledge to support people appropriately.

The Firs provided a secure but comfortable and homely environment that was appropriate to people's needs.

There was a strong emphasis on the importance of eating and drinking well and people told us the food and drink provided was good and met their individual preferences.

Where necessary a range of healthcare professionals had been involved in planning and monitoring people's support to ensure this was delivered effectively.

People were cared for by staff that were kind and caring and with whom they had developed good relationships. Staff were attentive, showed people kindness and patience and displayed a genuine interest in the people they supported. People were treated with dignity and respect.

The service was focused on providing person centred care. Staff had a good knowledge and understanding of the people they were supporting which helped to ensure people received care and support which was responsive to their needs

Staff looked for ways to meet people's needs in a creative way so that they might have positive experiences and receive care that was meaningful to them and met their needs in a person centred way.

People were supported and fully engaged in activities that were meaningful to them.

People were at the heart of the service, their opinions mattered and there was evidence that they were being consulted about the running of the home on an ongoing basis.

Complaints procedures were in place and information about how to make a complaint was freely available within the service and within the service user guide.

People spoke positively about how well organised and managed the service was.

There were systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

The registered manager had nurtured a friendly and homely environment where people felt valued and part of a family.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was now safe.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff were confident the manager would act upon any concerns they raised.

People had risk assessments and where risks had been identified, measures were in place which helped to ensure that the risk was minimised.

Medicines were managed safely and there were sufficient numbers of experienced staff to meet people's needs.

The home was clean and good infection control practices were followed.

Is the service effective?

Good

The service remained effective.

Staff worked in accordance with the Mental Capacity Act 2005 and deprivation of liberty safeguards were applied appropriately.

Staff received training, supervision and an induction which ensured they had the skills and knowledge to support people appropriately.

The Firs provided a secure but comfortable and homely environment that was appropriate to people's needs.

There was a strong emphasis on the importance of eating and drinking well and people told us the food and drink provided was good and met their individual preferences.

Where necessary a range of healthcare professionals had been involved in planning and monitoring people's support to ensure this was delivered effectively.

Is the service caring?

Good

The service remained caring.

People were cared for by staff that were kind and caring and with whom they had developed good relationships. Staff were attentive, showed people kindness and patience and displayed a genuine interest in the people they supported. People were treated with dignity and respect.

Is the service responsive?

Good

The service remained responsive.

The service was focused on providing person centred care. Staff had a good knowledge and understanding of the people they were supporting which helped to ensure people received care and support which was responsive to their needs

Staff looked for ways to meet people's needs in a creative way so that they might have positive experiences and receive care that was meaningful to them and met their needs in a person centred way.

People were supported and fully engaged in activities that were meaningful to them.

People were at the heart of the service, their opinions mattered and there was evidence that they were being consulted about the running of the home on an ongoing basis.

Complaints procedures were in place and information about how to make a complaint was freely available within the service and within the service user guide.

Is the service well-led?

Good

The service was now well led.

People spoke positively about how well organised and managed the service was.

There were systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

The registered manager had nurtured a friendly and homely environment where people felt valued and part of a family.

The Firs

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.

The inspection took place over two days on 16 and 17 October 2017. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by managers to tell us about important issues and events which have happened within the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

We spoke with seven people who used the service and eight relatives. We also spoke with the registered manager, deputy manager and three care workers. We reviewed the care records of four people in detail and the recruitment and induction records for three staff. We also reviewed the medicines administration records (MARs) for all 19 people. Other records relating to the management of the service such as audits, meeting minutes and policies and procedures were also viewed. Following the inspection we received feedback from three health and social care professionals.

At our last inspection in August 2016, we found that the service was not meeting a number of the fundamental standards and was in breach of four Regulations. The provider had not ensured that CQC were notified of important events within the service and had not escalated safeguarding concerns the local authority. Risks to people's safety and wellbeing had not been adequately assessed and planned for. This inspection checked to see whether the required improvements had been made.

Good

Is the service safe?

Our findings

People told us they felt safe living at the Firs. One person said, "I do feel safe here" and another said, "They obviously keep an eye on us all the time". A relative said, "I feel it is secure because you have to wait for the doorbell to be answered before coming in". People told us that staff managed their medicines safely. One person said, "The medicine is kept in a locked cupboard and they give it to you when you need it".

Our last inspection in August 2016 had found that the provider had not ensured that all of the required checks had been completed before new staff started working at the service. Whilst this inspection did not find endemic concerns, we did find that in the case of one staff member, some of the required information was missing. We spoke with the registered manager about this who took immediate action to obtain and document the information. All other required checks had been completed fully including identity checks, obtaining appropriate references and Disclosure and Barring Service checks. These measures helped to ensure that only suitable staff were employed to support people in their homes. The recruitment process was competency focused and explored the staff member's knowledge in areas such as keeping people safe and dementia care but also their awareness of key issues such dignity and respect.

Our last inspection in August 2016 had found that potential safeguarding concerns had not been escalated to the local authority safeguarding teams. This is important as it helps to ensure that the local authority have an oversight of the risks within the service and serves as an opportunity to reduce future risk and achieve organisational learning. This inspection found that the required improvements had been made. There was evidence the registered manager had notified the local authority of any potential safeguarding matters and investigating these in order to protect people from harm or abuse and to achieve organisational learning. Staff had received training in safeguarding people from harm or abuse and had a good understanding of the signs of abuse and neglect. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. The registered manager explained that staff meetings and supervisions were used to reflect upon the importance of safeguarding people from harm and there were plans to develop further case studies and scenarios to explore in team meetings. Staff were informed about the provider's whistleblowing policy and they were clear they could raise concerns with the registered manager but were also aware of other organisations with whom they could share concerns about poor practice or abuse.

Our inspection in August 2016 had found that the provider had not ensured that all aspects of the premises were safe and that risks associated with the environment were adequately assessed and planned for. This inspection found that the required improvements had been made. A range of environmental risk assessments had taken place including one which assessed the risk of people using or accessing the stairs. Staff completed a range of health and safety checks to help identify any risks or concerns in relation to the environment and equipment used for delivering people's care. The lift was regularly serviced and checks were made of the safety of electrical and gas appliances, the call bell system and new, more robust window restrictors. Regular checks were undertaken of fire safety within the service. A fire risk assessment had been completed in August 2017, the actions resulting from this had been completed. People had personal emergency evacuation plans (PEEPS) which detailed the assistance they would require for safe evacuation

of their home. A business continuity plan was in place and set out the arrangements for ensuring the service was maintained in light of foreseeable emergencies. A legionella risk assessment had been completed and regular checks were being made of the water safety within the service including the temperature of water being discharged from the taps in people's rooms. We suggested that the registered manager implement clearer records of the immediate actions taken when water temperature checks were in excess of recommended limits which was implemented.

The inspection in August 2016 had found that risks arising from people's care needs had not always been fully assessed and planned for. This inspection found that the required improvements had been made. A range of risk assessments were in place which looked at the way harm could be minimised. For example, people had moving and handling and bed rails risk assessments. Assessments had been completed to assess each person's risk of self-neglect. Nationally recognised tools were being used to monitor whether people were at risk of poor nutrition or of developing skin damage. Food and fluid charts were used so that people's food intake could be monitored. We did note that some of these could be more detailed and record more accurately the amount and type of meal eaten. We discussed this with the registered manager who explained that staff were still learning about how to use the electronic care planning system effectively, but that they would be provided with the appropriate support to develop their skills with this.

Where people were at risk of falls, falls risk assessments were in place and post falls protocols were followed which included informing the person's GP and undertaking regular monitoring of the person's wellbeing. Alarm mats were used to alert staff that people at risk of falling were mobilising so that they could check on the person and offer support as necessary. People at risk of choking had been referred to relevant healthcare professionals for an assessment and their advice and recommendations were included in eating and drinking care plans. The staff we spoke with were well informed about people's risks and the measures in place to minimise these. The leadership team and staff were, wherever possible, committed to protecting people's right to make informed decisions to take or accept certain risks if this helped them to lead a more full and rewarding life. For example, one person had a compromised swallowing ability and whilst they mostly followed the modified diet recommended by the Speech and Language Therapist (SALT), they really enjoyed eating fish and chips on a Friday. This created a degree of risk for the person. However, the person had the capacity to choose and this was their choice. Staff were aware of the increased risk and of the measures they should take to reduce the risk such as monitoring the person whilst they were eating.

People told us they were supported by sufficient numbers of staff. One person said, "There are a good few staff around and they often pop in". One relative said, "There appears to be more than enough staff" and another said, "Sometimes at the weekends, there are less staff but on the whole there are enough staff unless someone goes sick". A social care professional told us, "Yes there are care staff in the lounge area as a norm". Staff employed to work at the home included the registered manager, assistant manager and a head of care. Care was provided by a team of senior care workers and care workers. The home also employed a maintenance team, a team of cooks and housekeeping and gardening staff. During the day, the target staffing levels were a head of care/ senior carer and two care workers. At night there were two waking care workers. The home was generally staffed by a stable care team and agency staff had only been required on two night shifts so far in 2017. On each of these occasions, either the registered manager or the deputy manager had also worked the shift to provide additional support. This helped to ensure that people were cared for by staff who knew them well. We reviewed a sample of the staffing rotas for the month prior to our inspection and found that the service had been staffed to the levels described above. The registered manager told us that they whilst they did not use a formal tool to inform staffing numbers, they were constantly keeping people's needs under review and really very careful judgments about new admissions to ensure that this did not impact negatively upon people already living at the home.

Care staff told us there were usually sufficient numbers of staff to meet people's needs safely and to support them to make choices about how their care was provided and to participate in things they wanted to do. One care worker said, "Sometimes there is sickness, but someone always steps out of the office to help". Throughout our inspection, we observed that staff were able to provide support to people in a timely manner and were able to carry out their role and responsibilities effectively.

Medicines were managed safely. People had an individual medicines administration record (MAR) which included their photograph, date of birth and information about any allergies they might have. Where people were prescribed topical creams, topical cream administration records (TMARs) were in place and those viewed had been fully completed. Detailed information was available about the potential side effects of people's medicines and the actions staff should take in response. For example, one person had a clear escalation plan which included the signs or symptoms which might indicate they were developing toxicity to the medicine.

We observed staff undertaking a medicines round. They assisted people with their medicines in a person centred manner such as offering them a drink of their choice or asking them if they would like some pain relief. They stayed with people until they had taken their medicines.

Medicines were stored within locked trolleys or a designated medicines fridge, kept within a locked cupboard. The temperature records for both the cupboard and medicines refrigerator were being monitored. We carried out a stock check of Controlled drugs. Controlled drugs (CD's) are medicines which are controlled under the Misuse of Drugs Act 1971 and which require special storage, recording and administration procedures. The CD register tallied with the medicines being stored in the CD safe. Staff administering medicines had received training and had competency to administer medicines safely assessed on a regular basis. Where medicines errors had been made, staff were removed from administering medicines and were required to retake their medicines training. We made a recommendation that the registered manager review the arrangements in place for the documentation of the use of prescribed thickeners and the use of homely remedies to ensure these were in line with relevant best practice guidance.

The home was clean and staff were observed to be using appropriate personal protective equipment (PPE). Suitable cleaning schedules were in place. Feedback about the central place of infection control and the cleanliness of the home was positive with the housekeeping staff being referred to as "Exceptional" and "Excellent". One relative said, "It is always very clean and never smells, not even of food, they clean very regularly".

Good

Is the service effective?

Our findings

People and their relatives told us the service provided effective care and supported people to maintain good health. One person said, "It really is a good place to be" and another told us, "The staff they pick are very good, their choice of staff is excellent". A relative told us they were, "Very impressed with the place" whilst another told us the home was, "five star". A third relative told us, "It's been a big weight off our minds, [the person] has completely changed, they weren't doing anything at home". Each of the people we spoke with said they would recommend the service to others.

Our observations indicated that people received effective care. For example, we observed a staff member supporting one person to stand. They provided clear instructions and gentle encouragement. Staff were attentive and were observed to be constantly reminding people to take a drink or offering support with sitting in more comfy chair.

We observed that staff sought people's consent before providing care and people were encouraged and supported to make decisions about their care and support. For example people had signed consent forms in relation to their care plans, to having their photograph taken or for the use of bed rails or sensor mats. Where people had appointed a legal representative to make decisions on their behalf, copies of the legal documents were maintained within the service.

Where there was doubt about a person's capacity to make decisions about their care, mental capacity assessments had been appropriately undertaken and documented which ensured that the person's rights were protected. For example, people had mental capacity assessments regarding the use of covert medicines and their ability to be involved in other key decisions about their care and support. Where it was determined a person did not have the mental capacity to make a specific decision a consultation had been undertaken to reach a shared decision about what was in the person's best interests. Staff demonstrated an awareness of these assessments and confirmed they had received training in Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment by the local authority.

The Firs provided a secure but comfortable and homely environment that was appropriate to people's needs. The home was generally well decorated and equipped with all of the necessary equipment needed to meet people's needs. People's rooms were personalised to their own taste with photographs, pictures and items of their own furniture. The gardens were fully accessible to all and well maintained, containing seating

areas and bird feeders which provided interest for people throughout the year. An ongoing improvement plan was in place. As rooms were vacated, they were refurbished. We did note that the kitchen was in need of updating. We discussed this with the registered manager who advised that there were plans in place to upgrade the kitchen and quotes had been obtained for this. There were also plans to replace the flooring in the communal areas. A number of people told us they would value having more places within the home where they could meet privately with their friends or family, or hold religious services away from the main communal areas. We discussed this with the provider who agreed to consider how this might be achieved.

New staff received a service based induction which involved learning about the care philosophy within the home, people's needs, daily routines and key policies. New staff also spent time shadowing more experienced staff. Staff were supported to complete the Care Certificate where appropriate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.

Staff felt the training provided was good and helped them to provide effective care. The training included topics such as moving and handling, safeguarding people from harm, the Mental Capacity Act 2005, infection control, health and safety, caring for people living with dementia, managing challenging behaviour, fire safety and first aid. Additional training relevant to the needs of people using the service was also undertaken. For example, some staff undertook online training in subjects such as end of life care and falls prevention. The registered manager was encouraging staff to become champions in certain areas such as infection control and diabetes. The champions were provided with additional training or attended distance learning courses so that they could lead on modelling best practice in these areas. There was evidence that staff were encouraged to undertake nationally recognised qualifications in health and social care and both the registered manager and the assistant manager were undertaking a nationally recognised Level 5 management qualification.

Staff received regular supervision and an annual appraisal. All of the staff we spoke with told us they received adequate supervision and found this a useful and supportive process. For example, one staff member said, "Supervision is bi-monthly, it is helpful, I can say what training I need and have been booked on courses as a result". Staff also told us the registered manager was always available to support and guide them in between formal sessions.

There was a strong emphasis on the importance of eating and drinking well and people told us the food and drink provided was good and met their individual preferences. One person told us, "The food is all cooked on the premises. There is a good supply of fresh fruit and you get a choice of two different meals. There are loads of rounds of tea or coffee or anytime you want one". Another person said, "The food is excellent". A third person said, "There are snacks if you want them". A relative told us, "The food is always home cooked, it's beautiful".

People were provided with a choice of two main meals at lunch time. Where necessary people were provided with the information in pictorial format to support them to make a choice about what they would like to eat. We reviewed the menu for the week of our inspection. This showed that people could have a variety of breakfast foods including a hot breakfast. Lunch was a two course meal. The menus included a wide range of meals including traditional favourites such as roast dinner and fish and chips. Supper was soup, sandwiches or other light bite meals. People and relatives told us that dietary preferences were respected. For example, one relative said, "Mum is vegetarian, if there is not something mum likes to eat on the menu, they will find something else". We observed hot and cold drinks be served regularly throughout the day along with fresh fruit and chocolate bars. Water jugs were available in people's rooms and there was a hydration station in the lounge. This included advanced hydration sachets in a wide range of flavours

which people had chosen.

We observed lunch-time. The dining tables were laid with clothes, cutlery, glassware, napkins and condiments and there was music playing gently in the background. There were sufficient numbers of staff available to ensure that food was served promptly. People appeared to be enjoying the dining experience and chatted readily with one another and with the staff. We overheard one person say to another, "Doesn't that look nice, that's the sort of salad you would put together at home, lots of bits and pieces". Most people in the house were able to eat and drink independently, but staff were aware of those who might need a little extra encouragement and provided this where needed. We observed staff supporting one person to eat and drink in a kind and attentive manner using a variety of techniques to encourage them such as offering a smaller plate and two different alternatives.

People's weight was monitored regularly to assist in identifying whether they were at risk of malnutrition. Where people had lost significant amounts of weight this information was shared with the GP and fortified diets were offered. A relative told us, "[family member] has a food and fluid chart as they are a fussy eater and they don't want them to lose weight". Weight monitoring was also being used to check that one person was losing weight effectively to manage a healthcare need.

Where necessary a range of healthcare professionals had been involved in planning and monitoring people's support to ensure this was delivered effectively. For example, community nurses, mental health professionals and GP's. One healthcare professional told us, "They [staff] will always phone if they need to". They told us how staff were "Always willing to seek advice and support" and were managing one person's behaviour which might challenge others "Really well". Records were maintained of the consultations and any recommendations made were actioned. People were also supported to visit other healthcare professionals such as the opticians, dentists and chiropodists. The service had also arranged for one person to see a private speech and language therapist to assess their dietary requirements. A health care professional told us how staff at the service had engaged well with the implementation of the 'Hydrate' project and were keen to participate in other projects that helped to ensure that people's healthcare needs were met effectively. Hospital passports were in place and helped to ensure that important information about a person's health and communication needs was shared effectively with health care professionals in the event of a person being admitted to hospital.

Good

Is the service caring?

Our findings

People told us they were cared for by staff who were kind and caring. One person told us, "You couldn't find kinder people. I think they spoil me". Another person said, "They are infinitely kind, caring and loving, kind and gentle". A relative told us, "All the staff are really attentive….they definitely put [the person] first… everyone's friendly". The service had received a number of compliments, many of which had commented on the kind and caring nature of the staff. Comments included, 'Thank you for looking after [the person] with such care and love' and 'It's such a comfort to know that [the person] is looked after by such lovely caring people'.

Our observations indicated that staff showed people kindness and patience. We observed a staff member supporting one person to stand and walk to the dining table for their lunch. They were patient and did not rush the person, instead they used humour to engage with and encourage the person, saying 'you need to get your cancan legs on' which made the person laugh. One person summed up the approach of staff up when they told us, "They don't make you feel like you are being a nuisance".

Staff spoke fondly about the people they supported and it was clear that they knew them well and had developed a meaningful relationship with each person. One care worker told us, "It's rewarding, I love all our residents". We saw a considerable number of warm and friendly exchanges between staff and people and the atmosphere in the communal areas was good natured and sociable with people and staff chatting about every day matters such as Strictly Come Dancing and their pets. One person told us, "I like a laugh and I get it here". The genuineness of staff and their interest in the people they cared for was commented on by many of the people we spoke with. One person told us, "There is no lack of empathy here…they make us feel wanted and important". Another person told us, "There is always someone around to talk to and be there for you". A third person said, "The staff seem to know if anything is not right, you can talk to them".

People looked relaxed and happy in the company of the staff who throughout our visit appeared attentive and happy in their work. We saw staff encouraging one person to sing to the music and later on to get up dancing. People were encouraged to remain as independent as possible. For example, we saw staff encouraging people to get involved in daily chores such as folding up the laundry. Staff also told us how they encouraged people to perform as much of their own care as possible, providing just the right amount of support when needed.

Everyone we spoke with told us that staff were mindful of their dignity and that their privacy was respected. Staff spoke to us about how important it was to protect people's privacy and dignity and were able to give examples of how they maintained people's dignity by ensuring that curtains and doors were kept closed when people were receiving personal care. Staff told us that would encourage people to return to their rooms so that they could have a private consultation with any visiting healthcare professionals. One person told us, "They [the staff] knock on the door even if it is open".

People and their relatives had been involved in developing end of life care plans. These gave the person, as far as possible the opportunity to discuss their thoughts and fears about their final days, but also how they

would like their care to be managed at this time. People were supported to follow their spiritual beliefs. Every other week a Christian communion service was held.

Relatives and visitors were free to visit at any time and told us they were warmly welcomed by staff and felt that staff cared about them too. One relative said, "They are very welcoming, [ask] can I make you a coffee, and they know how I like it". Another said, "I'm always welcome, have two or three cups of tea….I want to book my room"!

Good

Is the service responsive?

Our findings

People and their relatives were positive when they spoke of the responsiveness of staff at the service. All of the feedback we received was positive when people were asked if their care needs were met. For example, one person said, "I have no worries about asking staff anything, if I have said anything they do get it done very quickly".

Professionals told us the service was focused on providing person centred care. For example, one social care professional told us staff were, "Very responsive to changing needs". They told us that if a person's needs changed, staff would, "Change the way they offered their care". They told us staff were, "Constantly asking [people] if they were ok" and were "Aware of everything going on around them".

People's needs were assessed before they came to live at the service to ensure that the staff would be able to meet their needs safely. This included gaining as much information as possible about the person, their preferences and the things that were important to them. This enabled staff to have a good knowledge and understanding of the people they were supporting and helped to ensure people received care and support which was responsive to their needs. For example, people's care records included information about their life before coming to live at the service. Where people were living with dementia, care plans included additional information about significant people in the person's lives or significant events that might have occurred. The records also included more current information such as food and drink preferences and hobbies and interests. We observed that staff had a good understanding of people's needs and of their likes and dislikes. For example, they knew what people preferred in terms of snacks. At lunch when trying to encourage a person to eat, staff were aware that their favourite sandwich was egg and arranged for the cook to prepare one in the hope that it would tempt the person to eat. The knowledge that staff had about the people they were caring for was commented on by a relative who said, "The staff know the residents well….you know they are going to be ok".

Care plans were created and accessed via an electronic system. Staff used smart phones to read people's care plans which covered areas such as how the person communicated, their cognition, personal care needs, the support they needed with nutrition, their medicines and with their mobility. One person who could display behaviour which might challenge others had a care plan which described the strategies and interventions staff should follow when responding to the incidents of agitation. The guidance was person centred and focused on achieving the best possible outcomes for the person. Staff were encouraged to be quietly spoken, engage with the person and reassure them at all times smiling. There was also a focus on continually developing the care plans with staff being encouraged to communicate any new ways they had found of helping to settle the person. There was evidence that the care plans seen had been reviewed on a monthly basis and were generally up to date and reflected people's current needs. Although we noted that more could be done to evidence how people had been involved in these reviews.

During each shift staff maintained records which noted the care that had been provided to each person, how they had eaten and what activities they had been involved in. These provided evidence that staff had supported people in line with their care plans and recorded any concerns. A handover was held at each shift

change which helped to ensure they were kept up to date with people's changing health and welfare needs. The registered manager told us they were keen to develop the handover to include more of a focus on how the day had been for the person and what positive experiences they might have had. The head of care or senior care worker were responsible for completing a daily planning sheet which recorded that key checks had been made such as food and fluid intake of those people on nutrition watch. Staff were allocated tasks to complete which helped to ensure that staff were clear about their responsibilities.

There was evidence that staff looked for ways to meet people's needs in a creative way so that they might have positive experiences and receive care that was meaningful to them and met their needs in a person centred way. For example, where people enjoyed particular foods, staff tried to get these for them. The registered manager told us that one person liked a particular tart from a local supermarket and so they often bought some for her. Staff had offered another person the option of designing their own menu from their favoured foods that their friends and family bought in for them. A social care professional told us about how staff had developed effective ways of helping one person to feel less anxious, reducing the risk that they might abscond from the home. The person used to be a sailor and so when they became unsettled, staff reassured them that their 'watch' was over and that they could now rest. During the inspection a staff member had brought in an artificial 'companion dog' for one person, living with dementia, who was known to like dogs. This artificial pet 'breathed' and made 'sounds' and it was hoped it might provide the person with enjoyment and contribute to a sense of purpose. Likewise therapy dolls were also available. Doll therapy is a recognised therapeutic intervention that can be helpful and calming for some people living with dementia. We were told that one person who had used to be a teacher and loved children gained some enjoyment from engaging with a therapy doll. Staff were working with one person to record her memories so that these could be shared with her family.

People and their relatives told us that staff recognised if they were feeling unwell and took action in response to this. One person told us, "The staff are intuitive as I don't always say when I am not feeling well". Another person said, "A couple of weeks ago, a lady was not well, they arranged a doctor very quickly". A relative said, "They pay attention to detail, they are attentive and proactive with health". Relatives also told us they were kept fully informed about their family member's wellbeing.

People were supported and fully engaged in activities that were meaningful to them. Within the home people took part in activities such as manicures, quizzes, exercise classes, flower arranging and cake baking and decorating. We observed staff supporting a group of people to decorate ginger bread houses which they appeared to enjoy. Staff led poetry readings and fun games such as noodle wars which encouraged people to get active by doing exercise using water woggles (long plastic tubes). Staff also spent time with people reminiscing. One person's family had developed a memory book of their relative's life which we saw staff using to engage and interact with the person. The person was not able to communicate verbally but they were smiling and appeared relaxed and settled. Other staff spent time with people reading the newspaper and chatting about current events. Every week a therapy dog visited and other visitors also brought their pets in which we were told people loved to see. Singers, musicians and 'Concerts for Care Homes visited. Healthcare professional told us, "They do have quite a few activities such as baking which they [people] really seem to enjoy". Special events such as people's birthdays were celebrated and people had been asked to share details of their family member's birthdays and special anniversaries so that staff could ensure the person was supported to buy a card or present for them. Staff were also planning to put on a Christmas panto for people and had assigned the part of the wicked witch to the registered manager.

People also took part in activities outside of the home. The provider owned a mini bus and this was used by staff to take people once a month to a dementia friendly performance at a local cinema. People and staff enjoyed snacks at the cinema and then usually had supper on the return home. In the summer, trips were

arranged to the provider's beach hut with fish and chips. Some people enjoyed trips. The registered manager was committed to providing ongoing opportunities for people to access and integrate into the local community and had been exploring options for developing links with local schools and a MacMillan coffee morning had been held.

People were at the heart of the service, their opinions mattered and there was evidence that they were being consulted about the running of the home on an ongoing basis. For example, people had been involved in saying what they would like on the new menus and tasting sessions had been held. People had also been invited to say what the most important attributes were for new staff. The registered manager told us this had given a different perspective on the recruitment process with suggestions including asking prospective cooks to bake a cake. They told us that it was planned that some people would also begin to sit in on the interviews of new staff. One person had taken the lead role on making arrangements with a local church for visits for communion. People had been asked to select their favourite hymns for these services. The registered manager told us that people were also asked about how they would like to celebrate Christmas and what food they would like. They told us that last year people had chosen either salmon or steak.

Resident meetings took place and it was clear from minutes of meetings that their views were valued and acted upon. For example, people had been consulted about the purchase of a garden gnome. Pictures of several options had been provided before a decision was reached to buy a 'cheeky gnome'. One person told us, "I asked for material tablecloths and napkins and we have them". Another person said, "It's nice to be able to give feedback". Surveys were also used to seek peoples and their relative's feedback about the care provided. The feedback viewed was largely positive with comments including, 'Everyone is absolutely lovely and caring to the utmost'.

Complaints procedures were in place and information about how to make a complaint was freely available within the service and within the service user guide. People and their relatives were all confident that they could raise concerns with the registered manager or any staff member. One person said, "If I had a complaint, I would talk to [the registered manager] I do feel able to talk to them".

Good

Is the service well-led?

Our findings

People and their relatives spoke very positively about the registered manger and about how well organised and managed the service was. One person said, "I see the managers a lot, I think it is well managed and organised". A relative told us, "It's only as good as the people who run it. They have excellent people who run it". A social care professional told us the leadership team were "Always quite visible, the office door is always open, they are very transparent with information".

Our inspection in August 2016 had found that the registered manager in post at that time had not always ensured that the Care Quality Commission were notified when people suffered serious injuries. This inspection found no such concerns. There was evidence that the manager understood their role and responsibilities and had notified CQC about important events, which the provider was required to send us by law.

The service had systems in place to report, investigate and learn from incidents and accidents. There was evidence that investigations were undertaken following incidents and that appropriate actions were taken in response. Each month the manager completed an accident analysis to identify any trends or patterns so that remedial actions could be taken to reduce the risks of similar accidents happening again.

There were systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving safe and effective care and support. A range of audits had recently been completed to assess the safety and quality of the service. Monthly nutrition audits were undertaken which included a review of any people who might be losing weight. It was evident that where people had lost weight, the frequency with which their weight was monitored increased to weekly so that they could be monitored more closely. A falls audit had been undertaken in September 2017 which included a review of what might have caused the falls and a record of the action taken to prevent any reoccurrence. Care plan audits were undertaken and audits of the cleanliness and appearance of the home. The quality of food was also audited. The registered manager and the manager from the provider's other service had plans in place to start peer audits which would be completed every three months. It was hoped that this would be in place by December 2017.

The registered manager had developed a service improvement plan which looked at what improvements the service could make to ensure it was safe, effective, caring, responsive and well led. Planned improvements included the introduction of individual training plans for staff, more involvement with community projects, improved signage around the home and refurbishments to the kitchen. The plan was a work in progress and more information was needed about how many of these aims were to be achieved and the resources that would be required.

The registered manager told us that their ethos for the service was that it was, "Caring, friendly and comfortable, The Firs family". Our observations indicated that they had successfully nurtured such an environment and this was also commented on by relatives, staff and some of the health and social care professionals that we spoke with. For example, one relative said, "I feel like part of a family when I visit". A

care worker told us, "It's a very nice place to work, it's like a family, we support each other…we all have the same aim". A social care professional told us The Firs was, "One of the better homes I visit, it feels much more like a home, a home from home". Another health care professional told us, "The Firs is one of the friendliest homes I visit, its welcoming to me and the residents, it feels quite intimate".

They told us they were proud of the staff team who they said put so much into caring for the people living at the home. They said, "The love and care is really there". They told us that as well as caring for people, the staff team really cared about one another and worked really well as a team. The staff we spoke with were positive about the leadership of the service and felt well supported in their roles. One care worker said, "[the registered manager] is on the ball, they have an open door and will try and accommodate your concerns". Staff meetings were held on a regular basis. The registered manager told us these were not just about communicating key messages but were an opportunity to consult the staff and listen to their ideas about how care might be improved. They told us they often came away from staff meetings feeling inspired and elated. Staff confirmed the manager encouraged them to be involved in developing the service. One care worker said, "[the registered manager] loves ideas, we always get listened to, they are always pushing for the next improvement".