

West Bank Residential Home Limited

# The Firs Residential Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Firs Residential Home is a care home without nursing and is registered to provide accommodation and support for a maximum of 38 people. At the time of the inspection there were 33 older people living at the service, some of whom were living with dementia.

Peoples' experience of using this service and what we found

The provider and registered manager nurtured a culture which truly put people at its centre. Staff were unanimously positive about the registered manager and each other. All of the people and relatives we spoke with were consistently positive about the service. One relative told us, "It's the best choice we could have made [choosing The Firs]. I have already recommended The Firs."

Staff feedback about why they worked at the service reflected the service ethos. One told us, "I love my job. I see people here as my family and I care for people like they were my Mum or Nan." Another staff member said, "People rely on us, and the end of the day that's why we are here. When we lose people here I get emotional as it's like losing a family member."

The registered manager had ensured the philosophy of the service was embedded into staff practice. Signage about 'Putting the Residents at the Heart of everything we do' was displayed in various locations. There was a dignity tree in the hallway and the registered manager told us this was important because the service ethos was about listening to what people want. Each person was given the chance to put a quote on the dignity tree about what was important to them.

The provider and registered manager worked in partnership with other healthcare professionals to ensure people got the support they needed and were committed to continuously improving the service.

The provider and registered manager demonstrated an ability to maintain an excellent standard of care provision through effective governance and oversight. The service were part of a pilot with the local authority to achieve the best outcomes for people. The registered manager had received an award from the local authority as recognition for their commitment to making people's lives better.

The leadership at the service was distinctive and positive feedback about the registered manager. This had achieved excellent outcomes for people and staff. The service was dedicated to ensuring continuous quality improvement to enhance people's lives. The care we observed was person centred and individual to people. We spoke with healthcare professionals who were consistently positive about the service leadership, with one telling us, "From a leadership perspective she's an example for other to follow. The Firs work so openly with and me and the standards are very high."

People and their relatives spoke positively of the care staff and we heard of examples where staff went above and beyond to support people. People were empowered to be actively involved in the service. For example, people had been invited to design certain areas of the service and we saw plaques had been

placed in these areas to identify this.

There were positive opportunities to be involved with the local community, for example the service were part of a 'Generational Exchange' and a 'National Literary Project' with the local school. A visitor told us about the positive effect on their relative.

Systems were in place to safeguard people from abuse and peoples' risks were assessed and well monitored. People were supported to receive their medicines safely. Peoples' care plans contained good detail about how staff could support them to manage their health conditions and the risks associated with them. Systems were in place to ensure staff were recruited safely. Disclosure and Barring Service checks were obtained. There were enough staff to ensure peoples' needs were met and people told us staff had enough time to provide the care they needed, and to spend time talking with them.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was Requires Improvement (published 2 March 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

Follow Up:

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service caring?

Good ●

The service was caring.

### Is the service well-led?

Good ●

The service was well-led.

# 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 Health and Social Care Act 2008.

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 one Inspector and an Expert by Experience. An Expert by Experience is a person who had personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

### During the inspection

We spoke with five members of staff which included the registered manager, an area manager and care staff. We spoke with six people who lived at the service and four peoples' relatives. We spoke with one visiting healthcare professional and observed interactions between people and staff.

We reviewed a range of records, including peoples' care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit we contacted four healthcare professionals to seek their views on the service and received feedback from all of them. We also spoke with a further relative. We also received further clarification and documentation from the service to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff. People were at ease and very comfortable in the company of staff and we observed good relationships. A relative told us, "I'm happy Mum is safe and I know she's in good hands."
- There were appropriate safeguarding policies in place and information was displayed within the service about reporting processes for safeguarding concerns.
- Staff were confident any safeguarding concerns reported internally would be treated seriously and action would be taken by the service management.
- The provider ensured staff received training on how to safeguard people and staff we spoke with were able to identify different types of abuse and explain both internal and external reporting processes.
- The registered manager had effective systems that monitored safeguarding submissions made to the local safeguarding team.

Assessing risk, safety monitoring and management

- A personalised assessment relating to people's risks was completed and were subject to regular review to ensure they reflected people's current needs.
- Care records identified daily living risks in relation to matters such as falls, nutrition and continence. Risk management and reduction measures and recorded within the records.
- People's current risks were immediately identified on the provider's electronic care planning system to ensure staff are aware. This aided in reducing the risk of harm to people.
- There was a nominated member of staff that ensured the environment and equipment was effectively maintained. This included checks in relation to legionella management, fire systems and equipment and mobility equipment.
- People had current individual emergency evacuation plans in place to ensure the right level of support was provided if needed in the event of an evacuation.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The Registered Manager was aware of any conditions related to certain DoLS authorisations.
- At the time of our inspection, there were three people living in the service that had an authorised DoLS.
- Further applications to deprive people of their liberty had been made. These applications were currently pending progression by the relevant local authority.
- Where required, we found a capacity assessment and best interest decision processes had been followed prior to the implementation of certain practices.

#### Staffing and recruitment

- People and staff told us there were sufficient staff to provide a high level of care and our observations supported this. One staff member told us, "There is enough staff here and other staff will cover the shifts if needed, we work well together."
- The registered manager ensured there were sufficient numbers of staff deployed to meet the needs of the people at the service. A dependency assessment tool was used as an aid for this.
- Staffing rotas were completed with the aid of an electronic planning and forecasting system. The registered manager and area manager spoke highly of the system as it gave them a greater oversight of staffing forecasts and availability.
- Rotas were planned in advance, and staff were able to use a smartphone application to identify and commit to work any shifts that needed covering. The service management told us this system worked effectively.
- The service used very minimal agency staff. Where this was required, the same staff member was requested to ensure people received good continuity with their care.
- Staff had been recruited safely. Relevant pre-employment checks had been carried out. This included criminal record checks to make safer recruitment decisions and obtaining references from previous employers. Advice was given around ensuring a full employment history was obtained in line with requirements.

#### Using medicines safely

- There were safe and effective systems for the ordering, storage, administration and returns of medicines.
- The provider had an electronic medication management system and staff had received training in its use. Medication competency checks for staff were completed regularly.
- Some medicines required additional security and recording measures. We found these medicines were stored correctly, accurate records were maintained, and on the samples we reviewed balances were correct.
- Medicine that required cold storage was stored appropriately and records were maintained of the storage facility to ensure they were stored in line with the manufacturers guidance. Ambient room temperatures were also recorded ensuring temperatures remained at a suitable level.
- There were effective daily, weekly and monthly governance systems in operation to monitor the management of medicines.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the service management to identify any patterns or trends.
- Supporting records showed that following an accident or incident, relevant details were recorded, and a record of any action taken was evident. This helped to reduce the risk of further accidents or incidents.
- Staff were able to explain the processes and procedures they followed following a fall or incident to ensure

it was reported correctly. This ensured adverse incidents were reported to the service management so they could take appropriate action.

- There were provider level governance systems in operation that enabled the service management to have oversight of reported falls and incidents.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- 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.

#### Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.

- There were no restrictions on peoples' relatives and friends being able to access the service and see people.

- Peoples' families told us they were supported to visit in a safe way and felt welcome when visiting.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were involved in their care and confirmed their feedback was sought. One person said, "If I wanted to do something I can do it. If it was unwise I am sure they would talk to me about it. They are always prepared to listen to me."
- People's care plans contained specific information about who they were as people, and how staff could understand and respect that. For example, activities provision had been adapted in a person-centred way, resulting in personalised planning. Some people had been paired at times when activities have been identified for people with the same interest. This encouraged and had resulted in people making new friendships.
- One person, for many years, had taken part in an annual local scarecrow making contest. The person has been actively supported to continue this whilst at The Firs. Their involvement was covered in the local media and their scarecrow of Captain Sir Tom Moore was given a place in the local church after the competition for the local community to see and enjoy. More recently they made a Military Guardsman to celebrate the Queens jubilee.
- People who wished were actively involved in the decorating of the service. People were invited by the service to choose themes for different areas of the service. We saw evidence of this in different areas around the service and plaques and signs identified the name of the theme and which people had been involved in its creation.
- People wished to be involved in the 'National Day of Reflection' in March 2022 so the service arranged for this to happen. A tea party was arranged for people and yellow ribbons were placed on a tree for people that lived at The Firs who had passed away during the Covid-19 pandemic. A 'In Loving Memory' book was created by the service to allow people to record their thoughts and feelings about those they knew at the service whose lives they were remembering.
- The service had created a 'Wishing Tree' for people. This gave people, either independently or with the support of family or staff, the opportunity to make a wish and the service enabled this wish. Some examples showed one person had wished to see their son who was away with HM Forces. The registered manager secretly arranged for their son to attend and go out for lunch and shopping and the person had a very positive experience. Another example was a person wished to see Elvis Presley. The service arranged for this to happen on the person's Birthday where they received flowers and a cards from a person impersonating 'Elvis' and also had singing and dancing performed especially for them. This resulted in a very positive outcome.

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

- People and their relatives told us care staff were good and the support they received met their needs. For

example, one person told us, "I think they are very good. They don't get fed up; they seem to have time for you."

- Another relative told us, "Yes, I do [think they are well cared for]. Whenever she sees some of the staff her face lights up. She recognises them and they have a laugh and a joke. I have never seen anyone being nasty, rude. They are always friendly, laughing and joking and they treat her with respect."

- Another person's relative said, "It's the best choice we could have made [choosing the service]. They look after her very well and I have already recommended The Firs."

- Examples of positive feedback were seen in thank you cards and communication given to the service. Some highlighted individual staff that had made a difference to people's lives. One read, 'A big heartfelt thank you to [staff name] and others. [Staff name] has been proactive, timely and persistent. I have huge respect for her professionalism.' An extract from another message read, 'As always, your staff are pleasant, polite, show great patience and are professional.'

- The service had received excellent feedback on a national website. A person's relative wrote, 'My [family member] was given a new lease of life. She socialised more than she ever had. She participated in different activities on a daily basis. Her love for gardening and listening to Elvis perform was continued. This happened because The Firs team make it happen. The genuine care and passion the staff have shines through.'

- The registered manager had ensured the philosophy of the service was embedded into staff practice. Signage about 'Putting the residents at the heart of everything we do' was displayed in various locations. There was a dignity tree in the hallway and the registered manager told us this was important because the service ethos was about listening to what people want. Each person was given the chance to put a quote on the dignity tree about what was important to them.

- Staff feedback we received evidenced the service ethos was embedded into practice. In addition to the very positive feedback from people and their relatives, staff comments were positive. One told us, "I love my job. I see people here as my family and I care for people like they were my Mum or Nan." Another staff member said, "People rely on us, and the end of the day that's why we are here. When we lose people here I get emotional as it's like losing a family member."

- The service ensured they celebrated events that were important to people, such as birthdays and wedding anniversaries.

#### Respecting and promoting peoples' privacy, dignity and independence

- People told us they were treated with dignity and respect, and staff encouraged and supported their independence.

- A relative told us how the service approach to involving people and giving choice and independence had positively impacted on their relative. They said, "I have seen her encouraged in things she would not have usually done. Making things, skittles, playing with a puppy. She loves music. She is voluntarily mixing much more than she has ever done for years."

- Staff were clear that people were treated as individuals and promoting their independence and freedom of choice was embedded into their ethos. One comment from a staff member was, "We knock on doors, we always ask about consent, we always do things that people want you to do and make sure everything is the best experience it possibly could be for them. Getting to know people is very important as it helps people get the care they really want."

- Peoples' independence was promoted following feedback from them. Some people became hungry during the night and the service had subsequently produced a 'Night Owl' menu for people so they were able to get food and snacks during the night hours.

- People told us staff respected their privacy and dignity and we made observations throughout the inspection to support their comments. One person told us, "The staff do [respect privacy]. They normally knock. I am independent [with personal care], they have offered, but I am okay about that." Another person

said, "They knock on my door, never come in without knocking." A relative commented on the dignity promoted by staff. They said, "They will quietly ask her if she needs any help. They are discreet. They always knock."

- We saw records in the service were maintained in a confidential way to ensure that only people with a requirement to view personal care records could see them.
- In addition to this, we saw that all staff interactions were person-centred, courteous and dignified. For example, we saw people in the lounge joining in with songs and playing various musical instruments. There were three members of staff in the lounge with people encouraging and joining in with the singing. They did this in way which maintained people's dignity and provided an inclusive activity.
- People and their relatives were positive about the privacy afforded to them during visiting periods. One person said, "My daughter used to take me out sometimes. Otherwise, she comes into my room. Yes, they are welcoming." Another person said, "They seem to be [welcomed]. My daughter goes and thanks them and then they see her out." A relative commented, "Yes, they make me welcome. I phone up and book an appointment and they put you in the book. I do it as a courtesy."

# 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 our last inspection we rated this key question Requires Improvement. The rating for this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had established links with the local community that had a positive impact on the people using the service. For example, the service were part of a 'Generation Exchange' project with the local school. Local school children attended the service and discussed information with people, and talked about ideas and life experiences. This interaction was featured in the local media and images of people smiling and working on booklets with the children and telling them stories seen was published. A relative commented, "They had children in from a local school and Mum really enjoyed them going in as she loves children."
- In addition to the 'Generation Exchange' project, the service were part of a 'National Literary Project' involving the same school. This had a positive impact on people with letters being both sent and received from children at the school. The registered manager had shared this experience with others by making a display in the service about this project showing people smiling and engaged in writing to the children.
- The service ensured the views of people; their relatives and staff were captured to improve the service where possible. The most recent surveys had been undertaken in May 2022 and June 2022. The surveys for people and their families were shaped around the five key questions asked by the CQC during our inspections. All of the responses to the survey questions were responded to very positively as either 'Outstanding' or 'Good' which reflected the feedback we received during our inspection. One relative told us, "There's nothing I would change." Staff surveys also produced very similar positive findings.
- The service had been innovative about capturing the experiences of people living with dementia that may not always be able to verbally communicate their experiences. The service had commenced 'Dementia Friendly Surveys.' This captured people's experiences through observations using body language, facial expressions and staff interactions. The recently completed surveys had not identified any concerns.
- There were a number of examples identified during the inspection when understanding what was important to people had improved their lives and had positive community or partnership outcomes. For example, some people wanted to form a knitting club. This was arranged and following liaison with the Royal Devon and Exeter Hospital, people at the service knitted blankets for the neo-natal unit and they were personally delivered to the hospital. People received a letter of thanks from the hospital and a request for further blankets due to them being so useful. This was also reported in the local media.
- People and their families were involved in a fundraising 'steps' challenge as people wished to participate in a fundraising event. Family members purchased pedometers for people to be involved and people completed the steps challenge in the service and surrounding areas. The British Lung foundation was chosen as the nominated charity and a total of £475 was raised by the people at the service for the charity.

- The service produced monthly newsletters for people, relatives and staff. The newsletters contained photos of activities undertaken, updates about the service and also personalised information about people and staff who had celebrated birthdays, staff training and staff achievements. All of the people and relatives were positive about the communication from the service.

#### Continuous learning and improving care

- The provider and service management evidenced a commitment to continuously improving the service and outcomes for people. In November 2019, the Care Quality Commission (CQC) published a report following an inspection at The Firs Residential Home which rated the 'Well-led' and 'Responsive' key questions as Inadequate. In March 2021, systems had been implemented and 'Well-led' had improved to Requires Improvement. At this inspection, we found the systems were now well embedded and the service had further improved, and the provider and registered manager had continued to develop the service for the benefit of the people and staff.
- As part of their continued commitment to improve, the provider and registered manager had a continual service improvement plan that evolved based on the findings of audits and governance systems.
- The provider and registered manager demonstrated an ability to maintain an excellent standard of care provision against a backdrop of the COVID-19 pandemic and some of the most challenging operating conditions the care sector has experienced.
- As part of the services improvement, it was identified staff needed extra support in relation to their development and understanding of infection control practice when a COVID-19 outbreak happened. Training and resource was sought and future outbreaks were contained better evidencing a positive outcome. In addition to the infection control provision, the registered manager and another staff member completed a day working as a member of the domestic team to identify areas for improvement and develop the service. This identified some areas where practice could be changed or adapted to improve the service.
- The service management and staff went on a 'virtual dementia bus' which gives participants an experience of what dementia might be like by using specialist equipment and creating a simulated environment. This was done to better understand the experiences of some of the people they supported.
- In connection with this theme, staff did a 'Day in the life of a resident' where they simulated visual or hearing impairments and other sensory loss and replicated daily living. This included being fed whilst blindfolded, hoisted and use of a walking aid. Staff gave feedback on how they felt and positive outcomes such as improved communication during meals and mobility transfers resulted.
- The service had introduced 'Champions' and 'Ambassadors' in specific areas to improve care. This was currently in development but 'Champions' were in place for health and safety, falls and pressure care. Training had been provided for this, for example some staff had completed enhanced falls training. This training had resulted in some changes being made already. A positive outcome had also been achieved as the number of falls suffered by one person had already reduced.
- A sensory room created by the provider to improve care had positively impacted some people. For example, one person who habitually ground their teeth as a behaviour associated with their dementia reduced this when in the sensory room. For another person there was a noticeable reduction in their anxiety.

#### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Well established systems and processes to monitor quality were in place. The registered manager completed a range of audits and monitoring activities to evaluate the quality of the service and ensure regulatory requirements were met.
- In addition to the registered managers internal auditing system, there were effective systems in operation at provider level to maintain oversight of the service. There was an area manager who also undertook audits

against the five key questions asked by the CQC during our inspections. Both the provider and area management audits were effective in producing action plans where required. We saw these actions had been completed in a timely way.

- There was a clear staff structure and staff knew what their responsibilities were. Staff told us they understood their roles and responsibilities and knew the line management and structure of the service.
- Staff spoke very positively about the teamwork within the service and how they worked together. All staff we spoke with were clear that achieving the best outcomes for people was their priority. One commented, "There is a strong team here. Our staff are here for the love of the job." Another said, "It's very important to be a great team and we do that here, we work really well together." All staff told us they would recommend the service for relatives to live in and also as a good place to work.
- We saw evidence of staff working together. As part of training course, a staff member who was preparing a presentation for others went out of their way to produce the presentation in a different language that was the first language of their colleague to help them fully understand the content of the presentation.
- The provider and registered manager worked in partnership with other professionals to achieve the best outcomes for people. The service were part of the 'Framework for Enhanced Health in Care Homes' aimed at improving quality of life for people in partnership with the NHS. The registered manager was part of the project design and worked closely with the scheme management. The feedback we received about the registered manager in relation to this was exceptionally positive. One comment was, "[Registered manager] was very keen to get involved and was very open about wanting to improve the home which is a very refreshing approach. She is very receptive to ideas to enhance the lives of people." Another comment was, "If she's trying to meet a resident's need she will go to the ends of the earth to achieve this and I don't always see that with others. If I ask her about a resident she knows them in great detail and has information ready to hand."
- The service had worked in partnership with a local college and supported students in their development in adult social care. One student had provided written feedback to the service and said, "Thank you so much for allowing me to gain valuable experience in the care home, I really enjoyed my time there and I couldn't believe how friendly and homely it felt."
- The provider had worked in partnership with other services. For example, following liaison with NHS staff who were able to provide manual handling training, the registered manager invited staff from other care homes to The Firs Residential Home to also complete the training. This was also used as an event to share experiences and learn from other services about good practice.
- The registered manager had notified the CQC of events which had occurred in line with their legal responsibilities. Performance ratings were displayed within the service and on the providers website.

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

- The provider and registered manager nurtured a culture which truly put people at the centre of what they did and achieving good, positive outcomes for people was the common goal. The registered manager was clearly passionate about her role and we saw excellent interactions between them and people at the service.
- People and their relatives spoke positively of the service, the staff and the leadership. A relative told us about their contact with the registered manager, "If I want to speak to her, yes. I see her when she is wandering round. Yes, she's easy to talk to, no issues. Approachable, and I have confidence in her." We asked another relative if they felt the service was well-led, they said, "Yes, I do. It's the fact that whenever I go I am made to feel welcome, It's a small environment and it's friendly."
- Staff were unanimously positive about their employment with the provider, the registered manager and the leadership at the service. One staff member, when speaking about the registered manager, told us, "She is a great manager. I could go to her with any problems, work or outside, she is a good person." Another told us, "She always there for any support we need at any time."

- Healthcare professionals were very positive about the registered manager, staff and the service. When asked about the service management and leadership, one professional told us, "She doesn't sit back on her laurels, from a leadership perspective she's an example for other to follow. The Firs work so openly with and me and the standards are very high."
- The registered manager received an award from the local authority adult social care team for her performance and dedication to the service. Part of a citation from a healthcare professional that nominated the registered manager read, '[Registered manager] genuinely cares about the wellbeing of residents and staff and does everything she can to make the lives of those in her care better. Out of all of the care homes in my jurisdiction, [registered manager] has gone out of her way to work with me when she has challenging situations.'
- Staff welfare was a high priority for the registered manager. In addition to staff speaking positively about the support they received, the registered manager and deputy manager allocated a 30 minute slot every day where staff could speak with either or both of them privately about any matters.
- There were systems to reward staff. Staff appreciation awards were given out by the provider and registered manager in the form of certificates to acknowledge achievement and commitment.
- The service had a dedicated social media page and relatives said they were aware of it. A relative told us, "They always put pictures on [social media platform] which we find really lovely."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour, and promoted an open culture where staff were encouraged to report things that had gone wrong.
- There were relevant provider level policies in place reflecting the services commitment to fulfilling their duty of candour responsibilities.
- People and relatives were confident about the communication they received. One relative commented, "We [registered manager and relative] have great relationship and I always get called if there are any issues. [Registered Manager] always makes a point of coming to see me when needed."