

Meridian Healthcare Limited

Fir Trees

Inspection report

Gorse Hall Road
Dukinfield
Cheshire
SK16 5HN

Tel: 01613382977

Date of inspection visit:
28 November 2018
04 December 2018

Date of publication:
28 December 2018

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

We carried out an inspection of Fir Trees on the 28 November and 4 December 2018, the first day of the inspection was unannounced. The service was last inspected in March 2017, where we identified four breaches in regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities). The service was given an overall rating of Requires Improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Responsive and Well-led to at least good.

During this inspection we checked to see if the breaches in regulation had now been met. We found the provider had taken the necessary action to meet the regulations.

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

Fir Trees is situated in the Dukinfield area of Tameside and provides accommodation for up to 46 people who require accommodation and personal care. All rooms provide single accommodation and have en-suite facilities. Bedrooms are located over two floors and can be accessed by stairs or passenger lift. Communal bathrooms and toilet facilities are available throughout the home. The home is divided into two floors; each floor consists of a lounge and dining area there is a small laundry area and a kitchenette upstairs used by staff to make snacks and drinks. There is also a lower ground floor area that is currently used for storage and meetings. The main laundry and large kitchen are located on the ground floor. There is an enclosed garden area for people to use.

At the time of the inspection there were 42 people living at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Clear management systems were in place to monitor and review the quality of service provided. Opportunities were provided for people who used the service, their visitors and staff to comment on their experience and share ideas. This enabled people to experience safe and effective care and support.

The management and administration of oral medicines was safe. Action had been taken to improve records for the administration of topical creams and the thickening of fluids.

Systems were in place to minimise the risk of cross infection. Improvements had been made to the laundry so that soiled items were managed safely. The home was found to clean, tidy with no malodours.

Risks identified within the environment and to people's care had been assessed and planned so that people's health and well-being was maintained.

Effective systems were in place to ensure the premises and equipment were regularly serviced and safe to use. Plans were in place to enhance the environment, particularly for those people living with dementia.

Staff knew how to keep people safe and understood their responsibilities in protecting people from abuse and knew what to do should an incident arise.

People's autonomy, choice and community presence was promoted with a range of activities and opportunities both in and away from the home. Consideration was also given to people's religious and cultural needs.

Systems were in place to ensure sufficient number of staff were provided. Relevant information and checks were obtained when recruiting new staff. Opportunities for staff training and development were provided helping to ensure staff had the knowledge and skills needed to meet the specific needs of people safely and effectively.

Suitable arrangements were in place to meet people's nutritional needs. Relevant health care support was provided to ensure people's health and well-being was maintained.

Relevant authorisations were in place where people were being deprived of their liberty. Care records show that capacity and consent had been considered when planning people's care and support.

People had a plan of care which identified their wishes and preferences and how they were to be supported by staff in meeting their individual needs. People told us, and we observed, staff treat them with dignity and respect when offering care and support. Staff were said to be helpful and caring and understood people's individual needs and wishes.

Systems were in place for the reporting and responding to any complaints and concerns. People and their visitors said they were able to raise any issues or concerns and felt they would be listened to and acted upon.

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.

People's prescribed medicines were managed safely. Action had been taken to improve records for topical creams and the thickening of fluids.

Staffing levels were kept under review to ensure sufficient numbers of staff were provided. A safe system of recruitment was in place. Staff understood their responsibilities in protecting people from abuse and knew what to do should an incident arise.

Suitable arrangements were in to help manage hygiene standards, risks to people's health and well-being as well as maintenance checks in relation to the safety of the building and equipment.

Is the service effective?

Good ●

The service was effective.

Where people were unable to consent to their care and treatment the principles of the MCA had been followed so that decisions were made in the persons 'best interest'. The provider had sought the necessary authorisation for those people deprived of their liberty.

Opportunities for staff training and development were provided helping to ensure staff had the knowledge and skills needed to meet the specific needs of people safely and effectively.

Suitable arrangements were in place to meet the health and nutritional needs of people. Plans were in place to enhance the environment, particularly for those people living with dementia.

Is the service caring?

Good ●

The service was caring.

Staff clearly had a good understanding of the individual needs and abilities of people. Interactions were good humoured and

friendly banter was shared between people.

Staff were seen to be polite and respectful towards people.
People told us care was provided in a dignified manner so that their privacy was maintained.
We saw people's care records were stored securely in the office.
This meant people's information was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

A range of activities and opportunities were provided for people both in and away from the home. These helped to promote people's health and wellbeing as well as maintain links with the local community.

Individual records reflected the current and changing needs of people so that staff were directed in the safe and effective delivery of people's care.

Systems were in place for the reporting and responding to people's complaints and concerns.

Is the service well-led?

Good ●

The service was well-led.

A manager, who was registered with the Care Quality Commission (CQC), was in day to day responsibility of the home.

A range of audit and checks were completed to monitor the service provided. People, their visitors and staff had an opportunity to share their ideas and comments about their experiences.

The provider had submitted notifications to CQC when they were required to do so. We saw the CQC rating was displayed within the home as well as the provider website.

Fir Trees

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 on the 28 November and 4 December 2018. The first day of the inspection was unannounced and carried out by two adult social care inspectors. Day two was carried out by one adult social care inspector.

The provider sent us a completed Provider Information Return (PIR). This is a form, which is requested on an annual basis and asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the Tameside and Stockport local authority quality performance officers and Healthwatch to ask for their views of the home. No concerns were raised with us.

During our inspection we spoke with six people who used the service, a visitor, two health care professionals, the cook, housekeeper, well-being co-ordinator, four care staff, the deputy manager, registered manager and the quality manager.

Some of the people living at Fir Trees were not able to clearly tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the environment and the standard of accommodation offered to people. We also reviewed five care files, medication administration records (MARs), four staff recruitment files and training and development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

During our last inspection in March 2017 we found the registered provider was not meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe care and treatment. Due to our findings the overall rating for this key question was rated as Requires Improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we checked to see if the required improvements had been made. We found the provider was meeting the regulations.

At our inspection in March 2017 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management and administration of peoples prescribed medicines were not safe.

During this inspection we found that medicines were managed safely. We looked at medication stocks and administration records (MAR) and spoke with the deputy manager. We found medicines were stored securely, and only accessible to those staff responsible for the administration of people's prescribed medicines. We saw controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation.

Temperatures were monitored daily to ensure medicines were stored in accordance with manufacturer's guidance. Stocks were managed well and medication administration records (MAR's) had been completed in full. Appropriate arrangements were in place for obtaining medicines, ensuring people's treatment was continued.

On review of records for topical creams, we did note several omissions. This was said to be because staff had forgotten, or people had refused the cream. The deputy manager and registered manager told us they were aware of the issues and that this was being addressed directly with individual staff members. Daily monitoring was being completed to check records were improved. We were told that managers were confident creams were being used as people's skin was not 'breaking down'. This was confirmed by a visiting community nurse.

We saw two people were prescribed a 'thickener'. These are used for individuals with difficulty swallowing and reduce the risk of choking, enabling them to swallow safely. Whilst guidance, from the speech and language therapists (SALTs) was available in people's care records, directing staff in the use of thickeners, there were no records to evidence when they had been used. Following discussion with the deputy manager, a recording sheet was implemented for staff to complete. These records help to demonstrate people are receiving thickeners as prescribed.

At our inspection in March 2017 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because up to date risk assessments

were not maintained to help protect people's health and well-being.

During this inspection we looked at people's records to check that areas of risk had been assessed and planned for. We found information was available in people's care plans to guide staff in areas of identified risk. Where the level of risk was deemed to be more significant, such as, poor mobility, falls, choking or weight loss specific risk assessments were put in place to help mitigate such risk. Additional records were also completed to monitor people's weights, personal care, falls and food and drink intake. This helped staff to recognise any changes in people's health and support needs. One staff member told us, "We have the risk assessments for that in their care plans and we do 15-minute checks back to make sure they are OK."

Staff spoken with knew how to support people in areas of risks. For example; we were told that people were able to eat in their own rooms if they were assessed as safe to do so. One person who liked to eat in their room was not safe, so staff sat with them whilst they had their meal.

At our inspection in March 2017 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because suitable arrangements were not in place to minimise the risk of cross infection in the laundry area.

During this inspection we saw the service employed a number of domestic and laundry staff who were available throughout the week. We found the home was clean, tidy with no malodour. Laundry arrangements had been improved providing designated 'dirty' and 'clean' areas. We were told that any soiled items were transferred and washed in red alginate bags. Alginate bags are a high density translucent red polythene bag that is designed to prevent the need to personally handle potential contaminated garments.

Throughout the home we saw hand washing facilities were available in all areas where personal care was provided. Staff had access and were seen to wear personal protective equipment (PPE) such as gloves and aprons. We discussed with the registered manager and quality manager the safe storage of disposable gloves. This was to be reviewed and the risk assessment updated to reflect arrangements in place. The service had been audited by the local authority health protection team in October 2017 and was given a compliance rating of 93%.

People we spoke with and their visitors said they felt safe and received the care and support needed. People told us, "I feel safer here, anything I want they [staff] are always there" and "Yes I feel safe, I like having company and people around me." A visiting health professional also commented "Oh yes, it's a great home here."

We looked at what systems were in place to safeguard people from abuse. Staff spoken with knew what action to take to help keep people safe. One staff member told us, "It's safe enough and I'd report anything that I saw that did not look safe without a shadow of a doubt." We saw that policies and procedures were in place to guide staff as well as training in safeguarding people from abuse. A review of training records showed that all care and ancillary staff had completed the training. This training helps staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected. The registered manager advised us they had been in contact with the local authority to request the outcome of one issue which remained outstanding. An internal review had been completed and action taken where necessary.

We reviewed the staff levels provided. Spoke to people who used the service, staff, managers and reviewed the staff rota's. A review of staff rotas confirmed what we had been told with regards to the staffing

arrangements in place. The registered manager said that staffing levels were kept under review so that the changing needs of people were effectively met. Care staff were designated to work in each area of the home and were supported by a large team of ancillary staff. People spoke positively about the staff team and the support provided. Their comments included, "Staff are very busy, but you just ask them, and they will do it", "Sometimes there seems to be a lot of staff and then at other times there's not" and "All [staff] are very obliging." A visiting professional also said, "It's a good home, great staff. Staff get to know people well and stay at home, staff retention says a lot about a home." Another visitor also commented, "They are happy and smiley staff and it is clear they love their job."

We found relevant recruitment information and checks were completed prior to new staff commencing their employment. We saw that both paper and electronic records were kept holding references, proof of identification, applications with full work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions. We were told the service did not use agency staff. One new staff member we spoke with confirmed the process followed and said they, 'had to wait for the information to be received, before they could start working at the service.

The home had effective systems in place to ensure the premises and equipment was fit for purpose. Up to date servicing certificates were available for the passenger lift, gas safety, electric circuits, small appliance, fire alarm and equipment and the nurse call system. Where action was needed to ensure equipment and facilities were safe, evidence was available to show these had been completed.

The service also employed maintenance staff who were responsible for maintaining all areas as well as carrying out health and safety checks. These included, water outlets, call points, emergency lighting, the fire alarm and fire extinguishers to check they were in working order. Each person had a personal emergency evacuation plan (PEEP), which explained how they should be evacuated from the building in the event of an emergency. Risk assessment had been completed in relation to legionella. Action identified on the fire risk assessment had been addressed. This helps to ensure people are kept safe and are protected against the risk of harm or injury.

Is the service effective?

Our findings

During our last inspection we recommend the provider research how to make the home more dementia friendly and implement measures to assist people at the home who live with dementia to help them find their way independently around the home.

During this inspection we found quiet sitting areas had been created for people, away from communal areas. Some people had pictures on their bedroom doors to help orientate them and coloured toilet seats was seen in some areas. Whilst little change had been made to the physical environment we were also told that the provider had now appointed a dementia care specialist whose role was to support homes within the group helping to promote the needs of people living with dementia. An assessment of the premises and care and support was to be completed in the new year and plans were to be put in place to enhance the physical environment further. We will review progress in this area at our next inspection.

Whilst looking around the home we saw aids and adaptations were provided throughout to promote independence as well as maintain people's safety. These included; handrails, assisted bathing, raised toilet seats, pressure pad, pressure mattresses, rise and fall beds and call bell leads. One person we spoke with told us, "I press the bell and staff come to see me when I need them. Never much of a wait. They call in and say hello when they pass too."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that where people were being deprived of their liberty relevant authorisations were in place. The registered manager had a tracker system to monitor when applications had been made to the supervisory body (the local authority), when any applications had been authorised and when the authorised DoLS was due to expire. This meant appropriate action could be taken in advance of the expiry date so that people were not being unlawfully restricted whilst living at the home. Notifications had also been submitted to the CQC as required by law.

At our last inspection we recommended the provider review arrangements to establish where there were Lasting Power of Attorney (LPA) arrangements in place so the provider knew what decision's the LPA could make on behalf of a person. During this inspection we saw that this information had been sought and was held on file for staff to refer to, where necessary.

A review of people's records evidenced that capacity and consent was explored. We saw that where able people consented to their care and support. Those people who lacked the mental capacity to make

decisions for themselves, appropriate arrangements were made so that decisions were made in their best interests and their rights were protected.

We saw that policies and procedures were in place to guide staff on MCA and DoLS and relevant training had been provided. This was confirmed by staff and on review of the training records.

People were provided with a choice of suitable and nutritious food. Those people we spoke with said they enjoyed the meals provided, adding, "The food is very good", "There's enough choice and plenty to eat", "Always provide regular drinks, which is important", "The food is very good, always cooked nice" and "Breakfast, best meal of the day."

We saw dining tables were nicely set with clothes and condiments. A menu was displayed in the dining area, this was not easily accessible for people to read. We did however observe one staff member show a person the two meal options available so that they were able to choose which meal they wanted.

The cook was knowledgeable about the individual dietary needs of people and had copies of relevant information provided by dieticians and speech and language therapists so that people's dietary needs were met. Sufficient supplies of food were available with regular weekly deliveries of fresh, frozen, dried and tinned foods. Records were maintained of temperature checks to the fridge, freezers and food served. The service had received a 5 stars (Good) rating from the national food hygiene rating scheme in November 2017.

People's health care needs were appropriately met. People and their visitors told us that appointments would be made and supported by staff when needed. One person spoke positively about the support provided by staff whilst unwell and during their recuperation, adding "I feel I've got my independence back."

Records were maintained of all healthcare appointments/visits. These included details of the consultations and any action required, or requests made by staff. Staff told us, "We have good relations with the GP's, the nurses and the SALT etc" and "Digital Health is good now that it is up and working." Digital health is a remote exchange of information between care staff and clinicians about people's changing health so that promote treatment can be provided, reducing avoidable hospital admissions.

Feedback was received from two health care professionals about the support offered by staff so that people's health and well-being was maintained. We were told, "Staff always take advice we give and call when we are needed. Never waste our time", "They know who we are coming to and they are ready for us to see them", "After each visit I send a plan to the home and it is always implemented. Anything relayed verbally over the phone is usually written onto the care plan by the time I visit", "What I recommend, the staff here do. Like last time I made some suggestions about someone who was losing weight having some extra input. Already today they have had two fresh milkshakes since breakfast" and "They give me what I want in terms of information, commitment and support." We also saw on one person records they had requested to be referred back to community Neuro Physio and this had been actioned.

Staff received the induction, training and support required to enable them to deliver effective care. A review of the staff training records showed that a range of topics were made available. These included areas of basic training; infection control, moving and handling, fire safety, safeguarding, medication, life support and MCA and DoLS. More specific training in the needs of people was also available. These included, 'memory, open hearts and minds', which explores the care for people living with dementia, falls, skin care and nutrition and hydration.

We saw staff completed an induction on commencement of their employment. This was confirmed by a new staff member. The induction programme included an introduction to people who used the service and staff, procedures within the home, training and information about their role and responsibilities. They said, "It seems like a nice place, everyone is very friendly."

We saw that staff handovers were completed at each shift change. Records were completed to help ensure any changes in people's care and support needs were properly communicated to all members of the team and acted upon. Staff told us they were always kept informed and worked well as a team.

On-going training and supervisions was also provided so that staff had the relevant knowledge and skills needed. Staff spoken with said, "I've done my training and have done infection control and moving and handling. I've had all my assessments too", "We have supervision regularly and team meetings", "We have our policies and procedure to keep us all safe, and there's our training" and "I'm now a senior, learning new skills. They've put me on my 'launch training' and if there is ever anything I need or don't know I only have to ask."

Is the service caring?

Our findings

People and their relatives spoke positively about the care and support provided at Fir Trees. People told us, "The staff here are good, very good" and "I don't mind it here, I'm happy enough. I like the carers, they look after me OK."

People also said they enjoyed spending time with their friends and family and that visitors were made welcome. One person told us, "They always make my family welcome and I appreciate that." A visitor also told us, "We visit every couple of days, no problems."

People told us they were encouraged to maintain their independence as much as possible. Staff told us, "If someone is independent they can make their own decisions and have an awareness of the consequences of that decision" and "We encourage people to do things for themselves." We saw staff offering encouragement to people. One person said they like to set the tables at meal times and would assist in folding clean laundry. Another person was seen to clear glasses and cups away after morning drinks and return them to the kitchenette on the unit. We were also told that another person liked to pay their own newspaper bill, so regularly went to the local shop with staff to do this.

Routines were flexible with people rising and retiring at different times. Some people also chose to spend their time in their privacy of their own rooms, rather than communal areas. This was respected. The atmosphere within the home was relaxed and calm. Staff were seen to be compassionate and interactions were polite and friendly. One person told us, "I do like winding the staff up, a bit of banter like, they enjoy it!"

Staff considered people's privacy and dignity and were said to respect people's wishes. Staff were seen to knock on bedroom doors before entering and talk with people discreetly when offering care. Reassurance was also given assisting people to use moving equipment to help reduce any anxieties.

Domestic staff also spoke about treating people and their belongings respectfully. One staff member spoke about ensuring special touches were maintained, adding, "It's important that teddy's go back on the bed and clothes left out are sent to laundry or put away. Shoes are placed in wardrobes too" and "We always ask before touching anything, it's not nice to come back to your room to find everything moved, or things thrown away."

At the time of our inspection nobody was receiving end of their life care. The registered manager explained people's wishes would be considered and appropriate arrangements made to ensure they were cared for safely. End of Life plans were explored; however, it was said that some people found this difficult to complete. We were told the home would work closely with health care professionals so that people approaching the end of their life, could be cared for safely and respectfully. One health care professional we spoke with comments, "Great care for people who are ill too!"

We looked at how the provider considered areas of equality and diversity when planning people's care and support. The service had a policy on equality and diversity a policy was available to guide staff about areas

of equality and diversity including people's age, gender, race, disability, religion or belief and sexual orientation. We were told, and care plans showed that consideration was given to people's 'emotional well-being' including their religious, cultural and spiritual needs. This helped to promote people's human rights. A health professional commented, "It's great to see how they look after people emotionally, not just ensuring their health needs met."

People's paper care records were kept securely, and electronic devices were password protected. This helped to ensure information about people was kept confidential.

Is the service responsive?

Our findings

During our last inspection we recommend the provider took steps to ensure personalised activities are provided at the home. At this inspection we spoke with people, the well-being coordinator and observed people's daily routines. We saw activities and opportunities were provided both in and away from the home. The well-being coordinator said they were aware of people's hobbies and interests through the 'Remembering together' booklets, which contained lots of useful information about people's careers, interest, family history etc. People told us, "They take me for meals out and for outings, it makes a break from the norm" and "They did a big party yesterday for me as it was my birthday."

We were told and observed 'stop the clock'. This occurred each day where staff would stop what they were doing and join people in the lounge and sing and dance. People were seen to join in and engage well in this activity. One staff member said, "It's brilliant, everyone enjoys it!" For those people less able to join in the activities we saw sensory items were available and people had access to a tablet, which was used for playing memory games. This helped to stimulate and engage people in different ways.

So that the people were able to take part in something important to them they were asked to 'make a wish'. We saw people wished to go to the pub for lunch, visit the zoo, go shopping or go to the beach. Arrangements were made by the well-being coordinator for these outings to take place. The service also had access to a company minibus should this be needed.

Links were maintained with the local community with a local school choir visiting monthly, members of church attended to carry out communion and following harvest festival at the home, people donated the food to a local food bank. Arrangements were also being made for people to celebrate the Christmas holiday. A party with entertainers was planned as well as a pantomime.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Any support people needed to communicate was identified and recorded in their care records.

We were told that people had been referred to the service from different ethnic minority groups. 'Flash cards' had been developed to enable staff to communicate with the person in their first language and information about the service had been translated into different languages. We were also advised that staff were available within the organisation to interpret for people, should this be required.

During this inspection we looked at the care files for five people who lived at the service. We saw that people had a plan of care which included activities of daily living. Care files identified people's individual preferences and how they wished to be cared for by staff. Records were well ordered, and information was easy to find. We saw that shortfalls in records identified during the first day of our inspection had been addressed when we returned for the second day of our inspection. Care plans had been reviewed each month, with input from the person, their family (or representative) and staff to ensure they reflected people's current and changing needs. Daily records were also completed of the care and support provided each day.

We looked at how the service managed people's complaints and concerns. A copy of the complaints procedure was available in the literature about the service which was provided to people. The procedure explained to people how to complain, who to complain to and the times it would take for a response. The registered manager maintained a log which detailed the complaint and action taken. We could see that complaints were responded to in a timely manner.

All the people we spoke with said they were able to raise any issues or concerns with the management team and felt their issues would be taken seriously. People's comments included, "Any concerns I would be happy to talk to, "one of the girls", who would be able to sort it out, if not I would be happy to talk to the manager who would resolve problems straight away", "I've no complaints, but I'd speak up if I did" and "Any concerns, and there are some from time to time, I speak to [managers] and its dealt with right away, every time."

Is the service well-led?

Our findings

The service had a manager who has been registered with the Care Quality Commission (CQC). They had recently returned from maternity leave and were supported in their role by a deputy manager, area manager and quality manager. Staff spoken with felt supported in their role and could speak with any of the management team. Staff told us, "There is good support for us all here now, there hasn't always been that in the past. We are on the up at the moment, things are getting better here" and "They do internal inspections, those are scary, to prepare us for the real thing like today. [Registered manager] and [deputy manager] have the best interests of the residents at heart always" and "Since [registered manager] has been back for the last two weeks it is calmer here, more organised and that is better. Any issues, you can always go to the manager."

We asked people and their visitors their views about the management and conduct of the service. A visiting health care professional told us, "They are organised and efficient here, a pleasure to work with" Proud to be linked with this home. [Registered manager] is brilliant, [deputy manager] did a great job while she was off" and "I like coming here, I look forward to it, highlight of my day."

At our inspection in March 2017 we found that the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality monitoring systems were not sufficiently robust to identify the shortfalls found during that inspection.

During this inspection we looked at how the registered manager monitored and reviewed the service so that improvements were made where needed. We saw regular audits were completed in all areas of the service. These included checks to the medication system, care plans, accidents and incidents, staff training, the environment, health and safety and infection control. This information was collated into a monthly report and submitted to the provider quality team. Any action identified was followed up with the registered manager.

Further monitoring was undertaken in relation health care needs, such as, pressure care, diabetes and urinary tract infections (UTI). These checks provided the manager with good information about the overall service. Where improvements were needed, action plans had been put in place and were kept under review. For example, the registered manager had identified there had been a high number of falls. Incidents were being reviewed to see if there were any patterns or themes which needed to be addressed. Gaps in topical creams records had also been identified, this was being addressed directly with care staff.

Opportunities were also provided for people and their visitors to share their views about the quality of the service provided. Feedback surveys were distributed on an annual basis. Results from the last survey in October 2018 showed that people and their families judged the overall service 44% good and 56% excellent. Some of the comments received also included, "Management are excellent", "We have a good relationship I can approach them about anything" and "Overall staff very knowledgeable in their roles."

We saw that staff were also able to share their views and ideas. Periodic staff meetings were held and annual

staff surveys were distributed so that they too could share their views and experiences. 2018 survey results identified 70% of staff felt they contributed to running of the home and 91% felt proud at the quality of their work. Information outlined 'what you told us, what we did' where it was felt improvements were needed.

We were told that the registered manager and a member of staff from each unit attended a daily morning 'flash meeting'. We observed the meeting during the inspection. This enabled the registered manager to gather information about any concerns or events taking place such as any accidents or injuries, changes in healthcare needs and staffing.

The service had 'Kindness in Care Awards'. People were asked to provide nominations of staff they felt deserved recognition. The award winner was provided with a certificate and a cash voucher as an acknowledgement of their hard work.

We saw the service had policies and procedures in place, which were kept under review. There was a Statement of Purpose and Service User Guide which provided people who used the service and other interested parties with details of the services provided by Fir Trees. Information was provided in different languages on request.

Before the inspection we contacted the Local Authority Commissioning team and Health Watch to seek their views about the service. We were not made aware of any concerns about the service provided.

Prior to this inspection we checked the records we hold about the service. We found that the service had notified CQC of events such as deprivation of liberty safeguards and accidents and incidents, as required by law. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider website informed people of the CQC rating and provided a link to the inspection report. A copy of the home's rating was also displayed in the entrance area of the home.