

HC-One Limited

Fir Trees

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Fir Trees is a residential care home providing personal care to up to maximum of 46 people. The service provides support to older and younger adults, and people living with a physical disability or dementia. At the time of our inspection there were 41 people using the service.

People's experience of the service and what we found.

The management of risk needed further development to ensure it was sufficiently robust to protect people. The management team were very responsive to any areas of concern raised and these were immediately addressed. Safe recruitment processes were generally followed. Feedback about staffing levels was mixed and the management team advised they would continue to closely monitor this. People told us they felt safe. People's medicines were safely stored, and they were receiving their medicines as needed.

Some improvements to the environment were needed to ensure it was easy to clean and met the needs of people living with dementia. We have made a recommendation about this. People's needs were assessed before they moved into Fir Trees, and they were supported to access health care services as needed. Staff felt well supported in their roles and accessed all the training needed. People spoke positively about the food. Information about people's dietary needs was clear but further work was needed to ensure that this was robustly recorded.

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.

People and families spoke positively about staff who were caring and knew people's needs and preferences well. Staff were mindful of people's privacy and discrete when providing support. People were supported to remain independent, and staff supported positive risk taking as much as possible.

People received person-centred care and were supported to engage in activities which were meaningful for them. Records were not always as personalised, but staff understood people's likes and preferences. People felt able to raise concerns and were confident these would be addressed. People's communication needs and the accessible information standards were not clearly recorded, and we have made a recommendation about this.

There were various systems for checks of the safety and quality of the service. The registered manager was able to share how feedback was responded to and used to make changes and improvements in the home. The registered manager had an open door policy which feedback from people, families and staff all confirmed. People, families, and staff spoke about the positive culture at the service.

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

Rating at last inspection

The service was registered with us on 27 August 2021, and this is the first inspection under this provider. The last rating for the service under the previous provider was Good (published 28 December 2018).

Why we inspected

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

Recommendations

We have made a recommendation about the environment to ensure it meets the needs of people living at Fir Trees, including for good infection prevention and control and for people living with dementia. We have made a recommendation about the accessible information standard and how its use is embedded within the service.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Fir Trees

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.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Fir Trees 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. Fir Trees is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service since it was first registered with CQC. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 6 people who use the service, 5 relatives and 9 members of staff, including the registered manager, care workers, and auxiliary staff.

During the inspection we reviewed medicine administration records for 6 people and looked at medicines related documentation.

We reviewed a range of records including care records for 5 people and additional care records in relation to the management of other specific needs. We looked at 4 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had not always effectively assessed risk to ensure people were safe. For example, we found numerous areas where hot water was overly hot and people were not protected from the risk of scalding. We noted a new boiler had recently been installed and the plumber was working to ensuring it was regulating temperatures properly. We found areas in the home where disposable gloves were readily accessible in bedrooms and communal spaces. This examples can put people living with dementia at risk of harm. These areas of concern were raised with the registered manager who took immediate steps to address them.
- People had individual risk assessments and care plans were implemented to support staff to manage and mitigate risk. These required further detail to ensure staff understood the action needed. For example, one person was at risk of swallowing non-food items, a care plan was in place, but not all potentially risky items had been secured. This was discussed with the registered manager who took immediate steps to ensure there was secure space in this person's bedroom for all potentially risky substances. Another person used a flammable emollient for their skin, but we found no evidence that this risk had been assessed given this person smoked cigarettes. This was immediately addressed by the registered manager.
- The provider ensured the premises and equipment used in the service was suitably maintained and subject to the required checks.

Staffing and recruitment

- The provider's systems to ensure there were sufficient numbers of suitable staff had not always been effective. Feedback from people and families was mixed about staff levels. Some families noted the consistency of staffing had improved recently. One family member commented, "Sometimes there are not always enough staff. It can take time for them to respond to [family members] bell... over the past couple of months this seems to have improved."
- Staff also felt that staffing levels could improve. They told us that whilst there was good teamwork, at certain times of day and in some areas of the home it was difficult to provide consistent care. This was fed back to the registered manager and provider who advised they would closely monitor staffing levels, staff deployment and feedback in this area to ensure the home was suitably staffed.
- The provider operated safe recruitment processes. Suitable checks with previous employers were generally completed, although for one person it was not clearly documented why a relevant reference had not been obtained. Eligibility to work in the UK and Disclosure and Barring Service (DBS) checks were made before staff started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons

when things go wrong

- People were safeguarded from abuse and avoidable harm.
- People felt safe living at Fir Trees and families fed back they felt that staff were good.
- Most staff had completed safeguarding training.
- The provider had systems to learn lessons when things had gone wrong. There were discussions and meetings to enable lessons to be learnt across the provider's services.

Using medicines safely

- Medicines were securely stored, and people were receiving support to take their medicines as prescribed.
- The level of detail to support staff administration varied. For example, information regarding the rotation of medicated patches in line with manufacturer's guidance was not always clearly recorded within the medication administration records (MAR). Staff used body maps to record this information but the management arrangements for one person on more than one patch was not clear. The registered manager took immediate action and addressed this.
- Staff had guidance for when people required medicines occasionally, such as paracetamol for pain. The management team were developing clearer guidance systems for where there was a variable dose of medicine.
- Staff who provided this type of support had completed training in medicines administration and there were systems in place to assess that staff were safe to give this support in practice. There were suitable arrangements to ensure staff members were available to give medicines both day and night.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. The home was clean and domestic staff worked across the home to ensure communal areas and bedrooms were kept clean and received regular deep cleans.
- Some areas of the home were more difficult to ensure good infection control due to worn and damaged décor. For example, one bathroom had torn wallpaper, skirting boards and flooring was scuffed and damaged in some areas, and some walls had holes where equipment or pictures had been removed.
- Staff completed training in preventing and controlling infection and understood what action they needed to take to support good practice.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Adaptations and decoration at the home did not always meet people's needs.
- A number of areas of the home were outdated and paintwork and walls were damaged, making it difficult to ensure effective cleaning. The provider had plans to refurbish the home but no timeframes were yet established.
- The service décor was in need of updating and adapting to ensure it was in line with best practice for people living with dementia. For example, at the time the service had limited signage and other resources to help people find their way around the home and to their own room safely.

We recommend the provider ensures the decoration of the home supports good infection prevention control and is updated to meet the needs of the people living at the home in line with good practice, particularly for those living with dementia.

- The registered manager had plans for adapting the service. This included creating additional outside sheltered areas so that people could enjoy spending more time outside, if and when they wanted.
- People's bedrooms were generally clean and tidy. People had personalised bedrooms to ensure they were homely and comfortable places to spend time in.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- People had assessments before they moved into Fir Trees to ensure the service was able to look after them. Information about the needs of people was shared with staff prior to arriving at the home to ensure appropriate staffing and equipment was in place.
- Information about people's assessed needs were used to develop care plans to guide staff on action needed. Specific needs such as dietary needs were clearly reflected in overviews within handover records, but other information, such as skin integrity risk and current overview of equipment needed, was not always reflected. We discussed how this information may be helpful for staff with the registered manager

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they were well supported and were very happy working at the home. One member of staff told us, "I feel well supported in my role and get regular supervision. Any issues or concerns are dealt with straight away."

- Staff received a variety of training relevant to the needs of the people they were supporting at the service. Overall training compliance was good, and staff spoke positively about the training they received.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Feedback from families was that people got plenty to eat and drink. One relative told us, "[Family member] gets more than enough to eat and drink. They seem to like the food and I know if they didn't staff would always offer other options."
- People generally enjoyed their meals and people were supported to make meaningful choices about what they wanted to eat at mealtimes. We observed people enjoying their meals. One person told us, "The food is really lovely." A relative told us, "The food always looks well presented."
- Information for people who had specific dietary needs was clear and kitchen staff had a good understanding of how to support people with specific needs. Records to demonstrate how people's specific needs were being met were in place but not always effectively completed. The provider had plan to move to an electronic recording system but this had not yet been rolled out to this service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support. Records demonstrated that people were supported to access a range of services when needed. A health care professional spoke positively about the service and their involvement in supporting people living at Fir Trees.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act. People had decision specific capacity assessments and information about best interest decisions was clearly recorded.
- The service had made suitable applications for DoLS where needed. The registered manager had systems for oversight including where conditions were in place, when new applications for DoLS needed to be made, and was taking the action needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well supported. We observed staff were attentive to people's requests for support and feedback from people and families was positive. One family member commented, "Staff are good and always kind and caring. They really do look after them." Another family member said, "They talk nicely to [family member] they try to encourage them. They [staff] really know them well."
- Families commented on how well staff knew people and understood their preferences. We observed staff had positive interactions with people and had a good understanding of their likes and dislikes.

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

- People were supported to express their views and make decisions about their care.
- People and families felt involved in developing care plans and contributing to reviews of care. One family member told us, "As a family we feel involved in making decisions about [family members] care." However, records did not always reflect how people and families had contributed to the development of care plans.
- The service held detail about family members who held legal authority to make decisions about a person's care should they not have capacity. The registered manager understood when to access advocacy services should people need someone to advocate on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- We observed staff were respectful and discrete when supporting people, knocked on bedroom doors before entering, and gained consent before providing support to people.
- Care plans were in place which considered what people could do for themselves and what they needed additional support with. Staff were seen supporting people to remain as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People were receiving personalised care in line with preferences, but this was not always captured within records. Some guidance on how people liked to be supported and their backgrounds or what was important to them was in place, but this was not consistently in place for all records.
- The provider regularly reviewed care plans and kept information about people up to date. People and families felt involved in this process. A relative told us, "They keep us involved and we make decisions about [family member's] care." One person told us, "I get to make decisions about how I am supported. The staff listen and respect my choices."
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through daily meetings. One staff member told us, "Flash meetings are every day, and if there is anything to report staff would go to flash meetings. Another staff member said, "They [people] have a plan and we read through that."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Records did not reflect how the provider was meeting the Accessible Information Standard. Staff understood and supported people's communication needs. However, these were not always clearly outlined in people's support plans. For example, a staff member was observed using pictures of objects/activities to support a person in making choice, but this was not documented in the care plan.
- The registered manager told us, "There is a policy in place and residents can have braille printed, and picture cards if they need it".

We recommend the provider review how the accessible information standard is embedded within the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities relevant to them. One relative told us, "The activities are great."
- There was an activity co-ordinator in place. The activity co-ordinator told us, "I speak to people when they

first move in to find out about what they like." Activities were planned throughout the week and we observed people enjoy a singer performing in the home. Staff supported the activities and encouraged people to get involved. One member of staff had come in on a day off to dance with people living at the home.

- Families and friends were supported to visit people at Fir Trees at any time they wished. One person told us, "I can turn up whenever." Relatives and friends were able to support people to go out, and the activity worker organised trips out to the local community and further afield.

Improving care quality in response to complaints or concerns

- The provider had systems in place to review complaints or concerns.
- People told us concerns were investigated and appropriate action taken. One family member said, "We did raise concerns once. We had a meeting with the registered manager, and they made sure [the concern] was addressed. We've had no concerns since."

End of life care and support

- The provider had processes in place to support people with end of life decisions. There was no one receiving this type of support at the time of inspection.
- People had end of life care plans in place, but these were not always very detailed. We fed this back to the provider who advised they would take action to ensure people had the opportunity to contribute to these discussions as much as possible.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. Although we found some areas of risk had not been addressed at the start of the inspection, the registered manager was very responsive, and these were immediately remedied.
- We noted some areas where record keeping required improvement. The provider had identified this as an area for improvement and was implementing an electronic care planning system within the home. The registered manager immediately addressed any shortfall in records. We will review the impact of the new electronic care planning system when we next inspect the service.
- Staff felt clear about their roles and expectations. One staff member told us, "Communication with the managers work well. They are very clear about what action is expected of us as staff. The communication flows well between everyone."

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

- There was a positive and open culture at the service. People and staff spoke very positively about the culture of the home. One person told us, "The atmosphere is good. The staff are lovely and smiley and there's no gossiping or back biting which you can get at some homes." Staff also spoke positively about the sense of teamwork at the home, describing the people living at the service and staff as one big family.
- The provider had systems to provide person-centred care that achieved good outcomes for people. However, improvements were needed to the recording systems in place.

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 provider understood their responsibilities under the duty of candour.
- Feedback from people and families was that the service was open and honest. One family member commented, "Registered manager always has an open door, I feel able to raise anything." Relatives were clear on action that had been taken when they had raised concerns and felt reassured by the honest approach taken by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in the running of the service. People, families and staff all felt able to share

their views. One relative told us, "If there is anything we are not happy with they always listen. Family member has been here several years, and we haven't regretted it at all."

- The service completed a range of meetings for information to be shared and discussions about key events and learning. Resident and relative meetings were used to gain feedback about the service and ideas for the future, including activities and events.
- Surveys were used to gain feedback about the service. The last survey completed had been positive and a recent survey was being analysed at the time of this inspection.
- The provider had created a learning culture at the service which improved the care people received. A home improvement plan was in place and the registered manager and staff team were committed to driving improvement and ensuring people received good quality care.

Working in partnership with others

- The provider worked in partnership with others. Records clearly reflected that people were supported to access external support including opticians, and dietician advise as needed. This information was incorporated into people's care records.
- Feedback from external health care services was positive. One health care professional told us, "The staff are very good. They support you with any visits and are able to answer any questions. It's one of the best services I visit."