Meridian Healthcare Limited

Fir Trees

Inspection report

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Ratings

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

Overall summary

This inspection was carried out over two days on 3 and 6 March 2015.

We last inspected Fir Trees in June 2014. At that inspection we found that the service was meeting all the regulations of HSCA that we looked at.

Fir Trees is a purpose build establishment, situated in Dukinfield and provides accommodation for up to 46 older people. The home is owned and managed by Meridian Healthcare Limited.

Accommodation is provided on two floors with stairs and a passenger lift between the floors. The home had four vacancies at the time of our inspection.

A manager was in post at the time of our inspection. Although the manager was not yet registered with the Care Quality Commission a date had been set for the manager to attend interview with the Commission.

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

Summary of findings

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.

The building was generally well maintained, clean, tidy and free of any unpleasant odours but there were some areas of the home where furniture and carpets were showing significant signs of wear and tear.

The atmosphere in the home was calm and relaxed and staff interacted with people in a light hearted way whilst respecting people's privacy and dignity at all times.

People who used the service and the visitors we spoke with were positive and complimentary about the attitude, skills and competency of the statt team. Individual care was assessed and planned and was subject to regular review.

During our visit we observed the interactions taking place between the manager, staff team and visitors to the home. We noted that these interactions were open and transparent.

We found staff recruitment to be thorough and all relevant pre-employment checks had been completed before a member of staff started to work in the home.

The manager led by example and spent time working with staff, supporting them whilst carrying out their care duties.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Summary of findings

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 safe.

Staff recruitment processes were in place, and the required pre-employment checks were undertaken prior to staff starting work.

We found that suitable arrangements were in place to manage people's medication.

Equipment used in the home was regularly maintained and serviced therefore not putting people at unnecessary risk.

Good

Is the service effective?
The service was effective.

Staff had knowledge and skills to support people who used the service and regular and appropriate training meant they could update their skills.

Nutritional assessments had been carried out and appropriate action had been taken when concerns had been raised about poor nutritional intake or weight loss.

People could make choices about their food and drink and people were given support to eat and drink where this was needed.

Arrangements were in place to request the support of health and social care specialists to keep people well.

The manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).

Good

Is the service caring?
The service was caring.

Everyone we asked spoke positively and enthusiastically about the attitude and support from staff. One person using the service told us, "You know the girls [staff] really do care about you."

Visiting relatives said, "Everyone is so well looked after. I come different days and all the people look clean and well dressed whenever I visit, I have not worries about the care [relative] receives."

The staff knew the care and support needs of people.

Good

Is the service responsive?
The service was responsive.

Staff understood people's likes, dislikes and preferences. People's care records indicated how they wanted to be supported and people told us their choices of support were respected. Assessments and care plans were kept under review and plans amended as and when necessary.

People could raise a concern or complaint and felt confident that these would be addressed quickly.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

A manager was in post and arrangements had been made for them to attend an interview with the Care Quality Commission.

Staff and people using the service told us that the manager and senior staff were approachable and supportive.

There were systems in place to monitor and review the service being provided on an on going basis.

We saw evidence that the manager had been proactive in taking disciplinary action against staff where it was found to be necessary.

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.

We had recently received some anonymous concerns about the service and it was decided to bring forward our scheduled comprehensive inspection of the service.

The inspection took place on 3 and 6 March 2015 and day one of the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent two days in the home observing the care and support being provided to people and looking at records.

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 had a tour of parts of the home including some bedrooms and communal areas and were introduced to people living and working there. We looked at a sample of records which included four people's care plans, four staff recruitment files, servicing records for equipment used in the home, staff training records, medication records and complaints log.

During our visit we spoke with six people living at Fir Trees, one visiting relative, one visiting health care professional, one senior care worker, five care workers, a cook and the manager.

Good

Is the service safe?

Our findings

Prior to this inspection being carried out, we had received an anonymous concern that included concerns related to staffing levels sometimes being insufficient to meet people's needs appropriately and safely.

The manager told us that staff were deployed to make sure appropriate staffing levels were maintained at all times and that extra staff would be added to the rota if the needs of people who used the service required extra support or were particularly unwell. During our visit we saw that staff on both the downstairs and upstairs units were kept particularly busy with little time to spend in providing one to one stimulation with people using the service. There were two carers on both units to support approximately 20 people on each unit, with the senior carer 'floating' between both to offer support when necessary. We did see that some people required the support of both carers which then left lounge areas without staff cover for a short period of time.

Comments from staff we spoke with included, "There are usually two staff on each unit with one other carer working as the 'floater' going between each unit to cover whilst people are supported with personal tasks such as toileting where it takes two of us to assist. If someone rings in sick at the last minute, that's when the pressure is on and makes it difficult" , "The senior carer does help when they can, but they are sometimes busy with other things" and "It is not very often we are short staffed."

We discussed this with the manager who confirmed that she had already taken action to address any shortfalls in staffing levels and was in the process of arranging interviews for two new care workers to make sure there were always enough staff to cover both units appropriately.

People using the service told us, "You never have to wait long for someone [staff] to come and help you" , "There is always staff around when you need them" and "Sometimes the girls are run off their feet, but they all do their best."

We asked three people using the service if they felt safe living in Fir Trees and their comments included, "I do feel safe and looked after" , "I have no worries living here, the girls [staff] make me feel happy and safe" and "Of course I feel safe, that's why I wanted to live here." One regular visitor to the service said, "I do feel [relative] is safe living here, it gives me peace of mind and I can ring up at any time and speak with any member of staff and they will tell me how [relative] is."

Staff who we asked told us they believed people living in Fir Trees were kept safe and they also demonstrated a good understanding of their role in applying safeguarding procedures in the home. We were told that staff had annual safeguarding training during the organisations 'safeguarding month' and comments from the staff we spoke with included, "I would have no hesitation in reporting any concerns about abuse to my line manager" and "If the manager didn't take any action then I would take my concerns to head office."

A health care professional whose opinion we asked told us, "There have been problems in the past with concerns around pressure areas but significant improvements have been made of late and the staff are always helpful and supportive when I'm visiting the home."

We looked at the personnel files of five people employed to work in the home, two of which were only recently employed. The files contained a Disclosure and Barring Service (DBS) or Criminal Record Bureau (CRB) check, an application form that included the applicant's employment history and two appropriate written references. Such checks help the manager of the service to make an informed decision about the person's suitability to work with vulnerable people. The manager confirmed that all new staff were subject to a probationary period and the satisfactory completion of a full induction to the service. Information contained within staff personnel files indicated that a robust recruitment process was operated.

The atmosphere in the home was calm and relaxed and staff interacted with people in a light hearted and respectful whilst respecting people's privacy and dignity at all times.

We looked at the receipt, disposal, administration and storage of medication. The pharmacy supplied the service with medication in a Monitored Dosage system (MDS). The storage of medication was appropriately secure, including specific storage of controlled drugs. Records seen indicated that medication was checked on arrival at the home. Any unused or spoilt medication was returned to the pharmacy for disposal. Medication administration records (MAR) were appropriately maintained, including controlled drugs being

Good

Is the service safe?

signed for by two staff. There was photographic identification held on each person's MAR. All these processes helped to make sure the right person received the right medication in the right dose and at the right time.

We carried out a spot check of three people's medication that was prescribed to be taken 'as and when required'. We checked the balances of medication administered against the balances of medication left and found all three balances to be correct.

Staff with the responsibility for administering medicines in the home confirmed they received appropriate training before they were allowed to do this and training certificates seen confirmed this.

We undertook a tour of parts of the home. This included a selection of people's bedrooms, communal areas and toilet and bathrooms. The home was found to be clean and free from any unpleasant odours.

Some parts of the home were showing significant signs of wear and tear, in particular, the carpet in the main downstairs lounge area was looking dirty and shabby although we were told it had been cleaned on a regular basis.

Regular maintenance and testing of things such as the water supply, electrical appliances, nurse call system and gas and heating had taken place. To help alert people to fire, a fire alarm system was tested on a regular basis.

Good

Is the service effective?

Our findings

People who used the service spoke positively about the attitude and skills of the staff. Comments included, "I consider the staff to be very competent at what they do", "The staff are really nice and caring, nothing is too much trouble", "[staff] told me she was doing some training next week" and "The girls [staff] all know what they are doing, I know they have training because I've heard them talking about it."

One visiting relative said, "The staff provide really good care for the people living here, they know what they are doing, are very friendly with the people and are friendly with each other, which provides a nice atmosphere in the home."

New staff had been provided with induction training. This training was to make sure new staff would know what was being expected of them in their role and to make sure they received training that was relevant to their role. We spoke with a total of eight members of staff who told us they had received a variety of training that included, first aid, safeguarding, basic food hygiene, national vocational qualifications, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Some staff told us they felt they would benefit from refresher training regarding the MCA DoLS. One member of staff said, "Yes, we did MCA and DoLS as part of our safeguarding training but I think I would benefit from a bit more 'in-depth' training."

The MCA sets out what must be done to make sure the human rights of people who may lack capacity to make decisions are protected. The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

Staff we spoke with told us they received regular supervision from their line manager and had opportunity to attend team meetings. Not all staff could remember if they had received an annual appraisal but we did see evidence of this taking place in two of the staff files we examined. The manager was also able to show us an action plan which indicated that appraisals had been arranged for all staff during the coming months.

On the second day of our visit we observed the lunch time meal being served in the upstairs dining area. We saw that carers distributed meals in accordance with what the person had ordered the previous day. Carers reminded people what was for lunch and what they had ordered. There were two specific choices as well as a number of other 'alternative' options. The meal served was well presented, hot and portions were adjusted according to peoples requests for more or less. Staff were attentive throughout the meal time and made sure people received discreet support where it was requested or needed. Staff also told us that people could choose to have meals in their rooms if they wanted a little more privacy at meal times. This was confirmed by some of the people we spoke with.

People we spoke with also commented on the standard of food provided and their comments included, "The food here is lovely", "You can't get any better meals than you do here" and "I like Friday – fish and chip day!"

One visiting relative told us, "What I like is the fact that if [relative] doesn't come for her meals, then the staff make sure they take her meals and drinks to her room and that she eats and drinks regularly."

Tables had been set with appropriate condiments and place settings for the meal being served and we observed that the cook came in to check if everything was all right for people and if they were enjoying the meal.

We saw evidence in the care files we examined that people were assessed to check if they were potentially at risk of malnutrition or dehydration. If a risk had been identified the individuals weight was monitored closely (weekly rather than monthly), and support and advice was sought from relevant health care professionals such as dieticians and speech and language therapists.

Good

Is the service caring?

Our findings

People living in Fir Trees were very complimentary about the caring and supportive attitude of staff working in the home. We received a number of positive comments which included, “The staff are very, very good with you. They help all they can”, “Wonderful staff”, “Great staff” and “You know the girls [staff] really do care about you.”

Relatives we spoke with were also complimentary about the standard of care and positive attitude of staff. Comments included, “I’m very happy indeed with the care [relative] gets. The staff provide [relative] with really good care and keeps me informed of how [relative] is, even when I can’t get to visit. The door is always open to the managers office and you can speak with her, no problem” and “Everyone is so well looked after. I come different days and all the people look clean and well dressed whenever I visit, I have no worries about the care [relative] receives.”

We observed staff supporting and treating people with kindness and compassion. We also observed staff respecting people’s privacy and dignity especially when personal care was to be provided. People were asked discreetly if they wanted to use the toilet or to have a shower or bath. As people moved around the home staff were seen to chat with them and check if they needed any help with where they were going. We heard staff gently encouraging and motivating people to maintain their independence. One person told us, “I only have to look up at one of the girls [staff] and they know I need to go to the toilet, but I don’t want everyone to know.”

Staff we spoke with had a good knowledge and understanding of the people they supported and cared for and during our observation we saw lots of positive interaction taking place between the staff and people using the service. People were enjoying laughing with the staff and lots of friendly banter was also taking place.

We looked at four people’s care plans in detail. Whilst the plans provided an appropriate level of information about the individual needs and risks of the people using the service, there was little evidence to illustrate how people were involved in discussions about planning their care. One relative we spoke with said, “Although I’m kept informed how [relative] is, I would like to be offered the opportunity to be involved in participating in any reviews of [relative] care / care plans.” This information was shared with the manager at the time of our visit.

Some of the staff had supported people living in the home to compile their own Lifestory book. This book enabled the person to share information about their prefences, personal histories and to share some of their life experiences.

Information in care files indicated that people using the service had support from a range of health care professionals such as general practitioners, district nurses, opticians, chiropodist and dieticians.

The service was accredited under the ‘Six Steps’ to provide end of life care. This is a training course which is designed to teach and support staff to deliver high quality end of life care and to understand the philosophy around providing palliative care. No person using the service was on end of life care at the time of our visits.

Good

Is the service responsive?

Our findings

We looked at four care files which included information relating to the assessment and care planning for people using the service. Each person had received an initial assessment, prior to moving in to Fir Trees, to make sure that the services offered matched the services required by the person being assessed. Following that assessment, an initial care plan was set up ready for when the person was admitted to the home. The manager informed us that the care plan would then be developed over the first four – six weeks period as the person settled in and the staff got to know them. People considering moving into Fir Trees were given the opportunity to visit and spend some time with the people already living there and to meet the staff on duty before making any decision.

Care records indicated that these had been regularly reviewed and updated to demonstrate any changes to people's care. The staff we spoke with told us they had access to care records and were informed when any changes had been made to a persons care plan, this enabled the staff to make sure they continued to meet people's needs in the way the person wanted.

We spoke with one person using the service about how their needs were being met by the staff working in the home and they told us, "I don't need to see any care plan or bits of paper, the staff respect my wishes and listen to what I say and they do things the way I like them done, job sorted."

People we spoke with told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I would speak with [staff] and if [staff] wasn't available, I would tell [manager] and it would get sorted." A copy of the organisations complaints procedure was placed in each persons bedroom behind the door. This meant that both people using the service and their relatives had direct access to this information.

We saw evidence to demonstrate that all complaints were reviewed and monitored on a monthly basis and that the operational manager for the service checked any complaints received as part of their monthly compliance visit to the service. The service also provided a confidential 24 hour helpline for people to report any concerns they may have.

People we spoke with told us about some of the recent activities taking place in the home which included, bingo, sing-a-longs and 'pampering sessions'. One person told us, "You do get a bit bored when there is nothing to do but the girls [staff] are always busy so don't have much time to spend playing games and things."

Although an activities coordinator was employed in the home, they only worked 12 hours per week in this role. This meant that activities taking place when the coordinator was not on duty had to be carried out by the rest of the staff. We discussed this with the manager who confirmed that available activities was one area that was currently being addressed and it was hoped more activities would be provided on a daily basis.

Good

Is the service well-led?

Our findings

Although a manager was in post, they were not yet registered with the Care Quality Commission. However, evidence was available to demonstrate that a date had been set for their interview with us in March 2015.

People who lived in the home told us, "[manager] is lovely. She comes around and speaks with you when she's on duty" , "She knows all of us by name" and "I think this place is managed very well, I have no worries or complaints about management."

Some of the staff we spoke with told us they were kept informed of any changes occurring in the home either through staff meetings, individual supervisions or at staff handover times. Other staff said although they felt the home was well managed, better communication between managers and staff was sometimes needed. One member of staff told us, "If you've been off for a couple of days you don't always find out about things that have happened since you were last in work." We discussed this matter with the manager at the time of our visit who confirmed that she was in the process of developing a more detailed system of communication between the various staff teams.

Staff understood their responsibility to share any concerns they may have about the care being provided at the home and also understood the principles of whistleblowing. One member of staff told us, "I would have no hesitation in reporting a colleague if I thought something wasn't right or shouldn't be happening."

Staff told us that the manager and senior staff were approachable and supportive. Comments included, "The manager listens and helps", "We have a very good manager", "The home is well managed" and "The new manager has settled in well."

Visiting relatives who we asked told us they felt confident in approaching the manager or any of the management team and they also felt any concerns they raised were listened to and acted upon. During our visit we observed the interactions taking place between the manager, staff team and visitors to the home. We noted that these interactions were open and transparent.

Information was available to demonstrate that accidents and incidents were reviewed on a monthly basis and action had been taken where concerns had been identified, particularly around falls. There were also systems in place to monitor the quality of the service. These systems included monthly performance updates being sent to the provider for analysis and monthly visits to the service being conducted by the operational manager.

Staff meetings were held for all grades of staff at least twice yearly and evidence of minutes from these meetings was seen.

We saw evidence that the manager had been proactive in taking disciplinary action against staff where it was necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The service was not effective because staff were not suitably trained for their roles. The training needs of staff had not been monitored or addressed during the managerial changes over the past eighteen months.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered person did not protect service users against the risk of inappropriate or unsafe care by means of an effective system designed to regularly assess and monitor the quality of the service provided. (Regulation 10 (1) (a)).