# Meridian Healthcare Limited

# Fir Trees

## Inspection report

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27 March 2017

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection was carried out over three days between 23 and 27 March 2017. Our visit on 23 March was unannounced.

We last inspected Fir Trees in April 2015. At that inspection we rated the service as good in all domains.

Fir Trees is one of 14 care homes in Tameside owned by Meridian Healthcare, part of the organisation HC-One. 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 open patio and lawned area next to the car park; there is no accessible, enclosed garden area for people to use without supervision.

At the time of our inspection there were 44 people living at Fir Trees.

The service had a registered manager in place. 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.

We carried out this inspection in response to information of concern we received around safeguarding of people from the risk of harm. These concerns were regarding safe and effective pressure care practice.

Care records at the home showed us that people received input from health care professionals, such as opticians and podiatrists. We found people had received the necessary care and support when they needed it. For example, referrals to district nursing team for assessments due to concerns for someone's skin integrity.

We identified breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were around infection control, risk assessments, medication errors and management oversight. You can see what action we told the provider to take at the back of this report.

We made three recommendations in relation to the provider reviewing arrangements in place to establish where there are Lasting Power of Attorney (LPA) arrangements in place and what these say so the service know what decision's the LPA can make; researching how to make the home more dementia friendly;

implementing measures to assist people at the home who live with dementia to help them move around the home easier; and personalised activities being provided at the home.

People, their relatives, visiting professionals and staff spoke highly of the service; one person told us, "I like this place. It's very clean and I can't grumble."

During this inspection we found that there were enough staff available to meet people's needs and they were being cared for by people who knew them well. Staff we spoke with were aware of each person's individual care needs.

People were supported by staff who were kind and caring and ensured people's dignity was respected when providing care and support.

The staff files we looked at showed us that safe and appropriate recruitment and selection practices had been completed by management to satisfy themselves that suitable staff were employed to care for vulnerable people.

Staff we spoke with were aware of how to safeguard people and were able to demonstrate their knowledge around safeguarding procedures and how to inform the relevant authorities if they suspected anyone was at risk from harm.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives told us they were happy with the menu and food choices provided at the home. Kitchen and care staff were aware of peoples specific dietary needs.

We found concerns regarding the management and administration of medicines during our inspection. We found errors in the accuracy of medication records and we were unable to ascertain if people had received the right medicines in the right amounts at the right time. As a result of these findings, the registered manager immediately contacted the GP and local pharmacy to confirm that no-one had come to harm as a result of the identified errors.

Care files we looked at showed plans and risk assessments documenting people's specific care and support needs. These were detailed plans outlining how people needed to be cared for in an effective and safe way. However, they did not always accurately reflect people's current care needs as they had not always been kept up to date. Inaccurate records placed people at risk of receiving inappropriate or unsafe care and support.

During our initial tour of Fir Trees on the first morning of our inspection, we saw that the home was clean and free from malodour. However, we found concerns with infection control in the main laundry area. We reported our concerns to the registered manager and they arranged for this to be remedied the same day.

We found people's documentation to consent to care and treatment had been signed by family members who did not always have the legal right to provide this consent. The home had not checked with relatives to ascertain whether these legal safeguards were in place.

A part-time activities co-ordinator was employed and a range of activities offered; however, people did not benefit from personalised activities.

There was a complaints policy in place and complaints were acted upon.

People we spoke with were complimentary regarding the registered manager and felt they had made a positive impact on the home since their arrival in July 2016.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Errors were identified regarding the proper and safe management and administration of medicines.

The communal areas of the home were clean and well presented. However, we found risks associated with infection control in the main laundry area.

Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

Risk assessments were in place; however, they had not always been consistently reviewed.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take help protect people from the risk of abuse.

### Is the service effective?

**Requires Improvement**

The service was effective.

People were supported to have their health care needs met by health care practitioners and received prompt medical attention.

The service were working within the spirit of the Mental Capacity Act.

People received their nutritional and hydration support as per their individual assessed need.

The registered manager was aware of people living at the home who required authorisation to deprive people of their liberty and had ensured the legal safeguards were in place an up-to-date.

### Is the service caring?

**Good**

The service was caring.

People and their relatives told us they were well cared for at Fir Trees.

People received support by caring staff; they were treated with dignity and had their privacy respected.

We observed established, positive relationships between people and those who cared for them.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

There was an activities co-ordinator in place to provide social stimulation for people living at the home. However, this part of the service could be improved with more inclusive and personalised activities.

People's care plans included records of their preferences and care choices; however, these were not always fully completed.

People did not always have access to call bells to call for assistance and not all staff had access to call bell pager alerts.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

The registered manager was experienced and familiar with the current regulations that govern CQC registered services.

Comprehensive systems of audit and control were in place and regularly implemented by the registered manager. However, these check systems had not identified the concerns found during this inspection and outlined in the safe domain of this report.

People, relatives and staff spoke highly of the registered manager and they were visible around the home throughout our inspection.

# 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.

This inspection took place on 23, 24 and 27 March 2017 and day one was unannounced. The inspection was carried out by one adult social care inspector.

Before we visited the home, we checked information we held about the service including contract monitoring reports from the local authority and notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

On this occasion, we had not asked the service to complete a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We walked around the home and looked in all communal areas, bathrooms, the two kitchen areas, store rooms, hairdressing room, the medication room and the two laundry rooms. We also looked in several people's bedrooms.

During the three days of inspection, we reviewed a variety of documents, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included five people's individual care records, a sample of six people's administration of medication records and five staff personnel files to check for information to demonstrate safe recruitment practices, training and regular supervision had taken place.

As part of the inspection process we observed how staff interacted and supported people at mealtimes and throughout the three days of our visit in various areas of the home. We spoke with people who use the

service and two relatives.  We also spoke with the registered manager, the deputy manager, the activities co-ordinator, the cook, the maintenance man and two care staff members.

In order to gain additional perspective on the home, we also spoke with two visiting professionals to ask their opinion on care and support delivered at the home.

We also attended two staff handover meetings and two manager flash meetings to assess effective communication transfer of people's immediate care needs.

Requires Improvement

# Is the service safe?

## Our findings

Relatives of people who lived at Fir Trees told us they felt their relatives were safe, one person told us, "I was once a little concerned about another resident's behaviour towards [relative], but it was dealt with straight away. I have no other concerns."

Staff also told us they felt people were safe at the home. One staff member told us they thought people were safe and told us, "There's always someone around and I've had a lot of training."

We looked at staffing numbers at Fir Trees to ascertain if safe and appropriate levels of care and nursing staff were on duty during the day and night. During the inspection we found staff were visible around the home and we reviewed staff rotas for the previous four week period and this showed us consistent staffing levels were in place. The registered manager told us they currently work with six carers and one senior during the day shifts and 2 carers and 1 senior on the night shift; however, they were currently recruiting to employ another carer on nights to provide an enhanced level of cover. Staff and relatives we spoke with told us staffing levels and consistency of staff had much improved over the previous few months since the new registered manager had come into post.

During our tour of the home we checked to see that areas were clean and good infection control practices were employed. We looked in all communal areas and found them to be clean and free from odour; bathrooms and toilets had appropriate hand washing facilities. We viewed a number of people's bedrooms and found them to be clean and tidy; however, a small number of en-suite toilet seats required replacement. People and relatives we spoke with told us they had no concerns with the cleanliness of the home and one person told us, "It's very clean."

We found the kitchen area was clean and had appropriate records and audits for ensuring cleanliness and food safety. The Food Standards Agency had conducted an inspection in June 2016 and the home was awarded the highest rating of a Level 5.

We found that sluice rooms and store rooms were locked. This meant that harmful substances, such as chemical cleaners, and soiled items were not accessible to people who lived at the home, some of whom live with dementia and mental health conditions.

We checked equipment such as bath-lifts and hoists and found them to be clean; people had their own individual slings for use with the hoist to prevent cross-contamination during use. We saw throughout the inspection that staff wore colour-coded personal protective equipment (PPE), such as, disposable aprons and gloves to minimise the risk of cross infection when providing care and support to people.

We looked at how the laundry system was managed at the home; the main laundry room was located on the ground floor and had a key pad entry system. We found a number of infection control concerns in this laundry area. On entry we could see that some items of clothing and a pillow had fallen behind the

machines and were soiled. The laundry sluice was blocked, soiled, malodorous and situated close to people's clean clothes; the floor and the mop sink were not clean. Underwear was soaking in the hand-washing sink and soiled items were in open top trolleys. We found there was no liquid soap or paper towels at the hand-washing sink; these were available at the mop sink at the other side of the room. These findings indicate that Fir Trees were not working in line with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections Guidance.

The above infection control concerns in the laundry demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We found that people had personal emergency evacuation plans (PEEPs) in place. A PEEP provides additional information on accessibility and means of escape for people with limited mobility or understanding and includes a plan specifically designed for an individual who may not be able to reach a place of safety unaided in an emergency situation, such as a building fire. However, the PEEPs in place were not dated and had not been reviewed; this meant that they may not reflect people's current care needs. The registered manager also had in place an up-to-date fire register with all residents' names and their needs, kept in an emergency grab bag to use in the event of an emergency.

We looked at a sample of five people's individual care records and found that people had a comprehensive list of risk assessments in place. These included nutrition, falls, choking, pressure care, diabetes, mobility and other risks appropriate to the individual person. Each risk assessment included a monthly review form. However, we found that not all risk assessments and associated monitoring documentation, had been consistently completed and reviewed. For example, we found one person's risk assessments had been reviewed inconsistently; one risk assessment had last been reviewed in December 2016, another in was last reviewed in September 2016 and another in January 2017. This meant people were at risk of receiving care and treatment in a way that had not recently been assessed as appropriate. However, during this inspection we did not find where people had come to harm as a result of risk assessments not being up to date. We brought this to the attention of the registered manager who told us the risk assessments should have been reviewed monthly and took immediate action to ensure each risk assessment was up to date.

The above examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Suitable arrangements were in place to help safeguard people from potential abuse. There was a safeguarding adult policy and procedure in place and when asked, staff spoken with were fully aware of this procedure and demonstrated a good understanding of the subject. They were able to tell us about the different types of potential abuse and what steps to take to report any concerns they might have. One staff member told us that if they ever saw or heard anything that could be potential abuse they would go straight to one of the management team. We saw evidence that 91% of staff had received training in safeguarding vulnerable adults. Staff had a good understanding of whistleblowing; this meant staff were knowledgeable around reporting concerns to the appropriate organisation if they felt that sufficient action was not being taken by management. The registered manager consistently reported any potential safeguarding incidents to the relevant reporting authorities in line with their obligations to do so.

During the inspection we looked at five staff personnel files to check that safe recruitment practices had been undertaken. We reviewed these files to check they contained required information including, a full work history, photographic identification checks, health information, a minimum of two references from previous employers and checks from the Disclosure and Barring Service (DBS). The DBS carries out checks and identifies to the home manager if any information is found that could mean a person may be unsuitable

to work with vulnerable adults. We found that the personnel files contained all the required information. This meant that robust and safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

We looked at the way in which medicines were managed at Fir Trees to check that people got their medicines in the right way at the right time. There was a medication policy in place along with homely remedy and PRN protocols. PRN medicines are to be used for "when required", for example, analgesia for when someone experienced pain. The home used a local community pharmacy to manage the stocks and deliver the medicines.
We found during our inspection that medicines were kept in medicine trolleys and securely stored in the medication room when not in use. Temperatures of these areas were checked and recorded daily for safe storage. Medicines should be stored in areas with temperatures below 25 degrees and be monitored daily as high temperatures can compromise the quality of the medicines.

Staff told us that no-one received covert medication at the home. Covert medicines are medicines that are given without the person's knowledge. Covert medicines should only be given when the person is deemed to lack capacity, and when providing covert medicines has been assessed as being the least restrictive option in that person's best interests. The home had the required safe cabinet and record system for storing controlled drugs (CDs); a controlled drug is a drug whose use and distribution is tightly controlled because of its risk or abuse potential, for example, morphine. Recordings for CDs were checked and were found to be accurate.

During our inspection we observed staff, who were conducting the medication round, being interrupted by people and other staff members during the administration of medicines. We also noted that the senior administering the medication carried a telephone to answer calls as and when required. This practice can lead to mistakes being made in the administration of medicines to people. We spoke with the senior who told us it was practice to carry the telephone during each medication round.

We checked the medication administration record (MAR) sheets for a sample of six people and conducted a count of boxed medications and dosette cards where we checked balances to ensure that people had received the right amount of prescribed medication. We found several errors in the checks we made. These identified errors included; two missing PRN protocols, eye drops that had not been dated when opened and discrepancies in the tablet count for one person. This meant that either the person had not received the correct amount of medication or that the recordings were inaccurate. We also found one record where a person had been prescribed two laxative medicines to be given every day as prescribed; however, we found they had not been given any of the medicine since their admission four weeks previously. We checked the person's care plan and found they required this medicine every day to treat their medical condition. We immediately reported our findings to the registered manager and they telephoned the person's GP for advice. The person had not come to any harm as a result of this oversight; however, these omissions had placed the person at risk of harm.

We saw that monthly audits of medication had been consistently completed by senior staff. These audits included thorough checks and details of any action taken; however, we found that these audits had not identified the concerns we found during our inspection.

The above examples regarding medication demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Fir Trees had fire safety records detailing essential, regular safety checks, such as, fire drills, fire system

weekly checks, emergency lighting and fire-fighting equipment. We saw that these checks had been carried out regularly. Other safety check systems for the home and equipment, such as, hoists, electricity systems, legionella and gas boiler checks were in place and up to date.

Requires Improvement

# Is the service effective?

## Our findings

During this inspection we reviewed five people's personal care files to check if people were supported to maintain their health and well-being. We saw people were supported to access other health care professionals, such as the local district nurses and dieticians alongside other services, such as, an optician. We saw that prompt referrals had been made where staff had identified a specific need, for example, staff had reported that one person appeared unable to clear their throat and this had resulted in an assessment from the speech and language therapy (SALT) team. Fir Trees provides residential care only and therefore, district nurses attended the home regularly to provide a service to people around their specific needs, such as, diabetes and pressure care.

We found the home kept a professionals' communication record file for each person and we saw that these were comprehensively completed when a nurse or doctor visited the home; these included details of visits, pressure care checks, injections given and eye care. We spoke with two visiting professionals who gave positive feedback around the care at the home and how they were welcomed. One visiting nurse told us, "They're pretty quick to call us out. We give them care plans and they follow it. It's a lot better recently."

One relative we spoke with told us they were made to feel welcome and said they are kept informed of their relative's condition. They told us, "I feel welcome here and I feel they keep me informed of my mother's care. The management are approachable."

As part of our inspection, we looked at the menus and food choices available to people living within the home. People were given choices every day from the four-week set menu and the menu for the current day was displayed in the dining room. The registered manager told us that part of the 'resident of the day' scheme where people were visited individually by the home's cook to discuss their thoughts on the quality of meals and their specific food preferences and this was then recorded.

We spoke with people and their relatives who were complimentary on the quality of the food provided at Fir Trees. One person told us, "Food is very good and presented nicely." One visiting relative told us, "The food looks quite nice." Another visitor we spoke with told us the food had improved recently as their relative used to be served sandwiches at tea-time, but now they get a hot meal option.

We observed the mealtime experience for people on both floors of the home. We saw that people were served their meals from hot trolleys; tables were set with condiments and napkins in dining rooms that were decorated brightly. Some people made the choice to stay in the lounge areas and were served their meals and drinks on small tables. We observed staff assisting some people who required assistance to eat their meals, we saw they did this with dignity and respect; staff spoke to people throughout and gave them their full attention.

People with certain health conditions require their food to be prepared in a specific way to ensure they can eat their food comfortably and safely. For example, a 'Category C' diet means that food needs to be of a

thick pureed consistency. In addition, people who had been prescribed a fortified diet need to have their food enriched with high calorie additions, such as cream, at each meal time. We spoke with the cook and looked at information kept in the kitchen area to inform them of these specific dietary requirements. We found that the cook was knowledgeable and able to name all the people who required a special diet and describe their individual needs. The cook told us of a system the home used so they could monitor food intake of those people at risk of weight loss. Daily record sheets showing the amount of food these people had eaten were taken daily to the kitchen and the cook would review them and if someone was identified as poor dietary intake. The cook described the different ways they would try to ensure people ate well. For example, ensuring lots of high calorific food was regularly offered.

On admission to Fir Trees, people's dietary intake is monitored through recordings on food charts and people are weighed weekly as a precautionary measure; these recordings are then checked by senior care staff to see if this monitoring needs to continue. Anyone who is identified as being at risk poor dietary intake is discussed during shift handover meetings and manager daily flash meetings to ensure staff are aware to offer people extra food and drinks through prompting.

Information kept in the kitchen around how food should be prepared for people who had input from the community dieticians or speech and language therapy (SALT) team. Relevant dietary information was also displayed on a whiteboard hung on the wall in the kitchen. We spoke with care staff, who were able to correctly tell us how people's food and drink needed to be prepared and served as per their assessed needs. This meant that staff were aware of how to prepare and serve food in such a way as to minimise the risk of the person choking or losing weight. In addition, staff were able to tell us how people liked to have their food served that was their particular preference, such as, one person preferred to have their food served in a smaller portion.

We spoke with staff around how they felt supported in their role through management supervision and effective training. Staff members we spoke with told us they had received training and supervision in their role and felt supported by the management and other staff. One staff member told us, "I'm up-to-date with all my training and I have enough training to keep people safe. Supervision is useful; I get the help and support to make sure I'm doing it right." Another staff member told us they had received supervision monthly and they find it useful. They also found the training to be good but did not always get the time to do it; they told us, "I feel adequately trained, but I missed the training on swallowing because there was not enough staff around."

The registered manager produced for us an up to date training matrix, this showed us what training staff had undergone and when refresher training was due. We saw that the majority of staff had undergone the required training, for example, mental capacity, food safety and health and safety. However, we found there were small gaps in the completion of training for new staff and where staff refresher training had not been completed. The manager had oversight of training levels at the home and where small gaps were identified this training had been scheduled and assigned.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that over 93% of staff had undergone this training and staff we spoke with during the inspection demonstrated their knowledge around MCA and DoLS and told us what this meant for people living at Fir Trees.

We found that DoLS applications had been submitted to the local authority for relevant people living at the home and authorisations had been received or were awaiting approval. The registered manager kept a tracker document that showed information on applications and approvals so that it could be seen at a glance; which people had a current DoLS in place and when a new application needed to be made. This meant the registered manager could be reassured that anyone at the home had been assessed and the legal safeguards were in place.

During our observations we saw that people were asked their consent before providing care and support. One staff member we spoke with told us how they would always ask consent before providing care and support to people, they told us, "I ask if I am alright to help with something and if the person says no, then it can't be done." Another staff member told us they always ask consent each time they provide care and demonstrated their knowledge around decision making for some people who live with dementia by adding, "I always ask each time as people can make a decision one day and then not the next."

We reviewed the care plans of five people who lived at Fir Trees and found the service encouraged people with capacity to be involved with their care planning and where a person lacked capacity relatives and or the person's advocate were consulted in the person's care planning. We found that one person had signed their consent forms; however, we found consent forms were not always present in files or had not always been signed by people who had the legal right to do so.

We recommend that the provider review arrangements to establish where there are Lasting Power of Attorney (LPA) arrangements in place and what these say so the provider knows what decision's the LPA can make on behalf of a person.

We found that the physical environment throughout the home did not reflect best practice in dementia care. During the initial tour of the building we found that attention had not been paid to ensuring the home's environment was conducive to people living with dementia. We found sporadic use of photographs on doors to aid people to orientate themselves around the home, there was no evidence of contrasting colours being used to aid independence, for instance on light switches, grab rails and bathroom / bedroom doors. Corridors were not specifically decorated with regards to differentiation of colour. We spoke with the registered manager who confirmed no assessment had been carried out at the home to check for suitability of the environment and no best practice model had been used to help people living with dementia move around the home more easily. We informed the registered manager of available toolkits to utilise in order to conduct an assessment of the home's environment.

We recommend the provider research how to make the home more dementia friendly. To implement measures to assist people at the home who live with dementia to help them find their way independently around the home

Good

# Is the service caring?

## Our findings

Visitors we spoke with told us they felt their relative was well cared for at the home. One relative told us, "The care has improved since the manager has taken over in the last few months." Another relative told us, "The care is really good; the staff are friendly."

One visiting professional told us, "I'm made to feel welcome and the atmosphere and attitude of staff is nice." One person who used the service told us, "They're fantastic [staff]. The girls are great and they work very hard. I have no complaints; they will help you with anything. I like it here." Another person told us, "I'm well looked after here."

Staff we spoke with talked fondly of the people who live at Fir Trees and demonstrated a good knowledge of people. All staff we spoke with thought the care had improved recently, one staff member told us, "Now we've got more staff the care is better. All the care staff are nice." Another staff member told us, "All the staff are caring. It's a good team."

It was clear throughout the inspection that there were established, positive relationships between staff and people at the home. We observed one instance where a person was upset and wanted to speak to a family member; the staff member showed kindness and compassion to the person during their distress. The staff member knew the names of relatives and supported the person to go into the office to make a telephone call whilst providing constant reassurance to the person.

We observed throughout the visit that staff talked kindly to people and were encouraging when providing assistance. Staff were attentive and responded to people in a sensitive, kind and caring manner. Staff were observed kneeling to eye level where people were sat down and engaging in chatting, laughing and in several instances we observed hand holding and one person affectionately kissed a staff member on the cheek.

We observed several instances where staff were assisting someone to use the hoist. Staff were kind and caring whilst offering reassurance and explanations throughout the movement.

Staff told us they treated people with dignity and respect by treating them in the way they would like to be treated themselves. One staff member told us, "I always think to myself if I would want someone to do that to me." Another staff member told us sometimes people prefer to stay in bed and don't always want to get up when they are asked and this choice is respected. Staff described to us how they would ensure people's dignity was respected by ensuring they are covered up during personal care and always looking presentable in their appearance.

We observed during our inspection that people mainly looked clean, well-groomed and smart. However, we saw two people whose nails were unclean and in one instance the person had long, unclean finger nails that were at risk of skin breaks due to the way the person held their hands together. We informed the manager of

these observations and they took immediate action to ensure the person's nails were cleaned and made safe.

People's bedrooms were clean and tidy with rooms decorated in a personalised way.  People had a key worker who was a member of staff responsible for ensuring the individual care needs of people were met.

Requires Improvement

# Is the service responsive?

## Our findings

During our inspection, we looked at the activities provided for people who live at Fir Trees. We found there was a part-time activities co-ordinator employed by the home and a number of activities were provided to people. Although there was no published, weekly programme of events, the activities included crafts, visiting singers and coffee mornings; on the second day of our inspection a cake sale was held in the ground floor lounge. We saw that forthcoming events such as a coffee morning were advertised on the wall in reception for visitors to see. These activities were funded by both the provider and an optional resident weekly contribution if they wished to contribute.

Visiting relatives told us they felt more activities could be provided, one relative told us, "They could do more, some days people are bored." Another relative told us, "They don't seem to do much here."

We spoke with staff around the activities provided at the home and we received mixed responses as to the participation and effectiveness. Some staff felt that the activities provided were not always inclusive and the same people would often participate and this meant that some people did not receive the same social stimulation as the activity was not to their choice or they were not able to participate due to their medical condition. We spoke with staff who told us people did not receive any 1 to 1 personalised activities; however, the activities co-ordinator gave us examples of someone who liked birds so they arranged to have a bird table placed outside their bedroom window. Another example given was regarding one person who liked to walk around the garden. However, we did not see where people's particular preferences and choices were built into any activities provided at the home. We read in one person's care plan that they liked to read the newspaper; we saw there were no newspapers or magazines available in the home and suggested some were made available. On the next day of inspection we saw some magazines and newspapers had been purchased and several people were looking through them. NICE quality standards on the mental wellbeing of older people state that older people in care homes should be encouraged to take an active role in choosing and defining activities that are meaningful to them. This promotes their mental health and well-being.

We recommend the provider take steps to ensure personalised activities are provided at the home.

We looked at how people's current care needs were communicated between staff and found there were a number of communication exchanges that took place each day. These were shift handover meetings that occurred morning, afternoon and evening where staff would use a form to ensure that all residents were discussed and any important information handed over to the next shift.

We observed one morning handover and one afternoon handover meeting and found staff discussed each person's care needs and what was need to be done for them on the next shift. Additionally, the manager conducted a twice-daily walk around the building to check for safety and oversee care delivery. Each day a 'flash meeting' would be held where the manager would gather care staff, domestics and kitchen staff together each day and each staff member would exchange important information with the manager and

each other. We observed two of these meetings and found items discussed were housekeeping, menu for the day, activities, maintenance, professional visits, a reminder to staff to ensure people wore lap belts when being transported in wheelchairs, people with current pressure care concerns and the manager asked if staff had any current concerns about anyone living at the home. The use of these handover and flash meetings meant that staff and the manager were kept informed of any issues or concerns around the home and allowed them to respond in a timely manner.

During the initial tour of the home, we found that people did not always have a working call bell in their bedroom and the call bells in communal areas did not have an attached cable. People who had a sensor mat in place could not also have a hand call bell in place as splitters were not in place to allow both means of calling for assistance. This created a risk of harm to people as this meant that staff may not be alerted to someone requiring urgent help or that people may be unable to summon assistance if help was needed. We raised our concerns with the registered manager and requested they ensure all means of calling for assistance for people who required it were operational to resolve the issue. The registered manager confirmed that this had been rectified during the inspection.

During this inspection, we were unable to monitor call bell response times as a new silent, vibrating pager system had been implemented to replace the audible alarm that signalled someone required assistance. Prior to the flash meeting on day three of the inspection, we checked with staff and found two of the four care staff on duty on the ground floor did not have a pager and therefore would not be aware that someone required assistance whilst in their bedroom or other communal areas, such as, when using the toilet. Staff told us there were not enough working pagers for all staff to have one each. However, we spoke with the registered manager, who told us they had enough pagers for all staff and would address the shortfall with staff.

We spoke with management who told us this new call bell system did not currently have a facility to electronically record call bell times. This meant we were unable to ascertain if call bells were responded to in a timely way during this inspection and the management were not able to monitor response times and know that people were being attended to promptly. However, during the inspection we did not find any incidents where people had reported that they had to wait for assistance.

We reviewed five people's care documentation and found that they included information on how to care for the person by the way of care plans and risk assessments. Each person had a personalised care record which gave information around people's likes, dislikes and preferences and also the person's life history. We looked in a number of these care records and found that some files contained more information than others around people's individual choices and preferences. For example, one person's care file contained a photograph and detailed information completed on an Alzheimer's Society form entitled "This is Me". However, in another person's file we found little information around the person's history, choices and preferences. We found evidence in care documentation where families had been invited to care reviews and relatives we spoke with during the inspection told us they felt they were kept informed by staff of how their relative was. One visiting professional told us they look through people's care plans as part of their assessment process and told us, "Care plans are very clear, up to date and reflect the people. Staff are forthcoming with information and seem to know the people."

As part of our inspection, we looked at how complaints were responded to and managed at the home. We saw documentary evidence that complaints were responded to and acted upon appropriately. The registered manager told us they had an open door policy and uses their judgement when they do not formally record what they consider to be small issues if they can resolve it immediately. One visitor told us they had complained about their relative's laundry regularly going missing and they told us they were happy

with the response from the manager; however, they felt that the issue had not been fully resolved. However, we found this concern was raised by the registered manager at the January 2017 relatives' meeting and people felt things had improved. All relatives were asked to label items of clothing clearly.

The home had a corporate complaints policy in place outlining to the organisation's home managers how to respond to complaints. We found there was no information displayed in the reception area informing people how they could complain about the service. We queried this with the manager and they arranged for the information to be displayed.

There was a letter box on display in reception with cards for people and their visitors to complete to nominate staff who they wanted to be recognised for good care. We also viewed compliments for the home and found they had received a large amount of compliments, thank you cards and we also saw where relatives had expressed their compliments during relatives' meetings.

Requires Improvement

# Is the service well-led?

## Our findings

The home had a manager in post who had been registered with the Care Quality Commission (CQC) since August 2016 at this location.

A registered manager has responsibility under their registration with the Care Quality Commission to have regard, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. We found that the registered manager had knowledge and documentation that showed us they were aware of their obligations. However, we found breaches of three of the regulations during our inspection.

The home is part of a larger, corporate organisation and a specific system and process of auditing was in place. We found the registered manager to be knowledgeable around this quality system and files were organised and easily accessible. Audits were in place, followed up and acted upon for ensuring an overview of the home. Examples of these audits include, care plans, medication, environmental, catering, building and infection control. The home's handy-person also had their own file for completing checks around water, fire and maintenance. This meant that although the provider had policies, processes and checks in place, and regularly carried out, they had not identified the concerns we found during our inspection regarding infection control, up to date risk assessments, lack of call bell splitters, consent to care and medication errors.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Personal information around people who lived at the home was kept confidential and systems adhered to the Data Protection Act 1998. Information on whiteboards in the offices was coded to protect people's identity. Personal information, such as, care plans, were stored in locked filing cabinets and accessible only with a key held by senior staff. This meant that personal, private information was kept secure and not accessible to anyone living at or visiting Fir Trees.

The registered manager told us they were keen to ensure the thoughts and opinions of people and their relatives were gathered through surveys and meetings in order to ensure their satisfaction. Surveys with people who lived at Fir Trees were also conducted every six months to see if people were happy with the care and support they received at the home. We saw that a relatives' meeting was held every quarter and the minutes were distributed to those present.

It was clear that there was a strong and supportive staff network throughout the home that was led by the registered manager who was well thought of by people, staff, visitors and professionals. Staff told us, "Management are good. You can talk to [manager] and she is supportive." Another staff member we spoke with told us, "We get listened to. The manager is open to ideas; try anything new and will guide you. The senior team and manager are good. The office door is always open so you can approach her." Visiting

relatives also told us they felt the management were approachable, they told us, "I feel welcome and kept informed of my mother's care." We also saw one relative had stated in a relatives' meeting that they felt the current registered manager was "The best manager we have ever had run this home".

We saw that regular team meetings took place; these were meetings held with different staff groups, such as, catering staff or the senior care team. These team meetings were in addition to the daily flash meetings; where current and up to date information was relayed to staff on duty at that time. All these meetings were fully documented and actions were recorded. This meant the registered manager was ensuring staff were fully up-to-date and also ensuring their own oversight of the operational management of the home.

Throughout the inspection we fed back to the registered manager our findings that required attention. As a result of our concerns throughout the site visits, the registered manager put into place measures to remedy the identified shortfalls. For example, new sensor mats and splitters put in place and improvements to the ground floor laundry. This meant the registered manager was taking immediate steps to mitigate the risks to people from our inspection findings.

We found the registered manager to be visible around the home during our inspection and it was clear the people and relatives knew them well. The registered manager and all staff were co-operative and helpful throughout the inspection visits.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>We found infection control concerns in the laundry area.<br><br>Medication errors were identified during the inspection.<br><br>Risk assessments were not always reviewed and up to date. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The breaches we found during the inspection had not been identified and acted upon by the registered manager. |