

Harbour Healthcare Ltd

Treetops Court Care Home

Inspection report

Park Road
Leek
Staffordshire
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20 March 2019
22 March 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Treetops Court Care Home is a nursing home that was providing nursing and personal care to 66 people at the time of the inspection but was registered for up to 70 people. People may have had support needs in relation to their dementia or mental health. There were older and younger people using the service and some may have had a physical disability.

People's experience of using this service:

Systems were not always effective at identifying areas for improvement although there had been many improvements since the last inspection. Documentation in relation to people's mental capacity was not always personalised; action was taken immediately following our feedback.

Nationally-recognised best practice assessments were used to help monitor people's health, although these had not always been effective. People were supported to access other health professionals.

Staff were recruited safely and there were enough staff to support people. Staff received training to be effective in their role and felt supported.

People had their risks assessed and planned for. People received their prescribed medicines and measures were put in place following our feedback about improvements that could be made.

People were protected as staff understood their safeguarding responsibilities and followed infection control procedures.

Lessons had been learned when things had gone wrong.

People were supported to have food appropriate to their needs. People enjoyed the food and had a choice.

The building was suitable for the needs of people and further improvements were planned.

People were treated with dignity and respect. People were involved in decisions about their care and supported to be as independent as possible.

People received personalised care that met their needs. Activities were available for people to partake in. People and relatives knew how to complain and felt able to; action was taken following a complaint.

People were supported at the end of their life and further work was planned to ensure plans contained sufficient personalised detail.

Relatives and staff all felt the service had improved since the last inspection. They felt positively about the

registered manager and felt they could contribute to the running of the service.

The provider was proactive in supporting the service and they worked in partnership with other organisations and professionals.

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

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (report published 20 October 2017).

Why we inspected:

This was a routine inspection planned on the previous rating.

Follow up:

We will continue to monitor the service and check improvements have been made at our next inspection.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 not always well-led

Details are in our well-led findings below.

Requires Improvement 

Treetops Court Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by two inspectors. There was a specialist advisor in attendance with expertise in behaviours that challenge services. There was also an Expert by Experience who spoke with people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced. The inspection site visit activity started on 20 March and concluded on 22 March 2019.

What we did:

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. The provider completed a Provider Information return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also asked for feedback from the commissioners of people's care to find out their views on

the quality of the service.

We spoke with eight people who used the service and four relatives. We also spoke with six staff members, the activity coordinator, the maintenance staff, the clinical lead, deputy manager, registered manager, the area manager and provider. We also spoke with two visiting health professionals. We viewed the care records of seven people. We also viewed medicine records and documents relating the management and administration of the service such as audits, meeting records, action plans, recruitment files and surveys.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At the last inspection there was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff recruitment needed improving. At this inspection this had improved. Staff had appropriate checks to verify their suitability to work with people who used the service, prior to starting work.
- At the last inspection there was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were not enough staff to meet people's needs. At this inspection we found improvements had been made. There were enough staff to meet people's needs, although there was some mixed feedback about staffing levels. One person said, "I think there are enough staff, yes; sometimes you think they are very, very busy and it makes you wonder." A relative said, "Staff never appear to be running around like mad. You can't have one staff per person, you can't cater for every eventuality. They never seem short of staff."
- We observed people did not have to wait a long time for support and staff were always available in communal areas. The registered manager explained they had just developed a formal tool for monitoring to ensure staffing was sufficient.

Using medicines safely

- People's medicines were managed safely. People told us they received their medicines. When asked if they received their medicines on time, one person said, "Yes I get them on time. I have [a health condition] so I need to have them on time."
- Some people had their medicine via non-oral administration. One person had a detailed protocol in place about how they should be supported with this, but another person did not. When we discussed how these medicines were administered for the person without a protocol, this differed with best practice guidelines. Following a discussion with the registered manager, the staff member reflected on their practice and action was taken to ensure improvements were made.
- Medicines were stored correctly as the temperature was being checked in rooms and refrigerators. We saw stock levels and records matched for those medicines we checked.

Assessing risk, safety monitoring and management

- Risks to people were assessed and planned for, such as moving and handling and falls and behaviours that could challenge staff. People told us they felt safe; one person said, "I feel safe in here." Another person said, "Yes they look after us very well, I like it here." A relative said, "They [staff] are good with distracting and diverting confrontation."
- We observed staff using safe moving and handling techniques and people appeared relaxed whilst being supported to mobilise. Staff we spoke with could tell us about people's needs and how they needed to be supported which matched plans.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection there was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as safeguarding incidents were not always reported. At this inspection we found improvements had been made.
- People told us they had confidence in the ability of the staff to take action to ensure their safety. One person said, "I do feel quite safe and there is the button you can press."
- People were protected from potential abuse, when concerns had been identified these were reported to the local safeguarding authority, as required.
- Staff understood their safeguarding responsibilities and knew to report their concerns.

Preventing and controlling infection

- The home was odour free and clean. We observed staff wearing PPE.
- People told us they felt the home was clean and staff wore appropriate personal protective equipment (PPE). One person said, "It's always clean and tidy and they always wear a uniform of some sort."
- The service had been given a positive five out of five rating by Food Safety in May 2018.
- People were protected from the risk of cross infection as appropriate measures were in place and being used by staff.

Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong. For example, the accidents and incidents were reviewed to ensure appropriate action was taken and trends were checked to see if there were any other issues.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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.
- At the last inspection we found improvements were needed to the guidance for staff and documentation around people's capacity, including some documents being photocopied. At this inspection we found some improvements had been made, but more were needed.
- Some assessment documentation was still photocopied on this inspection. Each assessment of capacity should be individual to a person and demonstrate how the assessor has tried to support the person to retain, use, weigh up and communicate their decision. Reviews of assessments were also not effective as they had failed to identify and remedy photocopied paperwork. Following our feedback, new capacity assessments were put in place which were not photocopied.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were protected as staff understood what the MCA was and knew what DoLS were. We observed staff asking permission before supporting people and offering choices.
- Appropriate applications had been made for a DoLS in order to protect people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care

- Nationally recognised tools were used to help assess people's needs; for example, in relation to pressures areas and nutrition and hydration.
- However, one person had been identified as at a very high risk of poor nutrition using the Malnutrition Universal Screening Tool (MUST) score, a nationally recognised tool for identifying those at risk of malnutrition. The person had lost weight over a period of three months, the registered manager explained this was due to the person being unwell, so weight loss could be expected. However, the person had also lost weight prior to this illness as the person's needs had been discussed at a multi-disciplinary team meeting to reduce further weight loss. This had not been reviewed when the person had moved from the residential unit to the nursing unit despite this being identified as being needed and the person had further

lost a small amount of weight, prior to becoming unwell. Older weight records had been archived so it was not possible to identify a trend easily. This meant the person could have been at risk of continued weight loss which may make them ill.

Staff skills, knowledge and experience.

- At the last inspection, there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff did not always have effective training. At this inspection we found improvements had been made.
- Staff received training to be effective in their role. One person said, "Staff are brilliant actually. I think they are quite brilliant." Another person said, "I think so yes, I suppose these have been well trained, as they wouldn't be here."
- Staffs told us, and records confirmed they had received training. Some staff fed back they would prefer more face to face training, as it was mostly online, and we saw the registered manager had arranged some face to face training.
- Staff told us they felt supported and they had opportunity to discuss their role.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked the food. One person said, "It's all right now, 3 to 4 weeks ago the chef came and asked what I like and don't like." Another person commented, "Very good the cook is and the food is. There is a nice assortment."
- People also told us they had a choice. One person said, "The menu is usually two choices of main and at least two for dessert and breakfast you can have various things. The tea trolley always has biscuits on in the morning and in the afternoon biscuits and cake."
- We observed people being offered choices of food and drinks. People who needed a modified diet were provided with this and people were supported to eat if they required assistance. People were able to eat at their own pace, were not rushed and were supported with a health and nutritious diet.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health professionals. For example, one person told us, "My toenails were a concern and I told them [staff] and they got a chiropodist straight away." A relative told us, "My relative has regular access to a GP. They are prone to chest infections so is checked over regularly. Staff got the GP to come out and gave us an update the next day."
- A visiting health professional told us communication between them and the service had, "definitely improved." They confirmed their instructions were followed and that they, "feel staff know what they're talking about".
- A person became unwell during our inspection; a senior carer requested support from the clinical lead who assessed the person and then requested a GP visit.
- There was a regular multi-disciplinary team meeting between health professionals and the service to discuss people's health needs. Another visiting health professional confirmed these meetings took place and a range of professionals were present. They added that communication was good and worked two-ways.

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

- The building was suitable for the people living there and there was equipment available for people who needed it. One person said, "It's very good, and it's a very big care home."
- We fed back that consideration should be given to whether wardrobes in people's rooms needed securing to the wall to avoid the potential for causing injury if they were to fall. The clinical lead told us they would discuss this with maintenance staff.
- There were grab rails in place, so people could walk independently, where possible.

- Some re-decoration had been undertaken with further improvements planned. There were also plans to introduce dementia-friendly memory boxes by people's rooms to make them more personalised and recognisable for people.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated well and supported in a personalised manner. People and relatives told us the staff were nice. One person said, "Staff are very friendly towards everybody." Other comments included, "Staff have always been nice. I have a bit of banter with them and they give it me back" and, "I can't fault the staff in regards that kind of care."
- People had some of their protected characteristics, such as gender and religion considered. We saw when religion was important to a person this was catered for. One person said, "We have someone come once a month to give communion." There were appropriate equality and diversity policies in place, covering both people and staff, to ensure all were treated fairly. When discussing people who may identify as lesbian, gay, transgender or bisexual (LGBT), the registered manager told us, "We look at people individually. If we go to assess someone and it comes up, we would discuss it. Some people don't want to discuss it. You can sometimes gauge it." This meant the service had considered people's diverse needs.

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

- People were involved in decisions about their care. A relative said, "People choose when to get up or they can get up and stay in their pyjamas. People can choose where to eat, staff don't make anyone do anything."
- People could personalise their bedrooms. One person said, "I think it's nice; my daughter has brought in all my bedding. I like the fact that I have all my own bedding." We observed people had their own personal items in their bedrooms.
- We were told that visitors could come at any time and there were no restrictions. One person said, "I couldn't have a nicer place to stay, my relative came to visit and said the staff made them welcome."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect, were helped to maintain their dignity and were helped to remain independent. One person said, "I do want to live independently again. I am capable of making a drink for myself with someone watching. I also help set up the tables. I quite enjoy doing it really." Another person said, "Staff are very kind, they are all ever so kind."
- We observed that staff supported people's dignity. For example, one person was being hoisted and staff used a blanket to cover them, so their underwear would not be on show. In another example, we observed a person becoming agitated. Staff identified this and spent time with the person to reassure and calm them.
- Some people were supported to use voice-recognition technology, whereby if you asked a speaker a question, it could respond to you. This provided comfort for people and meant they would not always require staff assistance.
- All staff we spoke with could give us examples how they would support people to maintain their dignity. For example, during personal care the door would be kept closed and people covered as much as possible.

We also observed staff knocking on people's door prior to entering.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care

- Staff knew people's needs and how they liked to be supported. The use of agency staff in the home had reduced so it meant more regular staff were supporting people, so they could get to know people. One staff member said, "There was more but they've reduced the agency staff, I've not seen them for ages." People's care plans contained personalised information.
- A relative told us about the personalised care their relative received, "They [staff] are brilliant with my relative. They know how to handle [my relative]. Staff are caring, it's how they talk to my relative and they sit with them."
- Relatives told us they felt involved and were kept up to date. One relative said, "I don't have any worry about staff, I don't feel I need to supervise the care. If anything goes wrong, they ring us."
- There was some mixed feedback about the activities for people to partake in, but overall people felt positive about activities. People were fond of the activity coordinator, however due to the size of the home it meant they were not always able to spend time with everyone and there was not someone dedicated to activities every day. A relative said, "There's not a lot of stimulation here." One person said, "I think the activities are good. There is [activities coordinator's name], they are very good at getting people to join in."
- We saw there were record players available for people to access, bingo was played in one area, staff played dominoes with people, people were able to have their nails done and there were entertainers who visited the home.
- The activity coordinator was passionate about their role and had ideas for further developing the role. There were plans to make more tactile activities available for people such as 'fiddle boards'. These can provide stimulation for people who may have dementia as they can touch the objects and displays.
- Work had started to ensure people had the opportunity to document some of their memories which meant there was detailed information available for staff about people's life histories. Some people had 'This is my life' books in place, with further plans to ensure everyone had one. Memory boxes were also planned for the dementia unit, with future plans to ensure the entire home had these in place.

End of life care and support

- People's end of life needs had been considered. We viewed compliment cards had been received following a person passing away. One example included, "You have left us with such lovely memories knowing [our relative] received the best possible closure to a full and loving life." Another example was, "Your professionalism, consideration and compassion given to [person's name] in their final days was the greatest comfort to all of us!!"
- Basic plans were in place which documented if people had a 'Do Not Resuscitate' order in place. Plans prompted staff to consider people's dignity and to ensure family were involved.
- We discussed with the registered manager the benefits of including more personalised details, such as spiritual or personal preferences with people nearing the end of their life. They responded to this and

included more personal details in a person's end of life plan.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. One person said, "Oh yes, I would go directly to the top person." A relative said, "We can talk to anyone whenever we want. We've had no concerns. Everyone talks to each other."
- When a complaint had been received it was investigated and dealt with and action taken to ensure the issue did not reoccur. There was an appropriate complaints policy in place.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the last inspection there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems in place were not effective at improving care. At this inspection we found the service was no longer in breach of this regulation, but further improvements were needed.
- There were quality assurance systems in place and there had been many improvements since the last inspection. There were more structured checks and systems were more effective at identifying and remedying concerns. However, there were some areas that had not been identified as systems had not been fully embedded.
- For example, we were told that staff would apply topical creams to people, but senior staff would then sign to state the cream had been applied. Only the person administering or applying the medicine should document to state it has been given. A protocol was missing for someone who had non-oral medicines and best practice had not always been followed. These issues had not been identified through audits.
- One person had injured themselves on a bed rail. The review of the plan had failed to identify that this had not been included in their plan despite staff appropriately recording this incident.
- An action plan in place from January 2018 had identified that more personalised detail was needed in people's 'death and dying' plans, however some plans were still generic, and this had not been fully completed, despite it being identified as being required.
- Systems had failed to identify and ensure that mental capacity documentation was not always personalised, sufficient and reviewed regularly.
- Following our feedback action was taken to ensure these concerns were acted upon and improvements made.
- Staff felt positively about the management of the service. One staff member said, "I love this home, the staff all get on but for me the best thing is the senior management."
- The previous inspection rating was being conspicuously displayed in the service and on the website. Notifications were also submitted, as required by law.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was clear about their responsibility in relation to duty of candour. They said, "It is about being open and transparent, if we have got it wrong it's admitting it and putting it right. It's then writing a letter and admitting it."
- The provider was proactive in monitoring and supporting the service. An external company had visited the

service to help the provider monitor performance and suggest improvements. The provider said, "There's been a lot of work since the last inspection. We wanted them [the external company] to be picky. It's good to have an outside view."

- The provider was supporting the registered manager to gain further professional qualifications to enable them to be more effective in their role.
- There were multiple other plans in place for improving the service. This included re-decoration, providing a more dementia-friendly setting and utensils, the introduction of memory boxes and the introduction of a wishing tree so that people could discuss and enact on their wishes, with staff support, where possible.

Engaging and involving people using the service, the public and staff

- People and relatives told us they know who the registered manager was, and they felt they could approach them. One person said, "I've met the manager. Yes, they are approachable." Another person said, "If I wanted to speak to the manager, yes they always pass the time of day."
- Staff also felt the registered manager was approachable. One staff member said, "I really like the registered manager, they are very approachable. I think they are fair." Another staff member said, "There have been a lot of changes...the management are a lot more supportive, they have more time for staff. Their door always open." Staff told us they felt their feedback was listened to. One staff member gave an example about feeding back about the décor needing improving and plans were in place to do this.
- People, relatives and staff were able to feedback. There were regular meetings, surveys or feedback forms. One relative told us there were meetings but, "We don't come to meetings. But we can ask anyone anything, or they go and find out for us." We saw action was taken following feedback.

Continuous learning and improving care

- Relatives and staff felt the care had improved since the last inspection. A relative told us, "Since the registered manager's got here its improved. They seem more together." One staff member said, "It's got better. We've had a different manager. It's the atmosphere, it's a nice place to be now." The provider also said, "The registered manager has done a fantastic job. It takes a lot of hard work to change morale."
- Staff told us they thought the registered manager checked they were supporting people correctly. One staff member said, "We get spot checks. The registered manager does this outside the doors; they listen. So does the deputy." There were no recorded formal staff competency checks available, however these records were put in place by the registered manager following our feedback. Other spot checks took place by the registered manager, where they visited the home during the night to check there were no issues.
- Another staff member told us the registered manager checks on things, and "If things aren't done we get told."

Working in partnership with others

- The service worked in partnership with health professionals. Regular multi-disciplinary team meetings were held to look at the holistic support some people may need. Professionals felt communication had improved.