

Harbour Healthcare Ltd

# Treetops Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Treetops Court Care Home is a residential care home providing personal and nursing care for up to 70 people aged 65 and over. At the time of the inspection Treetops Court Care Home accommodated 63 people. There are three separate units accommodating people with differing needs. Some of the people living in the home are living with dementia, mental and physical disabilities.

### People's experience of using this service and what we found

People were at risk of cross infection because staff were not consistently following guidance to ensure people were protected from the risk of harm. People's assessed risks were not always mitigated, and medicines were not consistently managed in a safe way.

Improvements were needed to ensure staff were deployed effectively across the service and to ensure all records contained an accurate reflection of people's needs.

The manager and provider had started to implement new systems to make improvements to the monitoring of the service. However, these still needed to be fully imbedded and sustained.

People were safeguarded from the risk of suspected abuse and the provider had learnt lessons when things went wrong.

People and staff felt able to approach the manager, who promoted a culture of openness and transparency within the service. The manager worked alongside professionals to ensure people's health and wellbeing were maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 30 May 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

### Why we inspected

We received concerns in relation to infection control, staffing and safeguarding people from abuse. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained the same as Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Treetops Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach of Regulations in relation to the safe care and treatment of people. Improvements were needed to infection prevention and control, medicines and mitigating people's risks.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors and an assistant inspector.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

There was a newly appointed manager at the service who planned to register with us.

#### Notice of inspection

We gave a short period notice of the inspection to ensure we were able to visit the service safely.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with eight members of staff, the provider, manager, deputy manager, regional manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection; Using medicines safely; Assessing risk, safety monitoring and management

- People were not consistently protected from the risk of infection.
- The provider had implemented up to date infection control guidance during the pandemic, which included risk assessments and staff training. However, staff were not consistently following the correct Personal Protective Equipment (PPE) guidance to protect people from the risk of cross infection.
- Staff were observed touching their face masks, not always wearing them correctly or removing them outside of doffing areas. One staff member touched a person under their eyes with bare hands and immediately supported another person without washing their hands. This placed people at risk of cross infection.
- There were no bins in doffing areas on the units to ensure used PPE was disposed of safely.
- People's risks had not always been mitigated to protect them from harm. For example; one person's repositioning chart contradicted the care plan. A staff member we spoke with was unsure of when this person needed repositioning, which placed this person at risk of a deterioration in their skin condition. There were gaps in personal care charts, bowel monitoring charts and catheter care charts and we were not assured that people had been supported with their assessed risks.
- Toiletries were accessible in an unlocked bathroom in Fir Cones Unit. This unit supported people with dementia and people were walking along the corridors throughout the day. These substances posed a risk to people with dementia because they may not understand products that are potentially hazardous if ingested or used incorrectly.
- Improvements were needed to the management of medicines. For example; one person did not receive their morphine on time, which meant their pain was not controlled in line with their assessed needs. Another person's eye drops were administered in the dining room during lunch. The person was not asked if they wanted privacy, which meant their dignity was not considered during this treatment.
- Protocols for 'as required' creams did not have enough information to ensure these were applied consistently. The topical cream charts showed people's creams had not been administered in a consistent manner because of this lack of guidance.

People were placed at risk of unsafe care and treatment and the above evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Improvements were needed to ensure staff were effectively deployed to meet people's needs.
- We received varied feedback from people about the availability of staff. One person said, "The staff are

lovely, but they don't always come when I need them." Another person said, "Staff come to check on me regularly, so I don't need to use the call bell."

- We observed most people's needs being met by staff in a timely manner. However, one person waited for their lunch because there were not enough staff deployed effectively to assist them to eat.
- The Chestnut Unit had five staff on duty on the day of the inspection and staff told us this had impacted on the monitoring of the lounge. One person told us they had not been dressed or washed until after their lunch.
- The manager informed us that they had reduced the number of staff on the Chestnut Unit due to a decrease in occupancy levels and people's dependency levels, which showed five staff were needed on the staffing tool. However, immediately after feedback they increased this to six staff during the busy morning period to ensure people's needs were met.
- The regional manager and manager were recruiting to ensure there was enough staff available to meet people's needs, whilst using consistent agency staff to cover any shortages.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff supported them.
- Staff explained how they would recognise abuse and their responsibilities to report concerns to the manager and other authorities.
- Staff explained how they supported people who displayed behaviours that may challenge by using diversion and distraction techniques, which ensured people were supported in the least restrictive way.
- The manager understood their responsibilities to report concerns to the local safeguarding authority. They had ensured staff understanding had improved following feedback from professionals. For example; unexplained bruising had been identified and reported, and the manager had oversight of this to ensure people were safe from possible harm.

Learning lessons when things go wrong

- Improvements had been made to the way accidents and incidents were monitored and managed.
- The provider's audit and the newly appointed manager's observations highlighted improvements were needed and action had been taken to ensure investigations were completed to lower the risk of further incidents.
- The regional manager and manager promoted a culture of openness and learning when things went wrong.



# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements were needed to ensure records contained an accurate and up to date reflection of people's needs. For example; continence care and skin integrity care plans were not always up to date, which meant there was a risk of inconsistent and unsafe care. The provider had recognised that records needed improvement and they were in the process of implementing an electronic care system.
- The service had been rated Requires Improvement on four consecutive inspections. There had been an improvement at the previous inspection on 20 March 2019 and they were compliant with the Regulations. However, this had not been sustained.
- The provider was aware of the areas that needed improvement and explained that the period of restricted visiting caused by Covid-19 had impacted on their oversight of the service. They had taken learning from this and were in the process of testing a new monitoring system to ensure they had an improved remote oversight in the event of any further visiting restrictions in the future.
- The manager and regional manager were working together to make improvements, which included a service improvement plan to ensure there were clear actions to work alongside. The management team had started to complete observations and audits, which had picked up some of the issues we identified at the inspection. These new systems needed to be fully imbedded and sustained.
- Immediate actions had been taken by the manager in response to our feedback. For example; infection control issues had been raised with staff, which the manager will continue to monitor including renewed knowledge-based competencies.
- There was a new manager at the service. However, they had not yet applied to register with the commission. We were informed they planned to apply to become the registered manager.
- Notifications had been submitted to us (CQC) as required by law and the rating from our previous inspection was on display.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from people about the manager were positive. One person said, "The new manager is lovely, they will do anything for us, it's definitely a lot better."
- Staff told us the manager was approachable and supportive. Without exception the staff felt there had been improvements under the new management. Comments included, "Better communication and

teamwork", "The team are more positive now and the culture of the home has improved."

- The manager had implemented new systems and improved the culture at the service to ensure staff felt able to raise any concerns. They promoted openness and transparency when things went wrong to enable learning across the staff team.
- The manager had a clear vision for the future of the service to ensure people received a good standard of care, supported by a positive staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities in relation to duty of candour. They were open and responsive to feedback and were committed to improve the service people received.

Working in partnership with others

- The manager had developed good working relationships with professionals to ensure people's health and wellbeing needs were maintained. One professional said, "I have a good relationship with the staff and new manager. They listen to advice offered to ensure people are supported effectively."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were at risk of unsafe care and treatment because the provider had not ensured infection control and prevention procedures were consistently followed. Medicines were not always managed safely and people's risks were not always mitigated to protect them from harm.

### **The enforcement action we took:**

We served a warning notice to ensure improvements were made and the regulation met.