

Postgrad Limited

# Treelands Care Home

## Inspection report

Westerhill Road

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Oldham

Lancashire

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Tel: 01616267173

Date of inspection visit:

25 March 2022

28 March 2022

Date of publication:

03 May 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Treelands Care Home is registered to provide accommodation and nursing care for up to 80 people. Accommodation is provided over two floors and is divided into four units: Sycamore provides care and support to people requiring residential care; Beech provides care and support for people with complex needs, such as mental health needs; Oak provides general nursing care and Elm unit provides care and support for people living with dementia. At the time of our inspection there were 60 people living at the home.

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

We found improvements were required with the management of medicines and the audit and governance process. People's medicines were not always managed safely and auditing had not been completed consistently. Actions, outcomes and lessons learned had not always been generated and used to help drive improvements.

People told us they felt safe living at Treelands Care Home. Staff had received training in safeguarding and knew how to identify and report concerns. Staffing levels were allocated based on people's needs, with people reporting no concerns with waiting times when they needed support. The necessary employment checks had been completed, to ensure staff were suitable to work with vulnerable people. Accidents, incidents and falls had been documented consistently, although further work on looking for patterns and trends to prevent reoccurrence was required.

Work was needed to ensure staff training and supervision was up to date, however, this had been identified by the provider with an action plan in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider had identified deprivation of liberty safeguard applications had not been submitted or renewed timely and had taken action to ensure this was addressed. People's healthcare needs were being met. Referrals had been made timely to professionals when any issues had been noted or concerns raised. Equipment was in place to support people to stay well. People provided mixed feedback about the quality of the food provided, however, the mealtime experience was positive with people receiving a choice of meal and support with eating and drinking as required.

People and relatives spoke positively about the staff and the care and support provided. People told us they were treated with dignity and respect and offered choice. One person told us, "The staff are very good, more like family or friends than staff, we have a laugh and some good banter."

Care files contained personalised information about each person and how they wished to be supported and cared for. Observations showed staff knew people well and provided care and support in line with people's wishes. People's social and recreational needs were met through an activities programme, facilitated by an activity co-ordinator and staff members. The provider had identified further work was needed to ensure

people cared for in bed, received enough activity and stimulation. People and relatives knew how to complain, but none of those we spoke with had needed to.

The provider had introduced a continuous improvement plan, to address issues they had identified. This included actions around audit completion, record keeping and meeting completion. The home did not currently have a registered manager in post. People and staff commented on the current management situation impacting on consistency. One person told us, "I can talk to the management and they are approachable, but there has been lots of changes which is unsettling, I prefer continuity." A new manager was due to commence post on 19 April 2022.

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 service was re-registered with us on 10 September 2020 and this is the first inspection. The last rating for this service under the previous provider was good (published May 2018).

#### Why we inspected

This was a planned inspection based on the date of registration in order to provide a rating for the service.

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.

You can read the report from the comprehensive inspection of the previous provided, published May 2018, by selecting the 'all reports' link for Handsale Limited - Treelands Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to medicines management and the audit and governance process.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was 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** 

# Treelands 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 was carried out by three inspectors, a medicines inspector and an Expert by Experience. 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

Treelands 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.

At the time of inspection, the home 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. The previous registered manager had left, and their replacement was not due to commence employment at the home until 19 April 2022.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on the 23 March 2022 and finished on the 4 April 2022, at which point we had received all the additional information and clarification we had requested from the provider. We visited Treelands Care Home on 25 and 28 March 2022.

### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority, clinical commissioning group and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

### During the inspection

We spoke with 13 people and four visiting relatives about their experiences of the care and support provided. We also spoke with 14 staff members which included the provider's lead quality and compliance manager, deputy manager, support manager, nurses, carers and activity coordinator.

We reviewed a range of records. This included 14 people's care records and 11 medicine administration records and associated documentation. We also looked at other records relating to the management of the home and care provided to people living there.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information, provider policies and governance documentation.



# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicines were not always managed safely. We identified issues with the management of fluid thickener. Thickener powder was not being stored safely and staff were not always accurately recording when this was added to drinks for people at risk of choking and aspiration. Paperwork to inform staff what quantity of powder to use was not always available, and for three people no stock was available on the day of the inspection.
- Controlled drugs were not always being stored in line with regulations and we found some controlled drugs were not stored in the required cabinet.
- Some people needed their medication administered covertly, such as hidden in food and drink. The appropriate people had been involved in agreeing medicines could be given this way. However, medicines records were not always clear whether people required their medicines covertly and how this should be done. This could lead to people being given their medicines in an inappropriate way.
- Instructions for medicines given 'when required', such as paracetamol, were not always in place or person centred. A person prescribed medication 'when required' for anxiety was receiving this regularly. There were no instructions in the medication administration record for staff on how to manage this person's behaviour, prior to medication being administered. As a result, we could not be assured the behaviour was being controlled by medication.

We found no evidence that people had been harmed, however, systems and processes in place to manage medicines were not robust. This placed people at risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The home had assessed risks to people's safety and wellbeing. Guidance around managing people's risks was contained in their care records for staff to follow.
- Where people were at risk of skin breakdown, wound care plans had been completed and pressure relieving equipment was in place.
- Accidents, incidents and falls had been logged on the home's electronic system (PCS), including what occurred, the action taken and outcomes. Analysis to look for patterns and trends to prevent reoccurrence was not currently being completed but was listed on the home's improvement plan and due to be implemented.
- Checks of the premises and equipment had been completed as required, with certification in place to confirm compliance. A fire risk assessment was in place, although the action plan required updating to confirm remedial works had been completed. Fire drills were undertaken regularly and each person had an

evacuation plan in place, in case of emergencies.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. Relatives we spoke with also had no concerns about their family member's safety. Comments included, "I feel safe here because of the people around me...the staff listen and encourage me" and "[Relative] is well looked after and safe here."
- Staff were provided with training in safeguarding and knew how to identify and report concerns. One staff told us, "I would speak to the manager who would report this to the local authority. I would also let relatives know what had happened. We record issues on PCS, which go through to the manager for actioning."
- Safeguarding issues had been reported in line with local authority guidance. The home used a log to record any safeguarding referrals, which included information on what had occurred, outcomes and lessons learned.

Staffing and recruitment

- Staffing levels were allocated in line with the home's dependency tool, which is a system to determine how many staff are required per day to support people safely.
- Due to issues with recruitment, the home was having to use agency staff to cover some nursing and care shifts, to ensure safe staffing levels.
- People reported no concerns with staffing levels or how long they had to wait for support. Staff feedback was mixed, with some questioning how accurate the dependency tool was and others reporting not having enough time to chat and interact socially with people. However, staff confirmed levels were sufficient to keep people safe.
- Staff were recruited safely. The provider had robust recruitment checks in place; pre-employment checks were completed including checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Preventing and controlling infection

- We looked at infection control processes and procedures and observed staff practice. We were assured the service were following safe infection prevention and control procedures to keep people safe. We observed staff using PPE such as gloves, masks and aprons effectively and safely. Cleaning schedules were in place for all areas of the home, including frequent touch points.
- An infection control audit had been completed in February 2022 by Oldham Council's Public Health department. The home's compliance was rated at 80% and they had been awarded an 'amber' rating, which indicated actions were required. We saw the provider was working through the action plan to ensure full compliance.
- One staff member told us, "Information provided around infection control and COVID-19 has been good." Another confirmed, "Always had enough PPE. Provided with donning, doffing and hand washing training. There was lots of involvement from the local authority at start of pandemic."



# Is the service effective?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff spoke positively about the training and support available. Comments included, "Induction was good, a lot of training provided to support me to do the job" and "A lot of mandatory training is online at present as difficult to get people in to do face to face, what with Covid. They monitor training completion to make sure you are up to date."
- Staff had not always received supervision in line with the provider's policy. We found no overarching matrix was used to track completion, which made it difficult to monitor when supervision meetings should have occurred. Actions had been taken by the provider to address this.
- Although staff told us they received enough training to carry out their roles safely and effectively, the matrix used to record staff training indicated a number of sessions were out of date. This had been identified by the provider with training dates scheduled to ensure staff had completed any outdated sessions.
- The provider had identified some issues with the quality of the induction process and had implemented new workbooks and processes to ensure a robust induction was provided to new staff, including completion of the care certificate.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS had not always been managed correctly.
- We noted some people's DoLS had expired and applications had not always been submitted timely. The provider had identified these issues through auditing and had taken action to ensure all required DoLS were

in place and up to date.

- Care plans contained information about people's capacity to make decisions. Where necessary best interest meetings and decision making had taken place

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

- People provided mixed feedback about meal provision, with some telling us they did not like what was provided or there not being enough variation. Other people felt the food provided was good and had no concerns. We saw no evidence of people being involved in menu planning, which would help alleviate some of the negative comments.
- We noted people requiring a modified diet received this in line with guidance, however, only one option was available. It was not clear what alternatives would be provided, should the person not like or want what was served.
- The lunchtime experience was positive. People were given a choice of fish or steak pudding with chips and peas. People were asked where they would like to eat and if they wished to wear an apron, to protect their clothes. Staff were attentive during meals providing support as required.

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

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured and used to inform the care planning process to ensure care provided was in line with people's needs and wishes.

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

- People received support to stay well and access medical services as required.
- People had access to a variety of medical and health related services, such as general practitioners, nurse practitioners, speech and language therapists and dieticians. Information following appointments or assessments had been documented in care records.
- Oral care was provided in line with people's needs and wishes. The home had links with the dental service at the local integrated health centre.

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

- Overall, the layout of the home catered for people's needs.
- Some consideration had been given to ensuring the environment on specific units was suitable for people living with dementia, although further work would be beneficial.
- The home was undergoing a period of redecoration. We were told items had been removed or taken down on these units as part of this process and had yet to be put back. Additional items had also been ordered and had yet to arrive. We will follow this up at the next inspection.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Staff were caring and kind with people. People spoke positively about the care and support they provided. One person told us, "The staff, I would give them 10 out of 10, they are brilliant."
- Staff were respectful when talking with people, calling them by their preferred names. Staff spoke with people while they moved around the home and informed people of their intentions when approaching people.
- One person we spoke to said, "The staff are motivating and encouraging. I get in a low mood sometimes and they show kindness and understand me; some staff go above and beyond".
- The home and staff adhered to the provider's equality and diversity policy, which helped ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.

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

- People were supported to express their opinions and be involved in making choices about their care. We saw staff asking people what they wanted to do and offering choices such as what people would like to eat and drink, or what activities they wished to do.
- One person told us, "The staff know my likes and dislikes." Another stated, "The staff involve me and respect my views."
- For people who could not fully communicate their choices, legal representatives and/or relatives were involved to make sure their views were heard.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity whilst encouraging independence.
- Staff were patient and encouraged people to move at their own pace, whilst enabling them to be as physically active as possible. People were asked if they wanted any assistance, for example help with their food. We saw people's wishes were respected.
- One person we spoke to said, "The staff know me well and are attentive. I have freedom here; I come and go as I please."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulations (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

# Is the service responsive?

## Our findings

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

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

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

- Care plans explained how people wished to be cared for and supported and were written in a person centred way. However, we identified incorrect, out of date and contradictory information in some people's care plans. These issues had not been identified through auditing. This is covered within the well-led domain.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, one person had been supported to buy a tablet device to develop their skills using the internet and communicating with family.
- One person we spoke to said, "I have everything I need in my room and personalise my room to my liking. The staff involve me in my care".

Meeting people's communication needs

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

- People communication needs were identified and assessed through the providers pre-admission assessment process and ongoing monthly reviews.
- Each person had a communication care plan, which helped staff understand how best to communicate with each person.
- People could access information in different languages, easy read and in large print if needed. Communication cards had been used, to support people who were non-verbal make decisions and ensure their needs and wishes had been met.

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

- People provided mixed feedback regarding activities within the home. A weekly schedule was advertised, with daily activities, facilitated by the home's activity coordinator taking place. Some people told us they were happy with the options available, whilst others stated they tended not to get involved as did not enjoy what was provided.
- Care plans included information about people's known interests and staff supported people to take part in things they liked to do. Pictures were available showing people taking part in activities.

- Staff told us people who were more active and able had plenty to do, but people who were cared for in bed, had less stimulation, as it was difficult to allocate enough time daily with each person to chat or complete activities of their choosing. The provider had identified this and had plans in place to increase engagement for everyone living at the home.

#### Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to make a complaint. The complaints procedure was displayed in the entrance and staff said they would support people to make their concerns known.
- Complaints had been dealt with in line with the provider's policy and were analysed to try to identify learning and improve the service.
- One person we spoke to said, "The staff know my likes and dislikes, I find the management are approachable and listen (to me); the food is good and I have no concerns."

#### End of life care and support

- Where they chose to, people were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans.
- Care records explained whether people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions and/or Statements of Intent (SOI) in place. An SOI allows the person's death to be registered without automatically having to refer this to the coroner.
- However, we identified people's advanced care plans would benefit from more detail around how staff should practically support people at this time of their life. The provider agreed to address this moving forwards.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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

- The home did not currently have a registered manager. The previous registered manager had left and their replacement had yet to commence employment. The deputy manager was running the home supported by the provider and a registered manager from one of the provider's other homes.
- We identified some issues with contemporaneous record keeping. For example, food and fluid charts were not always reflective of what people had consumed and needed to be more detailed, especially for people with a feeding tube (percutaneous endoscopic gastrostomy or PEG) in place, where it was not easy to determine if the recommended daily fluid intake had been achieved.
- An audit schedule was in place, which detailed what auditing and monitoring would be completed and when. However, from reviewing completed audits, it was apparent this had not been followed.
- We found the majority of recently completed audits or governance process contained lots of data collection, such as how many people had pressure areas, how many bed rails in use, whether safety checks had been completed, but did not include actions taken, outcomes or lessons learned.
- Care plan audits and monthly care plan reviews had not identified the incorrect, out of date and contradictory information we found in people's care plans.
- The provider had recently identified shortfalls in the auditing process and also noted a number of the issues we found on inspection. A detailed improvement plan had been completed to address these concerns.

Systems and processes to monitor the safety and quality of service provision, identify issues and ensure actions were addressed timely, were not robust. Records had not always been completed fully and accurately. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals and bodies in a timely manner and had submitted statutory notifications to CQC as necessary.

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

- We found the home to be an inclusive environment. People's views had been sought and captured

informally, such as through discussion with care staff, however, resident meetings and/or surveys had not taken place for some time. Re-completion of these was one of the actions on the provider's improvement plan.

- Staff told us support they received was variable and they were looking forward to the new manager commencing post, as felt the home needed experienced leadership and consistency. One stated, "[Support manager] has been okay, but is only here a couple of days, otherwise don't always feel listened to. Not sure how much of what we pass on, is fed back to the provider." Another said, "In terms of current management, not sure if [deputy manager] is still the deputy or is the current home manager. It's a bit confusing who does what and who is in charge. Be good when new manager starts."
- Staff meetings had not been held consistently and there was no clear meeting schedule in place. One staff told us, "We had one meeting just before you (CQC) came, but don't happen often. Used to be quite regular."
- The provider had identified both staff meeting frequency and the structure of the meetings needed to improve and had just introduced a new meeting format, with meetings being held for each designation of staff on a rota basis.

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 home was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. People and relatives had no concerns about the openness of the home or its staff, commenting on staff and management keeping them updated as required. One person told us, "I can talk to the managers and they listen."

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home.
- Involvement with community based groups, continued to be affected by restrictions in place as a result of the COVID-19 pandemic. However, when safe to do so, the provider planned to reconnect with these groups and invite them back into the home.

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
Treatment of disease, disorder or injury	We found no evidence that people had been harmed, however, systems and processes in place to manage medicines were not robust. This included the management of thickener, controlled drugs, covert and 'as required' medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes to monitor the safety and quality of service provision, identify issues and ensure actions were addressed timely, were not robust. Care records and monitoring charts had not always been completed fully and accurately.