

Treetops Nursing Home Limited

Treetops Nursing Home

Inspection report

Carthage Street
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Greater Manchester
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
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 Nursing Home is owned by Treetops Nursing Home Limited and is situated in Oldham, Greater Manchester. The home is registered with the Care Quality Commission to provide both nursing and residential care for up to 31 older people.

People's experience of using this service:

We carried out this comprehensive inspection on 4 June 2019. At the time of the inspection there were 30 people living at the home. This was the first inspection we had undertaken at the home since re-registering with CQC in June 2018.

Not all potential risks around the home had been considered and were being well managed.

People received their medication safely, however the storage and recording of thickened fluids (used for people with swallowing difficulties) needed to be improved.

A range of quality assurance systems were in place, however were not always fully effective to ensure potential risks at the home were well managed. Confidential information was not always being stored securely.

People said they felt safe living at the home, with staff demonstrating a good understanding about how to protect people from the risk of harm.

Staff were recruited safely, with appropriate checks carried out to ensure there were no risks presented to people using the service.

Maintenance checks of the premises and the servicing of equipment was carried out throughout the year to ensure they were safe to use.

There were enough staff to care for people living at the home.

Accidents and incidents were monitored and any actions taken to prevent future re-occurrence were recorded.

People's mental capacity was kept under review and deprivation of liberty safeguards (DoLS) applications were submitted to the local authority as required.

Staff received the necessary training and support to help them in their roles. Staff supervisions and

appraisals were carried out and gave staff the opportunity to discuss their work.

People told us they liked the food available and we saw staff supporting people at meal times, if they needed assistance. Where people needed modified diets due to having swallowing difficulties, these were provided.

People living at the home and visiting relatives made positive comments about the care provided at the home. The feedback we received from people we spoke with was that staff were kind and caring towards people.

People said they felt treated with dignity and respect and that staff promoted their independence as required.

Complaints were handled appropriately. Compliments were also maintained about the quality of service provided.

There were a range of activities available for people to participate in and we observed these to be well attended by people living at the home during the inspection.

We received positive feedback from everybody we spoke with about management and leadership within the home. Staff said they felt supported and could approach the home manager with any concerns they had about their work.

Rating at last inspection:

Treetops Nursing Home re-registered with CQC in June 2018 and as such, this was the first inspection we had undertaken at the home.

Why we inspected:

This inspection was carried out inline with our inspection methodology timescales for newly registered services which is within 12 months from the date of registration.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for 'Requires Improvement' rated services, however if any further information of concern is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

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?

Not all aspects of the service were Well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Treetops Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 team consisted of one adult social care inspector and an expert by experience. An expert by experience has personal experience of caring for, or living with someone with care needs similar to people living at Treetops Nursing Home.

Service and service type:

Treetops Nursing 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 had a manager registered with the Care Quality Commission. This means that 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. This meant the service did not know we would be visiting on this day.

What we did:

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 and professionals who worked closely with the home.

During the inspection we spoke with the registered manager (who was also the proprietor), seven care staff (from both the day and night shift), 16 people living at the home and six visiting relatives.

We reviewed five care plans, three staff personnel files, six medicine administration records (MAR) and other records about the management of the home to help inform our inspection judgements about the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was a risk that people could be harmed. Regulations were not always met.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were not always well managed.
- Some window restrictors were not in place and allowed windows to open wide enough for people to potentially leave the home in an unsafe way. The registered manager arranged for these to be put in place immediately.
- At the time of the inspection, building and renovation work was ongoing at the home. We saw items such as saws and power drills were left unattended and were accessible to people living at the home. This meant they could be used in an unsafe way by people living at the home, or cause injury to people, particularly those living with dementia. A risk assessment was not in place regarding this ongoing work to ensure people living at the home remained safe.

This meant there had been a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 regarding safe care and treatment.

- Each person living at the home had their own risk assessment in place covering areas such as mobility, falls, skin care and nutrition. Where risks were identified, there were details about how they needed to be mitigated. Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's evacuation needs in an emergency. A fire risk assessment had recently been undertaken. Several recommendations had been made which needed to be completed within three months.
- People at risk of skin breakdown had appropriate equipment in place such as pressure relieving cushions and mattresses. Records were also maintained by staff when they helped people to change position in bed to relieve the pressure on their skin.
- We looked at how people were supported to maintain good mobility. People had mobility care plans in place, detailing the support they required from staff. We also observed staff using hoists safely and explaining to people what was happening during any transfers to keep them calm.
- The premises were well maintained, with records of work completed documented on safety certificates when servicing had been carried out to the building or any equipment. Refurbishment work was ongoing at the time of the inspection with improvements being made to decoration, bedrooms, communal areas and

flooring. People living at the home had been involved with the colour choices they liked. A new ramp had also been built on the premises which allowed emergency services to access the home quicker.

- Equipment was available such as mattresses, hoists, shower cradles and commodes and could be used by people living at the home as required.

Using medicines safely

- Medicines were managed in a safe and proper way, however the storage and recording of thickened fluids (used for people with swallowing difficulties) needed to be improved. These were not signed on medication administration records (MAR) when used and were left accessible on drinks trolleys and in the lounge area. This presented the risk of it being consumed in an unsafe way.
- We found people's medication was administered safely. People's MAR were completed accurately. We observed staff giving people their medication during the inspection and explaining the reasons why it needed to be given.
- Medication fridges were available to help keep medicines at the correct temperature. Controlled drugs were in use and staff carried out a stock check to ensure all controlled drugs could be accounted for. These were signed for by two staff when administered to confirm they had been given. Creams were stored securely to ensure they could not be accessed and used unsafely.
- Staff had received training regarding medication and displayed a good understanding about how to ensure people received their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People living at the home and relatives told us they felt the home was a safe place to live. One person said, "Safe yes, no concerns." Another person said, "Yes, I feel looked after safely by staff." A visiting relative also added, "Mum is pretty safe here. She can't walk and staff assist her safely."
- Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns. A log of safeguarding incidents which had occurred within the home was maintained. Appropriate policies and procedures were in place regarding safeguarding and whistleblowing.

Staffing and recruitment

- There were enough staff working at the home to care for people safely. All care staff spoken with during the inspection told us they felt staffing levels were sufficient to meet people's care needs. People living at the home and visiting relatives confirmed this also. Agency staff were never used and several of the staff had worked at Treetops for a number of years which ensured continuity of care.
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.

Preventing and controlling infection

- We found the home was clean and where any odours were present, measures were taken to minimise these during the day. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. We observed domestic staff cleaning the home throughout the day and ensuring peoples bedrooms were fresh and tidy. The home had achieved a five star environmental health rating (the highest that can be achieved) for the last five years.

Learning lessons when things go wrong

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 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. The application 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.

- Staff confirmed training had been provided in MCA and DoLS and demonstrated a good understanding about when DoLS applications needed to be made and when any decisions needed to be taken in people's best interests.
- DoLS applications had been submitted where required, such as if people had been assessed as lacking the capacity to consent to their care and treatment. Mental capacity assessments were undertaken about people's abilities to make their own choices regarding their care.

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

- The care and support people needed to receive from staff had been captured as part of the admission process and was recorded within care plans.
- Care documentation explained people's choices and how they wished to be cared for and supported. People and relatives we spoke with, said they were consulted about the care provided and felt involved.

Staff support: induction, training, skills and experience

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.

- Staff spoke positively of the training provided and said enough was available to support them in their roles. Staff supervisions were carried out and gave staff the opportunity to discuss their work. Clinical supervisions were also undertaken with nursing staff. Appraisals had been undertaken in 2018, with the next sessions scheduled for later this year.

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

- People and relatives we spoke with were complimentary about the meals provided. One person said, "The food is good. They tell you what meals you are going to get and if you don't want that they will arrange for something else." Another person said, "I like the food and there is a lot to eat and drink here."
- Staff supported people to eat and drink at meal times as required. Other people were able to eat independently and this was something that was promoted by staff.
- We saw people received food and drink of the correct consistency, such as fork mashable diets, when they had been assessed as being at risk of choking and aspiration. People's fluid intake records showed sufficient levels of fluids were consumed by people
- People's weight was regularly monitored. Where people had lost weight, we saw they had been appropriately referred to other health care professionals, such as the dietician service for further advice.

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

- People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home. Professionals such as district nurses, podiatrists and opticians regularly visited the home to assist people with their care and offer advice.

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

- The home is set over two floors with bedrooms on each. The upper floor could either be accessed via the main staircase or passenger lift.
- Disabled access was available the front of the building so that people with mobility problems could enter the home if they used a wheelchair.
- People's bedrooms contained a photograph and their name, making them easier to locate. Colour schemes had been used around the home to make it more 'Dementia friendly'. New rounder dining rooms tables had also been purchased to keep people safe and ensure they were not collided with.

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 in their care.

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

- People and their relatives spoke positively about the standard of care provided and that staff treated people well. Staff were described as being kind, caring and considerate. One person living at the home said, "They help me, support me, show respect and have always got time to talk." Another person said, "Perfect care and wonderful staff." A visiting relative also said, "The level of care by the staff is of high standard. They always give over the top care were possible."

- Staff were kind and caring and we observed a number of caring interactions between staff and people who lived at the home.

- People's equality, diversity and human rights (EDHR) needs were taken into account and reflected the care provided. People were given the opportunity to pray in the privacy of their own room when they needed to and were able to eat foods relating to their cultural background. Staff told us people would be treated equally regardless of their age, gender and race. The home employed a diverse workforce, with a range of staff working at the home from different ethnic backgrounds.

- Efforts were made to ensure a member of staff was always on shift who spoke the same language as people from cultural backgrounds. Policies and procedures such as complaints were available in additional languages such as Urdu. Advocacy services were available and had been used in the previously.

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

- Resident meetings were held so that people could express their views about the care and support they received. Questionnaires had also been sent, seeking people's views and opinions about the service. A 'you said, we did' report had been completed and this showed how people's feedback had been used to improve service delivery.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing them behind them. Doors were always closed when personal care was in progress.

- Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating independently and walking around the home on their own using any necessary equipment they may need.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person living at the home had their own care plan in place and we reviewed six of these during the inspection. We noted they were completed with good detail and provided information for staff about the care and support people needed. Staff maintained records about when people's personal care had been attended to. People's likes and dislikes were clearly recorded.
- The care people received was reflective of their assessed needs and we saw people's preferences being adhered to during the inspection.
- People's care plans contained person-centred information about their life story and included details regarding their childhood, employment, school years, hobbies and interests and details about their family.
- The service was meeting the requirements of the accessible information standard (AIS). This is used to ensure people with any particular sensory impairments have their needs met by staff. Care plans contained information about people's communication and if they required the use of any sensory equipment. Where any sensory equipment was needed, we observed these were being worn by people during the inspection.
- There were different activities available for people to participate in if they wished to and we saw these being facilitated by an external activities co-ordinator during the inspection. Activities taking place included ball games and various chair exercises which people appeared to enjoy. Special events and birthdays were celebrated and could be attended by people's families and visitors. Visitors were made to feel welcome and were able to eat meals at no extra charge.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about the care they received and information about how to make a complaint was displayed on the main notice board in the reception area. A simplified and large print version of the procedure was available in case people had any visual impairments or did not fully understand the content.
- A central log of complaints had been kept and we noted responses had been provided where people had been unhappy with the service they received. A range of compliments had also been received, where people had expressed their satisfaction about their experiences at the home.

End of life care and support

- The home provided end of life care to people as necessary. People's care plans took into account their wishes as they approached the end of their life and how they wanted their care to be delivered.
- Do not attempt cardiopulmonary resuscitation (DNACPR) forms had been completed, to ensure people's choices were respected regarding being resuscitated during an emergency. Statement of intents (issued by the person's GP when approaching end of life) were put in place with authorisations from the person's GP as needed and end of life care medication was ordered and could be given to people when the time was right.
- End of life care plans had also been created and were used by staff when required.

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.

Continuous learning and improving care

- Staff meetings were held and could be attended by both day and night staff. Staff told us they felt listened to and that any concerns were acted upon. Staff hand overs took place between each shift and enabled staff to understand how people were and if any actions needed to be completed relating to their care and support.
- The registered manager kept up with legislative changes regarding areas such as health and safety, medication and updates from the National Institute for Health Care Excellence (NICE). This information was shared at staff meetings to promote learning and understanding.
- Confidential information was not always being stored securely. People's care plans were stored in an office which was not always locked when not in use. This meant people who were not authorised could access people's personal details.
- A range of quality assurance systems were in place at the home to ensure the quality of service was being monitored. Audits in place covered areas such as care plans, safeguarding, accidents and incidents, complaints, health and safety, building maintenance and weights. These were up to date and had been completed as recently as May 2019. Additional checks were also carried out such as weekly walk around checks and unannounced spot checks at night.
- Improvements were required to overall quality assurance systems to ensure they identified and addressed the concerns found in this inspection. For instance, regarding potential risks around the home not always being well managed and confidential information not being stored securely. Regular checks of window restrictors were not in place to ensure they were safe and fit for purpose.

This meant there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 regarding good governance.

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

- The staff spoke of the positive culture within the home that was open and inclusive. All the staff spoken with said staff worked well together and supported each other to provide good care to people. Staff spoke

highly of the registered manager and said they worked hard and were committed to making a difference at the home.

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

- There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.
- Statutory notifications were submitted to CQC as required where any safeguarding incidents, serious injuries, or expected/unexpected deaths had occurred. This meant we could respond accordingly.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last inspection ratings were displayed in the main reception area near to the front entrance

Working in partnership with others and community links

- The home worked in partnership with other organisations. This included a range of other healthcare professionals in the area, such as district nurses, social services and local hospitals. The registered manager attended routine meetings with the local authority and acted on any recommendations that were made on the back of quality assurance visits and reports.
- A number of community links had also been developed. This included local churches, with a priest also visiting people at the home. Links were also being put in place with a local school, to enable them to visit and speak with people. People were also supported to attend football matches at Oldham Athletic.

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 2 (a) - Appropriate systems were not always in place to assess the risks to the health and safety of service users of receiving the care or treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 2 (b) - Appropriate systems were not always in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.