

Handsale Limited

Handsale Limited - Treelands 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 effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Treelands Care Home is registered to provide accommodation and care, including nursing care, for 80 people who may also have a dementia related condition. On the day of our visit, there were a total of 76 people living in the home.

This inspection was carried out over two days on the 17 and 20 February 2015. Our visit on the 17 February was unannounced.

Although we found the building to be reasonably well maintained, clean, tidy and free of unpleasant odours

Summary of findings

there were some parts of the home that required improvements. You can see what action we told the provider to take at the back of the full version of the report.

There was a registered manager in post at the time of our visit. Treelands Care Centre is legally required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People who used the service, who we asked, said they felt happy, safe and comfortable living in the home.

We looked at the way in which medicines were managed by the home. We found that the organisations own medication policy was not being adhered to and this did not give us confidence that medicines were being handled appropriately and safely in the home. You can see what action we told the provider to take at the back of the full version of the report.

There were menu choices available at each meal and people had access to regular drinks throughout the day.

Staff had access to a range of training and although the registered manager and one other staff member had recently completed Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training, no other staff had completed such training.

We found that staff supervisions and annual appraisals were not being carried out consistently and staff meetings were held infrequently.

Although some quality monitoring processes were carried out by the management of the home, these were not carried out consistently and, in some instances, records were not being kept. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

The organisations policies and procedures relating to the way in which medicines no longer required were disposed of were not robustly followed.

People who used the service, who we asked, said they felt happy, safe and comfortable living in the home.

Some parts of the home required improvements.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

Staff had received some training.

Staff had not received relevant training to safeguard people under the Mental Capacity Act 2005 (MCA) where people lacked the ability to make decisions for themselves and needed to be deprived of some aspects of their liberty.

Requires improvement



Is the service caring?

The service was caring.

Everyone we asked spoke positively and enthusiastically about the attitude and support from staff.

The overall atmosphere was calm and relaxed with people being treated with respect whilst their dignity was being maintained.

Visiting relatives talked of “caring and helpful staff” and “staff do their very best for people in what is a difficult job.”

Good



Is the service responsive?

The service was responsive.

People had opportunities to participate in a range of appropriate activities, although some people thought they could be better planned.

People knew how to make a complaint if they were unhappy and people believed complaints would be responded to. None of the people we spoke with said they had reason to make a complaint but would do so if necessary.

Good



Is the service well-led?

Some aspects of the service were not well led.

People we asked knew who the registered manager and deputy manager of the service were but not necessarily their names.

Requires improvement



Summary of findings

Although there were quality monitoring processes in place, these had not been consistently maintained in a way which ensured best practice was always followed and adhered to.

Some staff felt the registered manager was not always approachable.

Handsale Limited - Treelands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We had recently received some anonymous concerns about the service, and although these concerns had been investigated by the service provider it was decided to carry out an inspection of the service.

Before the inspection, the provider would normally be requested to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As this inspection of the service was 'brought forward' the provider was not requested to complete the PIR on this occasion.

The inspection took place on 17 and 20 February 2015 and day one of our visit was unannounced. Day one of the inspection was carried out by two inspectors and day two by one inspector.

Before the inspection, we requested information from the local authority about the service.

During our inspection we spent two days in the home observing the care and support being provided to people. We had a tour of parts of the home including some bedrooms and communal areas and were introduced to people living and working there.

We looked at a sample of records which included eight people's care plans, four staff recruitment files, servicing records for equipment used in the home, three staff training records, medication records and complaints log.

We spoke with seven people living at Treelands Care Centre, two visiting relatives, three nurses, the registered manager, the deputy manager, kitchen assistant, maintenance person and eight care workers. We also spoke with two visiting health care professionals.

Is the service safe?

Our findings

We looked at how medicines were administered and dealt with on Sycamore unit. Each person requiring medicines to be administered to them had an individual medication administration record (MAR). Those MAR's reviewed were mainly correct but we did find some missing entries with no explanation recorded. We saw that medication marked on the MAR as "D" for destroyed. When we spoke with the registered manager about this, it was reported that the medication was not destroyed but returned to the pharmacy for destruction and should be recorded in a returns book. We saw a large amount of medicines ready to return to the pharmacy. We noted that some had been recorded in the returns book, but most were not.

The registered manager acknowledged that the organisations medication policy was not being followed. The policy stated that medicines for return to the pharmacy should be bagged and noted for disposal. The evidence seen demonstrated that this was not happening.

We were told that no person living in the home was in receipt of any prescribed controlled drugs at the time of our visit.

The identified shortfalls are in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service, who we asked, said they felt happy, safe and comfortable living in the home. One person said, "Of course I feel safe living here with all the kind staff to look after me." Another person said "I love living here, the staff are wonderful and they make sure everyone, including me feel safe and comfortable."

Nursing and care staff we spoke with believed people who used the service were safe. Those staff who we asked were able to demonstrate a good understanding of why safeguarding procedures were important and each understood what their role was in maintaining the safety of people using the service. Staff told us they would pass on any concerns, especially around dangerous or poor practice they may observe as part of their role. When asked about whistleblowing one member of staff told us, "If I reported a safeguarding incident to my line manager and it didn't get sorted properly then I would take it further, say to social services or a more senior person."

One visiting health care professional told us that people using the service were "very safe here." Another visiting health care professional said, "This is one of the better homes I come to – I have no concerns about the safety of anyone living here."

We saw that Oldham's multi agency safeguarding policy was available and the registered manager confirmed that she used this document for guidance.

The registered manager told us that staffing levels were based on the individual assessed needs and dependency of people living in the home and an analysis of reported accidents was also used to influence staffing hours. We viewed the staff rota on each of the four separate units we visited. Three units had a registered nurse in charge and one which only looked after people who had been assessed as not needing nursing care had a senior carer in charge.

We received various views from the staff we spoke with about the levels of staffing needed on each unit. Staff reported that, on a number of occasions, rotas would not always be fully covered and some units then had to 'share' a member of staff off another unit putting extra pressure on the overall staff team. We were told that this was usually due to late calls by rota'd staff informing they would not be coming in to work. We were told that bank staff, off duty staff and agencies were contacted to try and maintained staffing levels wherever possible.

Comments from staff included, "We don't always get the cover if someone is off. Nights on this unit are a problem, only one nurse and a carer and the people on this unit don't all go to bed but may 'wander' around for quite some time before settling."

The registered manager told us that a new dependency assessment tool had just been introduced to inform staffing needs for each unit. They also told us they could bring in extra staff and "argue the point" with the service provider later.

People we spoke with told us that staff were always available and came quickly if they needed help of any kind. One person told us, "The staff are marvellous, so attentive, you couldn't get better." One visiting relative said, "There usually seems to be enough staff around, but some days they are extremely busy so it can be difficult to know who is on duty and who isn't."

Is the service safe?

We looked at how staff were recruited within the home and checked four staff personnel files. Each file contained evidence that a Disclosure and Barring Service (DBS) check had been carried and, in the case of nurses employed to work in the home, confirmation of their registration with the Nursing and Midwifery Council (NMC) had been carried out. On one record we found no employment history had been given before 2006. There was also no photograph of the person on file. All these checks help the provider and registered manager to make an informed decision about the suitability of the person to work with vulnerable people.

We saw that staff were using and had access to, personal protective equipment (PPE). The home was found to be clean and tidy with no unpleasant odours detected. Some chairs, carpets and decoration were showing significant signs of wear and tear, especially the carpet in the dining area opposite the manager's office. This carpet was particularly well worn and 'shiny' in places where the weave had worn away.

On Sycamore unit the seat in the visitor's toilet was broken. This could result in an accident occurring.

In the bathroom opposite room 22 there was a broken toilet seat and it was evident that people living in the home had been using this toilet. This could result in an accident occurring.

Continence products were being stored in the bath and items such as pairs of slippers, wheelchair footrests and cushions were being stored at the side of the bath, creating a potential tripping hazard.

On Beech unit the shower room opposite the lounge had a badly stained and 'flaking' ceiling. This could become a health hazard to both people living and working in the home.

In the bathroom opposite room 12A the wallpaper was peeling away from the walls in parts and the wall above the radiator was badly marked from the heat.

A refurbishment programme had been started.

The identified shortfalls are in breach of Regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff spoken with confirmed they had received training in moving and handling, including the use of equipment such as hoists. We looked at the servicing certificates for hoists, lifts and fire equipment and these indicated regular maintenance and servicing had taken place

Is the service effective?

Our findings

People who used the service spoke positively about Treelands and the care they received. One person told us, “I think we have fantastic staff working here and the type of help they offer me is the help I want.” Another person said, “I couldn’t wish for any better [staff], they come when I need them and make sure I have everything I need, no problem.” One visiting health care professional said, “Consistency with regular carers is great to see.” Another said, “This is one of the better homes I come to. Staff carry out any advice I offer and the staff are really very good.”

Staff who we spoke with told us they received induction training when they started working at the home and that further training was provided on an ongoing basis. We looked at three staff training files and the registered manager provided us with a training matrix which indicated what training each member of the staff team had completed. Information seen in staff files confirmed and matched the training identified on the training matrix. Training received included, moving and handling, safeguarding, food and nutrition, first aid and train the trainers. One member of staff told us, “I feel we get the training to match the type of work we do.”

We asked staff about the support they received during supervision sessions with their line manager’s. Information about supervision and annual appraisals varied. Some staff could not remember the last time they received supervision and others stated it was ‘very inconsistent’. Staff who we asked could not recall having an annual appraisal.

Records seen indicated that some appraisals had not been carried out since 2013 and some had not been carried out at all. We discussed this with the registered manager who acknowledged this was an issue.

We had been provided with a supervision matrix and for 2015 we found very few entries had been made. The registered manager told us that the previous year’s matrix had been accidentally deleted from the system.

The registered manager and another member of staff had recently completed ‘train the trainer’ training relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MAC) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions

are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty in their own best interests. No other staff had completed such training but the registered manager said that this training would now be planned and delivered to all staff.

The identified shortfalls are in breach of Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff spoken with and records seen indicated that staff meetings had not taken place on a regular basis during the last twelve months and this was confirmed by the registered manager who also told us this matter would be immediately addressed. On our second day of inspection we noted that a staff meeting had been arranged for later that day.

Meals were pre-prepared and delivered to the home in tin foil dishes by a professional catering company and chosen meals were then heated up in the main kitchen and brought to each dining room. We observed the lunch time meal being served on The Elms unit. This unit supports people living with varying levels of dementia. There were two specific choices of meal and some people also chose to have soup and sandwiches. Staff were attentive to people’s needs and support was offered and given sensitively where required.

The atmosphere in the dining room felt austere. Tables had no table cloths, no place settings, no napkins and no condiments in place. Red plastic crockery was used to serve food and drink and this gave an appearance of institutionalisation. Staff told us that people could also take meals in their rooms should they wish to and this was confirmed by those people we asked.

This requires improvement.

Comments from people using the service about the standard and quality of food were quite positive. People confirmed they did receive a choice of meal and that meals were served hot when they should be. One person told us they thought the meals were “very tasty and enjoyable.” Another person said “It depends what you have, some meals are better than others, but that’s how it is, I don’t have a complaint.” We saw that special diets could be catered for such as, halal, gluten free and diabetic.

Is the service effective?

Of those care records we looked at each included a nutritional risk assessment and nutritional intake record and all were being appropriately used to record people's diet and fluid intake at each meal and throughout the day.

We were told that a nutrition carer was employed, whose role was to provide assistance and support to those people living in the home unable to feed themselves.

Is the service caring?

Our findings

People living in Treelands told us they were happy with the care and support they received. One person told us, “The staff are smashing, nothing is too much trouble. When I have to go to the dentist one of the girls [staff] comes with me.” Another person told us, “The staff are really lovely. They see to me when I get up and when I go to bed and give me my tablets, they’re wonderful.”

A visiting health and social care professional told us about the care and support one person living in the home was receiving. “...has been here two and half years and has gone from having three to one supervision on a mental health unit to one to one supervision here. The results have been outstanding as two and half years ago a prognosis of six months to live was given and we are about to recommend the person coming off one to one supervision.” And, “[staff] give more than 100%.”

We observed a ‘coffee morning’ taking place in a downstairs dining room. We saw positive interaction between staff and people using the service. People were talking about drink choices and baking skills. The overall atmosphere was calm and relaxed with people being treated with respect whilst their dignity was being maintained.

Visiting relatives talked of “caring and helpful staff” and “staff do their very best for people in what is a difficult job.” It was also confirmed that there were no restrictions on visiting and they were made welcome in the home on each visit. Other comments included, “All my relatives care needs are met.”

Staff we spoke with had a good knowledge and understanding of the people they supported and cared for. We asked one member of staff to tell us about one of the people who required some specific types of support. They were able to tell us about this person’s background, how best to meet their needs and how to make sure they received enough food and drink. The care plan and information in this person’s file reflected the information the member of staff shared with us.

We looked at two care plan files on each of the four units we visited. Whilst most of the plans provided a good level of information about the individual needs and risks for people using the service, there was little evidence to illustrate how people were involved in discussions about planning their care. Although some plans had been signed by the person or their relative, little information was included to demonstrate that people had been involved in conversations and decisions about their care needs.

Some of the documentation we saw in the care files, such as pre-admission assessments had not been dated or signed by the person carrying out the assessment. In our discussion with the registered manager it was confirmed that all care files would be checked and dates and signatures updated where required.

One visiting health and social care professional told us, “Staff carry out any advice I offer, the staff are really very good. This home is always nice and clean and no unpleasant smells.”

Is the service responsive?

Our findings

Throughout our time in Treelands we observed how staff responded to people's requests and needs for help and support. Staff interaction with people using the service was respectful and considerate. We saw staff approach people sensitively and, wherever possible, asked people for their consent before assisting them. For those people living with dementia much of the consent was implied by the actions they took in response to staff encouragement, for example, to have a drink or be assisted to the toilet. If people declined the offer of assistance staff respected their wishes.

One person using the service told us, "The staff respect my wishes. If I don't want to do something then I won't."

People considering moving into Treelands were given the opportunity to visit and spend some time with the people already living there and to meet the staff on duty before making any final decisions about their future care needs. The registered manager confirmed that all people considering moving into the home would be subject to a pre-admission assessment to make sure the service could offer the appropriate and right level of support to meet the individual's needs. Either the registered or deputy manager would carry out this pre-admission assessment.

We looked at a sample of care records relating to the identified needs of individuals who used the service. The records included details shared by the person, their family and health care professionals who had supported the person prior to moving in.

Information seen in records indicated that people who used the service had access to the full range of medical support in the community. One person using the service told us, "When I need to go for a hospital appointment or to visit the dentist or doctor I just ask one of the staff and they will go with me."

There was a well-stocked activities room where people could participate in hobbies and activities such as painting, basket weaving and pottery making. Evidence seen indicated the room was frequently used and activities

enjoyed by a number of people. There were two activity coordinators working in the home and both provided support throughout the week to enable people to participate in the available activities. Some staff told us that although activities were available, most took part in the activities room and some people did not want to go to this room. We discussed this with the registered manager and although we were told activities did take place in lounge areas as well as the activities room, the manager would look into this to make sure everyone had the opportunity to be involved.

The service had a written complaints procedure and a copy was provided from the homes policy folder. The procedure made reference to contacting an external body (Local Government Ombudsman) if dissatisfied with a response to a complaint. However there was no mention of what the local authority's complaints process was should the complainant wish to contact them. We saw evidence of one complaint that the manager had discussed with the complainant. The complainant was happy with the information shared and did not wish to proceed further with their complaint.

We asked people using the service if they knew how to raise a concern or complaint if they were not happy. People told us they knew how to make a complaint if they were unhappy and people believed complaints would be responded to. None of the people we spoke with said they had reason to make a complaint but would do so if necessary. Comments received included, "There is no need for complaints in this home", "I would talk with the manager or [deputy manager]" and "I would tell one of the girls [staff]."

Information seen in records indicated that regular visits were carried out to individuals living in the home by a range of health care professionals. Letters on files demonstrated that people had been supported to access and attend medical support at hospitals and other health related services.

One visiting social and health care professional told us that staff were "good at learning from their mistakes."

Is the service well-led?

Our findings

At the time of this inspection visit there was a registered manager in post. The manager was registered with the Commission on 22 December 2014. The manager had previously been registered with another provider at the same service from November 2011.

People living in the home who we asked knew who the registered manager and deputy manager of the service were. One person said “She’s lovely [registered manager].” Another person said, “I know [deputy manager] I see him every day. I’m not sure the name of the main person but I know who she is.” Many of the people living in the home lived with dementia and we were therefore limited to the number of people we could speak with.

During our time in the home we saw the registered manager interacting with visiting relatives and health care professionals. She also spent time speaking with people using the service as she walked around the home.

We received varying comments about the management of the service from the staff we spoke with during this inspection. Comments included, “You can go into the office and speak with [registered manager] anytime and she will listen. I’ve no problems”, “Depends what mood she’s in”, “The management have been very supportive of me” and “Both [deputy manager] and [registered manager] are very approachable, they both listen to any concerns.” We discussed the types of concerns raised with the registered manager. We were told these ranged from discussions about individual people using the service, staffing issues and issues of a personal nature. When asked about comments such as “depends what mood she’s in”, the registered manager told us that some staff “do not like being told to do their job.” If some staff find it difficult to approach members of the management team consideration must be given to the openness and culture of management style.

One visiting health and social care professional told us, “Not a problem talking to registered manager or staff.”

We looked at the statement of purpose for the service. The information in this document needed updating as it included information not required and the complaints procedure was different to the complaints policy document for the service.

We were told that an audit of the medication administration in the home was conducted on a monthly basis by the deputy manager. The results from these audits were not being recorded and no evidence was therefore available to demonstrate this.

There was an infection control policy file that included Department of Health guidance. There was a named infection control lead for the home but no regular audit had been carried out to ensure good standards of infection control were being monitored and maintained. This meant that assurances could not be given that appropriate and safe infection control was being maintained.

We found that although relatives had been provided with survey questionnaires to complete no analysis had been carried out of the results from those questionnaires returned. This meant that action could not be taken to address any concerns or suggestions that may have been made in the returned questionnaires.

The area manager for the service visited the home on a monthly basis to undertake a quality monitoring visit to check the standard of service delivery in the home. Although the registered manager was provided with a verbal report, no written report was provided to demonstrate what the visit had included regarding quality monitoring and if any action was needed. This meant that no evidence was available to demonstrate if any actions were required by the management team following a visit by the area manager and if those actions had been addressed.

The shortfalls constituted a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: The organisations policies and procedures relating to the way in which medicines no longer required were disposed of were not robustly followed.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1)(e).

This was in breach of regulation 15 (1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 (1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: The registered person must protect service users, and others, who may

Action we have told the provider to take

be at risk, against the risks of inappropriate or unsafe care and treatment, be means of the effective operation of systems to monitor and evaluate the quality of the service being provided.

This was in breach of regulation 10 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1)(2)(a)(b)(d)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met. The registered person must ensure that people employed for the purposes of carrying on the regulated activity receive appropriate training, supervision and appraisal.

This was in breach of regulation 23(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.