Postgrad Limited

Treelands Care Home

Inspection report

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Tel: 01616267173

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Treelands Care Home is registered to provide accommodation and nursing care for up to 80 people. Accommodation is provided over 2 floors and within 4 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 provides care and support for people living with dementia. At the time of our inspection, Elm unit was closed for refurbishment with the majority of people from this unit being supported on Oak. There were 54 people living at the home at the time of our inspection.

People's experience of using this service and what we found
Improvements were required with medicines management, record keeping, staff training and supervision, engagement with people and relatives, reporting of incidents to CQC and the audit and governance process. Issues noted at the previous inspection had not been addressed. The new home manager was open and honest about the challenges they faced and where improvements were needed.

People told us they felt safe living at the home. Staff had completed safeguarding training and knew how to report concerns. People, relatives and staff provided mixed comments about staffing levels. We were told staffing was sufficient to meet needs and keep people safe, but care was task orientated, with limited time for staff to engage in conversations, activities or spend quality time with people. 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. Accidents, incidents and falls had been documented but reviews to look for trends and help prevent reoccurrences had not taken place. We found the home to be clean, with effective cleaning and infection control processes in place.

Due to the short time they had been in post, some people and relatives we spoke with were unsure who the current manager was. Staff spoke positively about the current management team, which included the home manager and an interim clinical lead provided via a consultancy firm, who they felt had started to make necessary changes and improvements in the home. Despite a lack of engagement through meetings and surveys, people and relatives told us they would recommend the home to others, as they had no concerns with the care being provided.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 04 May 2022). The service remains requires improvement.

Why we inspected

We received concerns in relation to people not receiving safe care, safeguarding concerns not being reported correctly, staffing levels not being appropriate, post fall observations not being completed, the audit and governance process not being followed and action plans not being followed through.

As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 COVID-19 and other infection outbreaks effectively.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Treelands Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to the management of medicines and the audit and governance process at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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 an inspector, 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Treelands is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post. A manager who was currently registered for another of the provider's homes had taken over the managers role at Treelands in September 2022. It was planned for them to register at Treelands moving forwards.

Notice of inspection

We gave a short period notice of the inspection due to the COVID -19 pandemic to ensure we had prior information to promote safety and to ensure the registered manager and/or a representative from the provider would be present to support the inspection. Inspection activity started on 26 September 2022 and ended on 11 October 2022, by which time we had received and reviewed evidence provided after our visits to the home. We visited Treelands Care Home on the 27 September and 03 October 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 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 9 people and 4 relatives about the home and the care provided. We also spoke with 21 members of staff, which included the manager, interim clinical lead, nurses, senior carers, carers, activities, maintenance and domestic staff.

We reviewed a range of records and other documentation. This included 6 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for 12 people.

After the inspection
We requested and reviewed additional evidence from the provider. This included fire safety records, safety documents, staff rotas, training data, supplementary charts and an additional person's care plan.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

At our last inspection the provider had failed to ensure systems and processes to manage medicines were robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Using medicines safely

- Medicines were not always managed safely and we found only limited improvements had been made since the last inspection.
- Thickening powder, prescribed to be added to people's fluids who were at risk of choking, was not managed safely. Thickener was not always stored safely and record keeping, to document when it had been used, was conflicting and inaccurate.
- Guidance, where people had medicines to be given 'when required' such as pain killers or laxatives, was not always in place. This meant staff did not have the information to tell them when someone may need the medicine or how much to give. Where guidance was in place it was not always person centred.
- Record keeping was not robust. Staff did not always complete records about the administration of creams correctly and the quantity of medicines in stock was not always recorded accurately. This meant we could not confirm medicines had been given properly and ensure stock levels were accurate.
- Medicines were not always administered safely. Some people were given doses of their medicines too close together or at the wrong times and pain patches were not applied according to the manufacturers' directions.
- Critical information about people's diabetes for example safe blood sugar ranges was missing which meant it was difficult to tell if people had their diabetes managed and treated safely.
- Medicines were not always stored safely. The fridge temperatures were not safely monitored which meant insulin may not have been stored safely and waste medicines were not stored in line with current guidance.

The provider had failed to ensure medicines were managed safely. This is a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing levels were allocated in line with the provider's dependency tool. This is a system which determines how many staff are needed to meet people's assessed needs. Staff rotas were compiled based on this information.

● Feedback from people, relatives and staff confirmed people's needs were met, however, care was described as task orientated. A relative told us, "There is no time for one-to-one conversation, but they're very good at the essential tasks." A staff member stated, "All we seem to do is get the residents up, sort breakfast, help them get dressed, give dinner, give tea and then help them to bed. There's no time to spend with people to chat or do anything else, it's all very task related."
● Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the home. Relatives also had no concerns about their family members safety. One person said, "From my perspective the care is good. I feel safe here." Another person stated, "Everything makes me feel safe. For example, the door is closed at night and I feel safe when they [staff] hoist me into the bath or shower."
● Staff knew how to identify and report concerns and confirmed safeguarding training was provided and refreshed, to ensure knowledge remained up to date.
● From reviewing accident and incident information, we found safeguarding records were incomplete. Not all safeguarding related issues had been added to the safeguarding log and a number of notifiable issues had not been reported to CQC. This is covered in more detail in the well-led key question.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Care documentation contained a range of generic and individual risk assessments, which provided staff with information about how to meet people's needs and keep them safe.
● Accidents and incidents had been recorded on the home's electronic system. Although these were read by the manager and comments added as required, no analysis to look for patterns and trends had occurred. Action plans had not been generated and lessons learned considered, to help prevent a reoccurrence.
● Risk assessments of the environment and equipment used in the home had been completed. Ongoing safety checks had also been completed in line with legislation, with certification in place to confirm compliance. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We found the service was not always working within the principles of the MCA as the application process for DoLS required strengthening. This is covered in more detail in the well-led key question.

Preventing and controlling infection
● The home was clean with effective cleaning and infection control processes in place.
● Additional measures had been implemented throughout the COVID-19 pandemic, to ensure guidance was followed and people kept safe. Appropriate policies, procedures and cleaning schedules where in place.

● Comments from people and relatives supported our observations. One person stated, "My room is kept clean and staff have worn PPE correctly." A relative told us, "The staff wear PPE correctly and it's clean here."

Visiting in care homes

● Government guidance around visiting had been followed.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

At our last inspection the provider had failed to ensure records had been completed fully and accurately, and that systems and processes to monitor the safety and quality of the service, identify issues and ensure actions were addressed timely were robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- Audits and quality monitoring had not been completed in line with the provider's quality assurance schedule. The majority of audits had not been completed since April 2022.
- The Deprivation of Liberty Safeguards process had not been managed appropriately. Record keeping was inaccurate and there had been a lack of monitoring around applications and expiry dates, prior to the current manager commencing their position.
- Contemporaneous record keeping had not been maintained. We identified inconsistencies and gaps across care records and supplementary charts, including people's personal hygiene, oral care and repositioning charts.
- Planned and agreed actions around staff training and supervision had not been completed. Staff supervision had not occurred since the last inspection and actions to ensure staff were up to date with required training had not taken place until the current manager had commenced employment and set up their own action plan.

Systems and processes to monitor the quality and safety of the service and ensure record keeping was accurate and contemporaneous, were not robust or completed consistently. Action plans were not addressed timely or any improvements sustained. This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- As a result of incomplete record keeping and a lack of appropriate monitoring systems around accidents and incidents, the provider had failed to report a number of notifiable safeguarding incidents to CQC. This had been identified by the current manager, who was in the process of reviewing the accident, incident and safeguarding files, to ensure records were up to date and accurate.

The provider had failed to inform CQC about all notifiable incidents in line with regulatory requirements. This is a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this issue outside of this inspection process.

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

- Resident meetings had not been completed in line with the providers agreed monthly meeting schedule. Only one meeting had taken place in the last six months.
- We found no evidence people or relatives views had been sought about the care provided at the home and any improvements they would like to see. A relative told us, "There have been no meetings or surveys here." Whilst a person stated, "We don't have newsletters. The staff sometimes ask me what I feel about my care, but there have been no questionnaires or meetings."
- People, relatives and staff commented on the amount of managerial changes which had taken place at the home over the last 18 months having an impact on consistency. Staff spoke positively about the new manager and the changes which were now being implemented. One told us, "Over the last few months there has been that many changes in the management team we've not known who to go to. Things have been very inconsistent. We are hoping [manager] brings stability."

Feedback about the service being provided had not been sought to enable the provider to evaluate and improve the service provided. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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. Relatives told us they were notified about any issues or concerns involving their family members. One relative stated, "If I can't visit, they allow me to have phone calls with my [relative]. They inform me if there are any issues as well."

Working in partnership with others

- We found there to be limited examples of the home working in partnership with the wider community or organisations to benefit people living at the home. The manager told us involvement was still affected by the COVID-19 pandemic.
- The home was working with the local authority and medical professionals to ensure people received appropriate care and support.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Feedback about the service being provide had not been sought to enable the provider to evaluate and improve the service provided.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We identified issues with the management of thickening powder, guidance around 'as required' medicines, administration practices, record keeping, stock control and storage. The demonstrates the provider had failed to ensure medicines were managed safely.

The enforcement action we took:

We issued a Warning Notice

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 quality and safety of the service and ensure record keeping was accurate and contemporaneous, were not robust or completed consistently. Action plans were not addressed timely or any improvements sustained.

The enforcement action we took:

We issued a Warning Notice.