

Treeton Grange Limited

Treeton Grange Nursing Home

Inspection report

Treeton Grange Wood Lane Sheffield South Yorkshire S60 5QS

Tel: 01142692826

Date of inspection visit: 27 July 2017

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Ratings

Overall rating for this service	Good •
Is the service safe?	Good •
Is the service effective?	Good •
Is the service caring?	Good •
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Treeton Grange Nursing Home is situated in the village of Treeton which is approximately six miles from the town of Rotherham. The home stands in large open grounds and provides care for up to 50 older people. Bedroom facilities are provided on the ground and first floor level; access to the first floor is by a lift. There are several communal areas including lounges dining areas and a separate activity room. At the time of this inspection there were 49 peopleliving at the home.

At the last inspection on the March 2015 the service was rated Good.

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

At this unannounced inspection on the 27 July 2017 we found the service remained Good. The service met all relevant fundamental standards.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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. However the registered manager was working their notice and a new manager had been appointed and was working alongside them to enable a full hand over. The new manager had commenced the registration process with CQC.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place. People we spoke with told us they felt safe and were extremely positive about the care they received.

Risks had been identified and management systems were in place to monitor risk and reduce incidents ensuring peoples safety. There were also detailed assessments to follow in case of an emergency.

At the time of the inspection there were sufficient staff on duty to meet people's needs. People and their relatives we spoke with told us they thought there were sufficient staff on duty. Robust recruitments procedures ensured the right staff were employed to meet people's needs safely.

Systems were in place to ensure management of medicines was safe. Staff received training and competency assessments to administer medications safely. The provider completed regular audits of the system to ensure standards were maintained.

We observed staff and found they took account of people's individual needs and preferences while supporting them. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff were aware of peoples nutritional needs and people were supported to maintain a balanced diet. People we spoke with told us the food was good. People were also supported to maintain good health and had access to health care services.

People were treated with respect. People and their relatives told us staff were kind and very caring. Staff we spoke with able to tell us how they respected people's preferences and ensured their privacy and dignity was maintained.

People received personalised care that was responsive to their needs. People told us they could take part in activities of their own choice and that there were also organised group activities. People told us they enjoyed the activities.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they would feel comfortable raising any concerns with the management team.

People and their relatives who we spoke with were very happy with how the service was run. There were systems in place to monitor and improve the quality of the service provided. Areas for improvements had been identified and action plans were in place these were followed by staff. The provider also had a quality team who monitored the service to ensure continued improvements.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Further information is in the detailed findings below.

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 remains Good.	Good •
Is the service effective? The service remains Good.	Good •
Is the service caring? The service remains Good.	Good •
Is the service responsive? The service remains Good.	Good •
Is the service well-led? The service was well led The registered manager had changed twice since our last inspection. A new manager had been in post a week at the time of our inspection. Quality assurance audits had taken place regularly any actions required were identified and systems were in pace to ensure continued improvements. People and their relatives felt they had a voice and were able to contribute their ideas and suggestions.	Good



Treeton Grange Nursing 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 checked 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.

This comprehensive inspection took place on 27 July 2017 and was unannounced. The inspection was undertaken by an adult social care inspector and an expert by experience with expertise in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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.

We looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were 49 people using the service. We spoke with the new manager, the provider, a member of the quality team, four support workers, the cook and a domestic. We also spoke with ten people who used the service and five visiting relatives.

During the inspection we spoke with two visiting health care professionals.

We looked at documentation relating to three people who used the service and two staff, as well as the management of the service. This included people's care records, medication records, staff recruitment,

raining and support files, as well as minutes of meetings, quality audits, policies and procedures.	



Is the service safe?

Our findings

People we spoke with told us they felt very safe living at Treeton Grange. One person told us, "I feel absolutely safe. It's marvellous here. This is the best I have known." Another said, "I definitely feel safe. The staff are so nice." Another commented when asked, "I feel safe, definitely."

Relatives we spoke with told us they were confident that their family member was safe and well cared for. One relative said, "Absolutely. after trying to look after mum and dad at home it has been a blessing having them in here."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow. Staff were also aware of whistle blowing procedures.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe. People also had personal emergency evacuation plans in place to follow in case of an emergency.

From our observations and speaking with staff it was evident staff understood people's individual needs and knew how to keep people safe. We saw they encouraged people to stay as independent as possible while monitoring their safety. Where assistance was required this was carried out in a safe way.

We found on the day of our inspection there were adequate staff to meet people's needs. Staff we spoke with confirmed there was adequate staff to be able provide the care and support required, including accessing the community and activities. Relatives we spoke with told us there was always staff about and their relative did not usually have to wait long when they called for assistance. People who used the service we spoke with also confirmed there were adequate staff. One person said, "I have no problems. They are there whenever you need them."

A robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled two staff files and found all essential pre-employment checks required had been received. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and Medication Administration Records (MARs) for people.

Medicines were stored safely. We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed. However, we found some records could be improved. For example, records in relation to ointments and creams were in place, we saw care staff were recording to state when they had been applied, but these were not always completed. This did

not evidence they were given as prescribed. We saw the issues we found had been identified by the providers audit system and were being addressed at the time of our inspection.		



Is the service effective?

Our findings

People we spoke with said staff were very good. One person said, "They [The staff] are very good." Another person said, "All the staff are very efficient and good at their jobs."

Relatives we spoke with all said the care was very good and they were actively encouraged to be involved in the care planning and support with their family member. A relative told us, "The staff are very good they understand people's needs, I am kept informed of any changes and I can't fault the service provided."

We found staff had the right skills, knowledge and experience to meet people's needs. All new staff completed an induction when they commenced work. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role.

Staff we spoke with told us they had received the training they required to do their job well. The provider said staff had to complete the company's mandatory training, which included moving people safely, health and safety, food safety and safeguarding vulnerable people from abuse. We saw training records which confirmed staff had attended training to be able to fulfil their roles and responsibilities. Staff had received regular supervision sessions and an annual appraisal of their work. Staff told us they felt they were well supported and listened to.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found the service was meeting the requirements of this legislation.

Staff we spoke with were able to give examples of how people's best interests were taken into account if the person lacked capacity to make a decision. Records we saw showed that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files.

Peoples nutritional and hydration needs were met. At lunchtime we observed the meal being served in both dining areas. We also spoke with people about the food. We saw people were able to choose what they wanted for lunch and where they wanted to sit. People told us they enjoyed the food, one person said, "The food is good, very good. They [the staff] know what I don't like." Another person said, "The food is excellent. When I said I like fresh tomatoes they cut them fancy and put them on my toast at breakfast." Another commented, "It's great. Great breakfast."

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as doctors, dieticians and occupational therapists. Health care professionals we spoke with told us the service was very good at seeking advice and guidance to ensure people's needs were met.

We saw some environmental improvements could be made, some floor covering required replacing, various areas of untreated wood that was not well maintained, some equipment was rusting. However, we saw these had been identified by the provider's audits and were being actioned. For example, new carpets had been ordered and were due to be replaced the week after our inspection.



Is the service caring?

Our findings

People told us the staff were very kind, caring and respectful, One person said, "They really do care" another person said, "You are treated like the queen here." Another commented, "The staff really care and will help at any time day or night."

Relatives we spoke with also praised the staff. They said they always saw staff treat people with kindness and sensitivity. One relative said, "I don't think [my relative] would still be with us if we hadn't brought them here from the last place. The care here is exceptional."

People told us that staff respected their decisions and confirmed they or their relatives, had been involved in planning the care staff delivered. We saw that care delivered was of a kind and caring nature. We observed staff interacting with people positively and involved them in decision making, giving choices and preferences.

We spent some time observing in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support. Staff also engaged people in day to day conversations and activities. The interactions we saw between staff and people they supported were inclusive and it was evident they had positive relationships with people who used the service.

There was an activity co-ordinator who planned activities with the involvement of the people who lived at Treeton Grange, this meant the activities could be individualised and meet people's preferences and choices. We saw high levels of engagement with people throughout the day. There was laughing and joking and banter, people were happy in the company of staff.

Conversations we heard between people and staff showed staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported.

End of life champions had been identified taking a lead on promoting positive care for people nearing the end of their life. Staff had undertaken specific training to ensure they were able to support people appropriately as they approached this stage in their life.



Is the service responsive?

Our findings

People we spoke with all told us they were very satisfied with the care and support they received. Relatives we spoke also told us staff provided a good standard of care and support that met the needs of their family member. One relative told us, "[My relative] had lost weight before coming in here and they have gained since they moved in, that is due to the good standard of care." Another said, "The staff are fantastic can't do enough for people."

Each person had a care file which contained information about them and their individual care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home, Care plans and risk assessments had been completed. People we spoke with told us they were involved in their care and support plan and the staff regularly reviewed the plan with them. A relative told us, "The communication is very good I am kept informed of any changes to [my relative]."

The professional visit records were all up to date .These records showed the staff worked responsively with external professionals, such as social workers, occupational therapists and dieticians. We saw the records was updated following any input form health care professionals. Health care professional we spoke with told us the staff sought advice and followed guidance to ensure people's needs were met. One health care professional told us, "The staff are definitely responsive to people's needs."

People were supported to access the community and participate in activities. We observed activities ongoing during our visit, people were enjoying the activity and talking to each other and there was a good sense of well-being.

There was a complaints' policy which was given to each person when their care package commenced. There were clear timescales for the service to respond to any concerns raised. A record of compliments received had been maintained with outcomes. People we spoke with and their relatives all told us they were listened to and any issues no matter how minor were addressed immediately.



Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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. However, the registered manager was working their notice and finished on 10 August 2017; a new manager had been appointed and was working alongside to become familiar with the service to enable a smooth transition.

People who used the service and their relatives who we spoke with were all aware of the management changes. The provider had kept them informed. People told us the home was well managed and the management were approachable and regularly seen, including the provider.

There was a structured team in place. This included a deputy manager, nurses and care workers. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

We found systems were in place for managing safeguarding concerns and incidents and accidents. Staff told us that the provider took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the staff team and the provider's operations team. Any issues identified were recorded on an action plan and were actioned. The issues we identified during our inspection had already been picked up by the provider and were being addressed.

The provider had a newly appointed quality team to oversee the service. This had been implemented to further improve the service.

The provider actively sought the views of people who used the service and their relatives. This was done in a number of ways such as interactions with people and their relatives when they visited, resident meetings and questionnaires. People's feedback was taken into account to improve the quality of the service. We saw the results of the last survey sent out and most of the comments were very positive. The survey was due to be sent out again to seek people views. The new quality team were also looking at ways to improve this to gain a higher return of questionnaires.

Communication within the staff team was described as very good. Regular handovers kept staff informed of people's changing situations. Staff meetings enabled staff to keep up to date with and changes and updates. All staff we spoke with told us they were well supported and that management were always there if you needed them. Staff told us, "The communication is very good, we all work very well as a team."