

Treelands Home Limited

Treelands Home Ltd Main Site and Treelands Atrium

Inspection report

Five Mile Hill
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Treelands Home Ltd Main Site and Treelands Atrium (thereafter known as Treelands) is a residential care home providing personal care for up to 60 people, some of whom are living with dementia. At the time of our inspection there were 56 people using the service. Treelands is situated in an easily accessible rural area and is purpose built. The main site can accommodate 36 people with the Atrium building across the drive for 20 people. There were wide ranging country views and large, safe open spaces for people to use.

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

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.

People felt safe living at Treelands. People received safe care and were protected from the risk of abuse. Staff were aware of their responsibilities for keeping people safe and received safeguarding training. Peoples' comments included, "It's lovely here, I'm absolutely fine and I have everything I need. I'm getting a sun lounger so I can sit on my patio in the summer". Relatives were happy and felt safe leaving their loved ones at Treelands. They said, "We thank all the lovely staff. Dad had a lovely respite week and made some very nice friends. He is hoping for another holiday there soon", "[Staff] truly care for the residents and make each one feel part of the family" and "Mum has made genuine friends with so many of the care staff and maintenance crew that I can relax."

People were supported by enough suitably experienced and trained staff who were safely recruited. Staff worked with health and social care professionals to help people maintain their health and wellbeing.

Medicines were safely managed by trained staff.

Risks associated with people's care had been regularly reviewed and were well managed.

Visitors were welcomed into the service and their views were sought, considered and respected.

There were robust systems and processes in place to monitor the quality of the service. When required actions were taken, and the necessary improvement made. The registered manager was supported by the provider to identify concerns and learn lessons when things went wrong.

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

Rating at last inspection

The last rating for this service was Good (published 14 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service and length of time since the last inspection. 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.

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Treelands Home Ltd Main Site and Treelands Atrium

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 completed by one inspector.

Service and service type

Treelands 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider also completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 10 staff including the registered manager, care co-ordinator, administrator, provider and a director, care staff and a domestic. We spoke with 10 people living at the service and we undertook a range of observations as some people were unable to communicate with us. We spoke with 2 relatives visiting the service on the day of inspection and 2 visiting health professionals and attended a relatives' and residents' meeting with 3 staff, 1 relative and 9 people. We reviewed a range of records about people's care and how the service was managed. This included 4 care plans and risks assessments, staffing rotas and recruitment files, a range of medicines and training records and quality assurance audits and reviews. We also received feedback from 5 staff via email following the inspection and 2 relatives.

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 changed to good. This meant people were safe and protected from avoidable harm.

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

- Risks to people were regularly reviewed and changes were made when necessary. We found risk assessments to be up to date and inclusive of all necessary information required to keep people safe. For example, falls risk assessments were appropriately completed, reviewed and audited. Staff monitored people's mobility and changes to risk assessments were communicated effectively. How people communicated was risk assessed with some people having flashing door bells or additional equipment to promote independence.
- Records confirmed safety checks and maintenance work was carried out to make sure the premises and equipment were in safe working order. At the last inspection some aspects of the service were not safe such as storage of hazardous chemicals and maintenance of window restrictors and fire doors. However, this had been rectified on the day of the last inspection and subsequently added to regular audits and monitoring.
- Fire safety audits were undertaken by the maintenance team. Personal emergency evacuation plans were in place and accessible to staff and others, in the event people needed to be evacuated. Fire drills and fire safety checks were also completed, including practical use of extinguishers.
- People's care records were reviewed and updated where necessary following any incident or accident. The registered manager logged, investigated and reviewed each incident and communicated changes in daily handovers, staff meetings and staff supervisions. This meant staff were able to learn lessons and reduce the risk of similar incidents occurring.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm and abuse. Our observations showed staff followed people's care plans and provided care in a safe and dignified manner. People told us they were well looked after and safe. One person said, "It's lovely here, I'm absolutely fine and I have everything I need. I'm getting a sun lounger so I can sit on my patio in the summer." During our inspection there was a happy and calm atmosphere with staff singing and doing exercises with people. Another person said, "We get whatever we want. The owner is sorting a more accessible door for my wheelchair, so I don't have to ask staff."
- Relatives were happy and felt safe leaving their loved ones at Treelands. They said, "We thank all the lovely staff. Dad had a lovely respite week and made some very nice friends. He is hoping for another holiday there soon", "[Staff] truly care for the residents and make each one feel part of the family" and "Mum has made genuine friends with so many of the care staff and maintenance crew that I can relax."
- Systems and processes were effective at safeguarding people from the risk of abuse. Staff told us how they could identify different types of abuse and had access to the provider's safeguarding policy. Staff felt comfortable raising concerns and following local safeguarding processes when required. Staff said, "We have a champion in safeguarding and easy access policies. It's so nice here. We all love working here and

enjoy being with people."

Staffing and recruitment

- There were enough suitably trained and qualified staff to meet people's needs in a timely way. Relatives told us their family members were happy living at the service. We observed sufficient staffing levels throughout the home with lots of engagement with people happening.
- Staff training records and the provider's training matrix demonstrated a good mix of staff skills and abilities. The registered manager had devised 'crib' cards for staff pockets about various topics for easy reference and often reviewed how staff preferred to learn to ensure the best learning outcome.
- Staffing levels were regularly reviewed. The registered manager completed a daily review of people's needs and changed staffing levels where required, for example when people required additional support for end-of-life care. This meant there was always appropriate staffing levels to ensure people's safety.
- Staff were safely recruited. The provider had robust recruitment practices in place, and these had been followed for each new employee, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. We witnessed part of a medicine round and observed medicines being consistently and safely administered to people.
- Protocols were in place for people who had been prescribed 'as required' medicines. Records we reviewed confirmed staff followed these protocols when administering people these medicines.
- Medicines were stored appropriately and in line with best practice guidance, with each person having secure medicine storage in their rooms.
- Staff who administered medication received training to do so, and had their competencies assessed in line with the provider's training and development plan.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. The registered manager was currently reviewing the use of continued use of masks.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were welcomed into the home. The provider had no restrictions on people visiting their loved ones other than observing good hygiene and signing in. We observed visitors to the service coming and going freely throughout the inspection.

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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty, including appropriate best interest decision making. The registered manager gave us examples of how people were listened to. For example, ensuring there were clear risk assessments to enable people to use the large wet rooms independently and researching equipment to further enable people.

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 good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager, provider and staff team were friendly, welcoming and approachable. The provider was very 'hands on' being available and on-site most days. They told us how they loved what they did, saying, 'the people always come first'.
- The staff team focussed on people's needs and there were many examples where they advocated to achieve good outcomes. For example, one person had seen an emergency occupational therapist on arrival from hospital to ensure the correct equipment and moving and handling processes were in place. One relative told us, "
- Staff were knowledgeable about people's needs, provided person-centred care and worked to achieve people's individual outcomes. Staff were encouraged to take on 'champion' roles in various topics such as infection control and mental health, undertaking additional training. They shared their additional knowledge with the staff team.
- Senior staff were allocated specific roles tasks each shift such as weights, hydration and care plan reviews to ensure people received good care each shift. A communication book showed there was good communication between all staff and that tasks were addressed promptly.
- We observed many positive interactions between staff and people living in the home.

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 registered manager understood their responsibility to comply with the duty of candour. We reviewed accidents, incidents and safeguarding records which had been logged and reported to the relevant authorities and the Care Quality Commission (CQC) when required.
- The management team were open and honest throughout the inspection. Staff were aware of what action to take to report any concerns or complaints raised.

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

- Systems and processes were effective at identifying and managing risks to the quality of the service. The registered manager completed regular audits to monitor the service. There was a monthly self-audit timetable in place to ensure all aspects of the service were monitored and service improvements made when necessary.
- The provider maintained an oversight of the service through regular operations and quality assurance reviews. They spent time with people and knew their needs, often discussing where improvements could be made and acting promptly. For example, during the inspection some people had expressed a wish for a

coffee machine, and this was then purchased.

- Staff told us they felt supported to understand their roles and responsibilities. Training records evidenced ongoing development for staff members. Staff spoke about the support they received including in relation to career progression and personal issues to maintain good morale. One staff member said, "People are well cared for here. It's a good place, I've been here many years." The registered manager had also been at the home for many years and said, "It's just so nice here. [The provider] is so supportive and we are available any time so anyone can call us." They both praised the staff for their hard work and caring attitude. The registered manager often worked 'on the floor' with staff so they could understand any issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager ensured families and people were regularly asked for feedback and included in the day-to-day life at Treelands.
- Resident and relative meetings were held for people to share their views of the service. We attended a meeting on the day of our inspection. There was an agenda covering activities, the premises, additional services and care. An icebreaker exercise and warm welcome encouraged people to share their views so everyone could be heard. People told us how they enjoyed the 'Men's Club', table tennis and pool table.
- Where any issues were raised, the registered manager reviewed and resolved them. The service was planning to move to an electronic care plan system and a meeting was being scheduled to explain what this meant for people and relatives.
- Regular relatives', people and health professionals' surveys were carried out. Recent comments received included, "The home is excellent, very lovely atmosphere with very caring staff", "Staff are very willing and kind" and "We feel happy being kept informed of any issues". There was a private online group for relatives so they could see how their loved ones were. Staff helped people to use online devices to stay in contact with one person of over 100 years old enjoying their new skill.
- The local community were invited to be involved with the service. For example, visits from local schools. People were supported to be a part of their local community, with ideas for trips out being discussed post pandemic.

Continuous learning and improving care; Working in partnership with others

- Systems and processes were in place to ensure continuous learning and development for all staff. Records demonstrated staff support and development was reviewed and undertaken when required. The provider was keen to know how the service was meeting peoples' needs and also used external consultants to review the service provision.
- The responsibility of learning lessons when things went wrong was understood by the registered manager and staff team. Records demonstrated learning that had taken place in order to ensure people received good quality care. For example, sharing recent lessons learned following a root cause analysis and improvement plan. For example, falls were well managed, and the service was researching and trialling various preventative equipment to reduce falls as much as possible.
- The registered manager and staff team worked in partnerships with others, such as health care professionals, the local authority, the fire service and people's representatives to enable people to receive co-ordinated care. This meant people had the right access to the right support when they needed it. One health professional told us, "It's so nice here, I've been made very welcome, and people receive good care." Another health professional told us, "There is always a positive atmosphere at Treelands. People are always happy here. The staff tell us what is needed, and people are fulfilled in a holistic way."