

Harbour Healthcare Ltd

Treetops Court Care Home

Inspection report

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16 June 2022

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Treetops Court Care Home is a nursing residential care home providing nursing and personal care to up to 70 people. The service provides support to people over the age of 65 who have dementia, mental health needs, physical disabilities. At the time of our inspection there were 47 people using the service.

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

The provider ensured annual safety checks being completed but on-going checks and building maintenance checks were not being completed consistently. This meant people were at higher risk if faults were not being identified and rectified quickly.

Medicines quality audits were not robust enough to effectively identify errors and were not being carried out consistently. However, no one had come to harm.

People were not supported to have maximum choice and control of their lives and did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff were safely recruited and trained, but not all staff had all relevant training to support the needs of all people in the home.

Most people told us they felt safe, relatives' views on the service were mixed.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The last rating for this service was requires improvement (published 30 October 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 14 and 16 June 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment. We undertook this focused inspection to

check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well led.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the overall governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Treetops Court 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 three inspectors 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

Treetops Court 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 dependant on their registration with us. Treetops Court Care Home is a care home with nursing care. Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with CQC 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 a newly appointed manager in post, who was in the process of registering with CQC.

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 the information the provider sent us in the provider information return. 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 information gathered as part of monitoring activity that took place on 16 February 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection. □

During the inspection

We spoke with five people who used the service and 11 relatives about their experience of the care provided. We spoke with 11 members of staff including members of the regional management team, manager, deputy manager, unit managers, staff nurses, care home assistant practitioners (CHAPs), senior care workers, and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including; staff recruitment files, quality audits and policies and procedures were reviewed.

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. The rating for this key question 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.

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

At our last inspection we found the provider had failed to ensure infection control and prevention procedures were followed, medicines were safely managed and risks to people were mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, some improvements were still needed.

- Regular building safety checks were not consistency completed, and it was not clear if identified faults had been addressed. For example, weekly fire systems checks were not being done, weekly fire door checks were not being done, shower head cleaning had not been done (and the service's own policy states this should be done three monthly), weekly water temperature checks were not being done. Where faults and risks had been identified, actions had not been recorded to show whether the concerns had been addressed to protect people from continued risk of harm This meant people were at risk of harm because the provider could not be assured people were protected in the event of a fire, from infection risks and risk of scalding.
- A sluice room door was unlocked and a potentially toxic cleaning product was readily accessible in this room. This meant people were at risk of ingesting this and becoming ill. The manager advised they would have the lock replaced as it was not working correctly.
- People had detailed care plans and risk assessments in their folders which contained personalised information about how to meet people's assessed needs. Staff knew how and where to access this information.

Using medicines safely

- Medicines were not always managed safely. Discontinued medicines had not been disposed of in line with national guidelines. This meant there was a risk of people being given medicines no longer prescribed which could cause harm to the person. However, people had not come to harm.
- Some stock discrepancies had been identified on inspection. For example; one person's Medicine Administration Record (MAR) showed there was a discrepancy between the stock held and the amount of their 'as and when' (PRN) pain medicine recorded on the MAR. This meant we could not be assured that people had consistently received their medicines as prescribed.
- People we spoke with had no concerns about medicines. One person told us they trusted the staff

administering their medicines and said, "Staff seem to be very thorough."

- Relatives told us they had no concerns with medicines being given. One relative said, "Yes the home deal with all [person's] medication, no concerns."
- Staff were suitably trained to give people their medicines.

Staffing and recruitment

- We received mixed feedback from people, relatives and staff about if there were enough staff.
- Staff told us they did not feel there were enough permanent staff and agency staff were used when needed. One member of staff told us, "The service would be better with regular staff with experience" and went on to say that there was lower staff morale and more frustration when agency staff were used due to language barriers.
- People had mixed views about staffing levels. When asked if people thought there were enough staff, one person told us, "No [There were not enough staff] - sometimes I have to wait a long time to go to the toilet." Another person told us, "I can't comment on staffing numbers but I don't have to wait to get any help."
- Relatives views on staffing was also mixed. One relative said, "There seems to be [enough staff] when I am there, they [staff] always bring [person] a cup of tea." Another person commented, "Most of the time [there are enough staff] but there have been a few times we have needed to find a carer and not been able to find one member of staff. There was no one monitoring the residents for falls etcetera in the lounge."
- The manager used a tool to determine how many staff were needed daily and increased staffing levels when needed. The manager told us they use agency care staff but the management team are actively trying to recruit more permanent care staff.
- Pre-employment checks including references and criminal records checks had been obtained before staff employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk from abuse

- Systems were in place to safeguard people from abuse.
- Most people told us they felt safe. One person said, "I do feel safe, I have no complaints. All the staff are kind and look after me." Another person said, "I do feel safe here."
- Most relatives told us they felt people were safe. One person said, "Yes, I do believe [person] is safe." Another relative said, "Yes, I don't have any issues."
- Staff knew where the safeguarding policies were kept and understood how to keep people safe; they knew when to report concerns and who to report them to. Staff were confident these would be dealt with appropriately.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- The provider was following government guidance in relation to visiting in care homes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had MCA assessments in place, but not all of these followed the guidelines. For example, some MCA assessments were decision-specific with all decisions being individually assessed, while others were not decision-specific and decisions were assessed together. For example, decisions about where people wanted to live were not always assessed separately to people's daily care and support needs. This meant the provider could not be assured people's decision-making was being assessed in line with the legal framework nor if decisions were being made for people in their best interest.
- We saw DoLS applications being made to the Local Authority when appropriate.
- We observed people being asked for consent when staff supported them, for example we saw this when moving and handling was needed.

Staff support, training, skills and experience

- Not all staff completed specialised training to meet the needs of all people living in the care home. For example, dementia training and training to support people when they were distressed. The manager told us they would explore additional training for staff.

- Relatives told us they felt staff had had enough training. One relative said, "As far as I can tell they seem quite knowledgeable when they speak to me about my [relative] and dementia." Another relative said, "Yes, I think so, they [staff] seem to [have] sufficient [training]."
- Staff could develop their own skills through the career progression pathway and by requesting to complete further training in their area of interest.
- Nurse competencies were checked, and CHAPs supported nursing staff in their role.

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

- People received suitable foods and drinks and were supported as needed.
- One person told us, "[Food's] pretty good. I don't expect cordon bleu. I ask for more if I want." Another person told us, "I do get a choice. If I don't like their food they [staff] will make something else for me."
- In the reception area there was a notice board with information that had been acted upon from people's feedback. For example, one person had requested bigger portion sizes and this was facilitated.
- We observed people being offered more food and drink throughout their meals as well as drinks and snacks being offered throughout the day, including cooling refreshments in warmer weather.

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

- The service layout was suitable for the people living there.
- People had their photograph and name on their door to support people who were able to move around the home independently. Accessible signs were used to help people to find the toilet, dining room and so on. One person told us about their room, "My room is nice; it is lovely."
- The medicines room in one of the units was being refurbished and the manager told us they had ideas for more refurbishment to make the home more dementia friendly.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services.
- People felt they received the support they required. One person told us, "Yes, they [staff] have done [contacted the GP] today. I have no doubt something will be done."
- Relatives told us people had access to their GP. One relative told us, "Yes they are very good and they will contact me."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with other agencies.
- People had information in their care files from other professionals.

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.

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

- Lessons had not always been learned. The service has been repeatedly rated as requires improvement. This meant that swift and sustainable improvements had not been implemented and people continued to receive care below the expected standard for five consecutive inspections.
- Quality assurance systems were not robust enough in identifying issues, such as medicines stock checks, environmental risks including fire and building safety checks not being completed. The provider could not be assured risks to people were mitigated because these checks were not being done in line with the care home's own timescales. The governance systems in place were not always effective in monitoring and mitigating risks to people. A lack of provider oversight has meant that the quality and effectiveness of the audits were not reviewed, and these did not always drive improvements for people.
- A lack in management oversight meant medicines audits were not effective. For example, we identified issues with the way the 'five-a-day' medicines audits were carried out by staff. Managers were unaware staff were undertaking this audit incorrectly. This meant risks associated with medicines were not adequately monitored and mitigated, which placed people at risk of harm.
- Accidents and incidents were being recorded. However, follow up actions from accidents and incidents were not always clear and the provider could not be assured lessons were being learned to mitigate the risk of them happening again. This meant people were placed at continued risk of harm because action had not been taken to lower the risk of further occurrences.
- The provider's action plan was not effective in identifying all issues, some actions were outstanding and systems had not all been embedded since our last inspection.

Effective quality assurance systems were not in place to mitigate risk of harm to people in the care home. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear on their roles and there was a clear line of delegation. Staff knew who to report their concerns to.
- The manager was eager to improve the service and was responsive to feedback during the inspection.
- The manager was keen for staff to develop their skills and knowledge and was looking into more staff training.
- The manager was new to the service and was in the process of registering with the CQC in line with

regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A 'wish tree' was an initiative used to encourage meaningful person-centred outcomes for people, whereby people's wishes were added to the tree in the communal area. We saw wishes were being granted.
- Staff recognition initiatives were being used to recognise staff who had made a difference to people.
- People were asked for their feedback and had been given questionnaires to complete.
- Questionnaires had not been sent to relatives for some time. The manager told us they were planning on sending questionnaires out to relatives soon and meeting with relatives too.

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 manager understood the importance of being open and transparent and acknowledged improvements were needed going forward.
- Safeguarding concerns were being reported appropriately and CQC was being informed, in line with regulations, when a safeguarding referral was made.

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

- People we spoke with felt they would be able to raise concerns if they needed to. One person said, "I don't know the managers but if I needed to know them, I could get someone to ask them to see me." Another person told us, "I don't know who the managers are. If I need anything I can ask for help."
- Some relatives did not know who the new manager was, but most were aware there were meetings to meet them.
- The manager had planned staff meetings to engage with all staff and encouraged staff to post comments/suggestions in the suggestions box. Staff we spoke with told us meetings had been planned.

Working in partnership with others

- Staff worked closely with other health care professionals. Regular meetings took place with a nurse attached to the GP surgeries to ensure oversight of people's on-going health needs and for any new concerns to be raised for support.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Robust governance systems were not in place to effectively identify errors and mitigate risk to people.

The enforcement action we took:

A warning notice was served to promote improvement.