

Treeton Grange Limited

Treeton Grange Nursing Home

Inspection report

Treeton Grange
Wood Lane
Sheffield
South Yorkshire
S60 5QS

Tel: 01142692826

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07 December 2022

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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

Treeton Grange is a care home providing personal and nursing care to older and younger adults. The service can support up to up 50 people. At the time of our inspection there were 46 people using the service.

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

Systems were in place to protect people from abuse and the risk of harm. Staff understood their roles and how to raise safeguarding concerns. Risks to people were assessed and regularly reviewed. However, hoist slings were found to have worn labels and did not detail which person the slings belonged to. Following the inspection, the provider immediately implemented an audit of all slings and replaced labels where required. Care plans were detailed and provided staff with guidance to safely support people. People, relatives and staff told us that people were safe in the service.

Some staff and relatives told us staff were rushed and more staff were required. During our inspection we observed enough staff to meet people's needs and the service was providing the correct amount of staff based on people's assessed needs. Staff were recruited safely and pre employment checks were in place. People and their relatives told us staff were kind and caring.

Medicines were safely managed. Medicines were stored and disposed of appropriately and people received their medicines as prescribed. Infection, prevention and control audits were in place and the home was generally clean and tidy. Systems were in place to monitor accidents and incidents, including themes and trends, with lessons learned to reduce risks to people.

The registered manager understood their roles and responsibilities. Leadership was visible in the service and relatives told us the manager was approachable and available. Systems were in place to monitor quality and safety to drive improvements in the service. People and relatives had opportunities to provide feedback. This was analysed and actions were taken to meet people's needs and wishes. Staff were supported in their roles and staff told us they could report concerns to the registered manager. Regular staff meetings took place and staff were actively involved in these. Staff worked in partnership with community healthcare teams to ensure people received support, care and treatment in line with their individual needs.

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.

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 7 April 2020).

Why we inspected

The inspection was prompted in part due to concerns received about moving and handling practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Treeton Grange 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.

Treeton Grange Nursing 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.

Inspection team

The inspection was carried out by 2 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

Treeton Grange 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. Treeton Grange 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 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 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 this information to plan our inspection.

During the inspection

We spoke with 6 staff, including the provider, the registered manager and care staff. We spoke with 4 people who used the service, 8 relatives and 1 professional. We reviewed the care records of 3 people and 2 staff files. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits and checks.

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 safe. The rating for this key question has remained safe. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of unsafe harm.
- Staff were trained and knowledgeable about how to spot signs of abuse and told us they could report concerns to the registered manager. One staff said, "I would report things to my manager, I also know how to report things (to the local authority) myself if I needed to."
- The registered manager made the CQC and local authority aware of safeguarding concerns where required.

Assessing risk, safety monitoring and management

- Risks to people were assessed and regularly reviewed. Risk assessments provided detailed guidance about how staff should safely care for people.
- Audits were in place to monitor risks to people. However, during our inspection we found hoist slings were not labelled to appropriately inform the staff team who the slings belonged to. Following our inspection the provider immediately rectified this.
- The provider had digital systems in place which alerted staff, to ensure that care was provided in line with people's needs. For example, records showed where people were at risk of pressure areas developing, people had received the correct support to mitigate these risks.
- People and relatives told us they felt safe in the service. One person said, "I feel safe here, staff look after me and are kind." A relative said, "I have no concerns, it is reassuring to know [name] is there."

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Some people, staff and relatives told us they felt the service required more staff on duty. However, during our unannounced inspection, we observed there to be enough staff to meet people's needs. The provider had systems in place to monitor staffing levels and these were determined by people's needs. The service was working within the staffing levels required.
- The registered manager told us they had used agency staffing to cover shortfalls, however since they had recently recruited more staff into the permanent team the use of agency staff had reduced. A professional told us, "The staff are lovely and they are very responsive."
- Staff were recruited safely. Pre employment checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). 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

- Medicines were managed safely and people were receiving their medicines as prescribed.
- Staff were trained in the administration of medicines and competency checks were in place to ensure they safely administered medicines to people.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) were completed accurately. A relative told us, "[Name] has their medication every day."
- The registered manager completed regular audits to ensure that people were receiving their medicines safely. Where errors had occurred, this was investigated, and action taken to mitigate future risks to people.
- Where people were prescribed as required medicines (PRN). PRN protocols were in place to guide staff about how and when these should be given.

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 somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- Visiting arrangements were in place and people were receiving visitors.

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed, with lessons learned to mitigate risks to people. For example, following an incident, the registered manager had implemented moving and handling competency checks for staff.

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

- Support was provided to people in a person-centred way. There was visible leadership in the home and the registered manager and staff understood their roles and responsibilities.
- People's care plans were detailed and individualised.
- People and their relatives told us the service was well-led. One person said, "I get on well with the manager, they take care of things." A relative said, "It really is [well-led], the manger is really approachable, anything you want you can ask."
- The provider and registered manager completed audits to monitor the quality of the service to ensure people achieved good outcomes. A professional told us, "The manager is a strong leader, the home has recently replaced some flooring to prevent people from tripping."
- Staff told us the provider and manager were available and that they felt supported by them. One staff said, "The manager is supportive and helped me a lot when I first started." Another staff said, "The provider is great and will listen to anything."
- Staff were suitably trained to carry out their roles effectively.

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

- There was an open and honest culture in the service. The registered manager understood their responsibilities under duty of candour.
- The register manager submitted notifications to the CQC about specific events in the service, in line with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- The provider and registered manager had monthly meetings to monitor the service. Service improvements plans were in place and on-going to drive improvements.
- People and their relatives were given the opportunity to provide feedback though regular meetings and quality surveys. For example, two people had requested to live in rooms next to each other and this was provided.
- Relatives told us the communication with the service was good. One relative told us, "We are updated about the service as we receive a newsletter."

- The provider had systems in place to monitor the service through an internal quality assurance team. Quality assurance audits were undertaken to ensure the service was efficiently well-led and met people's needs.
- Staff were actively involved in regular meetings to allow for discussion and feedback.

Working in partnership with others

- The service worked in partnership other professionals to ensure people's individual care needs were met. For example, a weekly ward round was undertaken with a GP. Records showed external referrals were made for people where required.