Treeton Grange Limited

Treeton Grange Nursing Home

Inspection report

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South Yorkshire
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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?	Outstanding

Overall summary

This was an unannounced inspection carried out on 2 and 3 March 2015. We last inspected the service in August 2013 and found they were meeting the Regulations we looked at.

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 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 47 people who used the service living at the home.

The service has a registered manager who has been registered with the Care Quality Commission since July 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People told us they felt safe living in Treeton Grange. Everyone we spoke with told us they were confident that they could tell the staff whatever they needed to if they were worried about anything. There were procedures to follow if staff had any concerns about the safety of people they supported.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. We also spoke to a visiting GP who said, "The staff act in a timely manner to seek medical advice." The GP told us a weekly surgery at the home was working very well, and people could also contact the surgery if required at other times during the week.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

People were able to access activities. The activity coordinator had developed a weekly plan of activities. People could also access religious services which were held periodically at the home.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt that the staff knew them and their likes and dislikes. A person said, "They understand perfectly what my requirements are."

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that no formal complaints had been received in the last 12 months.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

Summary of findings

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard vulnerable adults from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines were to be taken and when.

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the manager approachable and available to answer questions they may have had.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

The manager had a good understanding of how to support people at the end of their life. We saw preferred preferences were recorded in people's care plan.

Summary of findings

Is the service responsive?

Good

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them moving in to this service. Visitors told us they had been consulted about the care of their relative before and during their admission to Treeton Grange.

People were encouraged to retain as much of their independence as possible and those we spoke to appreciate this. People could access activities that were planned both in the home and in the community.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Outstanding

The service was well led.

The registered manager listened to suggestions made by people who used the service and their relatives. The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The service worked well to ensure people received prompt involvement with health professionals and there was a sense of belonging to the community.

Accidents and incidents were monitored monthly by the manager to ensure any triggers or trends were identified.

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 was planned to check 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 inspection took place on 2 and 3 March 2015 and was unannounced on the first day.

The inspection team consisted of 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 information received about the service from notifications sent to the Care Quality Commission by the manager. We also contacted Healthwatch Rotherham and looked on the NHS Choices web site to gather further information about the service. We spoke with a visiting GP and the home care support team based at Rotherham Foundation Trust. We also spoke with and received information from the local authority commissioners who also monitor the standards within the home.

Prior to our visit we had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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.

At the time of our inspection there were 47 people using the service. We spoke with the registered manager, the deputy manager who was a registered nurse, seven care staff, the activity coordinator, the housekeeper and the cook. We also spoke with seven people who used the service and ten visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at documentation relating to people who used the service, staff and the management of the service including recruitment files for six staff. We looked at five people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. One person said, "It's my home, I feel safe and staff look after us all." People told us that staff were always respectful and they felt they were able to express choice in all aspects of their life at the home.

A safeguarding vulnerable adult's policy was available and staff were required to read it as part of their induction. We looked at information we hold on the provider and found there were no ongoing safeguarding investigations.

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding adult's policies and procedures and would refer to them for guidance. They said they would report anything straight away to the nurse or the registered manager.

Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. We saw there was an up to date fire risk assessment which had been agreed with the fire safety officer. Risks associated with personal care were well managed. We saw care records included risk assessments to manage a person at risk of falling. The risk was managed by obtaining equipment to alert staff if the person got up out of bed, which may result in the person falling. We spoke with a health reviewing nurse who works as part of the 'care home support team.' They told us that they regularly had referrals for falls, mobility and seating assessments from the home and staff always followed any suggested treatment plans.

We found the provider had structures in place which enabled them to have an overview of risk and safety within the service. As well as the management team at the home the provider also used an external quality monitoring person who regularly visited the home to look at all aspects of safety. They reported back to the provider who acted on their recommendations.

We looked at six staff recruitment files including care staff, cook, domestic staff, and activity co-ordinator. We found that the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager. Staff we spoke with confirmed the arrangements to ensure they were competent and confident to work unsupervised.

The registered manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The manager was fully aware of their accountability if a member of staff was not performing appropriately.

Some people who used the service raised some concerns about staffing levels. One person said, "I worry a bit when I am poorly, I'm worried that they don't have enough time to spend with me." We saw that quite a few people spent time in their bedrooms during the day. We asked several people if staff had time to chat to them. They told us that the staff did speak to them but were very limited as to how much time they had for this. One person said, "The staff will come in for a chat if they have time, it's not that often because they are always working hard." Another person told us "They come in occasionally." A person who spent time in their bedroom said, "No one has time to come in and talk. They are really busy."

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. The provider was able to demonstrate how they had reached and agreed the staffing levels at the home based on dependency and occupancy.

From our observations we found staff were able to meet people's care needs; however staff did seem to be very busy, and did not have the time to be able to spend quality

Good

Is the service safe?

time speaking to people. The activity coordinator worked five days each week and she told us that time was scheduled into the activity plan to ensure time was spent on a one to one basis to reduce the social isolation that may happen when people chose to stay in their bedrooms.

We found there were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for checking medicine stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy.

We saw care plans included any allergies a person may have had were recorded. Staff had recorded if people had the capacity to consent to taking their medication and appropriate documentation was seen in relation to this. One person we spoke with that administered their own medication told us, "They (staff) bring me a day's doses at a time. I know what I have to take."

During lunch we observed the senior care staff and the nurse administering medication. We saw they did this in a professional, low key manner. They locked the medicine cabinet every time they left it even if only moving to a nearby person. We heard the senior care worker ask people if they required pain relief and acted upon their wishes.

We saw the senior care worker followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required,' for example painkillers. We saw plans were available that identified why these medicines were prescribed and when they should be given. The senior care staff and deputy manager we spoke with knew how to tell when people needed these medicines and gave them correctly.

The manager showed us training records to confirm staff had the necessary skills to administer medication safely. Annual competency checks were also undertaken. Monthly audits were undertaken to ensure medication was administered as prescribed. We were also told that an external audit was also undertaken monthly, and any remedial action was acted upon immediately.

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People and relatives we spoke with told us that the care provided was very good. One person said, "All the help I have had here has been fantastic, they (staff) have got me back on my feet." Another person said, "The staff really put themselves out. When I first got here, my legs were in a pretty bad way. They sorted them out which really improved my quality of life." All of the relatives we spoke with were very complementary about the staff working at the home. One relative said, "The home is well managed and the staff work hard but they are compassionate and caring." Another relative said, "You can tell it is a good home because a lot of the staff have worked here for a long time and they know the residents very well."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We found the service to be meeting the requirements of the DoLS. The manager was aware of the latest guidance and was reviewing people who used the service to ensure this was being followed. We were informed that one DoLS application had been sent to the local authority for their consideration. We saw the documentation that demonstrated the application had been approved by the local supervisory body. The registered manager had also followed the guidance to ensure the authorisation had been reviewed. The registered manager told us that most staff had received some training in the subject but they wanted to undertake further training which they were hoping to source in the near future. The staff we spoke with had a good understanding of the principles of the MCA that ensured they would be able to put them into practice if needed.

We looked at the care records belonging to five people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example we saw people had consented to the use of photographs on care plans and medical records. People were also consulted about their continuing involvement in care plan reviews and these had been signed by the individual or their relative.

We observed a handover between the night staff and day staff which communicated how people's care had been delivered during the previous night. They passed on information such as how people had slept and if anyone required a visit from the GP. Day staff were provided with tasks that needed their assistance. For example where a urine sample was needed to check if a person had a urinary tract infection (UTI). The registered manager told us how important the handover was to ensure communication was passed from one set of staff to the next.

All new staff completed a full induction programme that, when completed, was signed off by their line manager. We spoke with a member of staff who was returning from maternity leave. They told us that they were spending time getting to know the needs of people living at the home as the home's population had changed since they last worked. They told us that it reminded her of her induction where she had worked alongside a senior for a while and had the opportunity to read care plans before assisting people with their personal care

People we spoke with told us they felt staff were appropriately training to meet their needs. One person said, "The staff know what they're doing, I've never felt unsafe. They chat to me whilst they're doing it (referring to being assisted using the hoist), so that helped me get used to it."

We found that staff received supervision (one to one meetings with their manager) and they told us they felt supported by the manager, deputy manager and also their peers. The manager had commenced annual appraisals. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and attended staff meetings to discuss work practice.

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at

Good

Is the service effective?

the home had also completed a nationally recognised qualification in care to levels two, and three. We saw that staff had also completed training in dementia care and end of life care.

We found the service worked well with other health care agencies to ensure they followed best practice guidance. They have close links the local hospice which were helping to develop an end of life care file for staff to use as a best practice reference guide. Members of the homes management team had also attended an end of life conference.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at five people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

The cook told us they received training specific to their role including food safety, healthy eating and food processing. They had a good knowledge of specialist diets. For example they were able to describe some people's food allergies which meant they required a particular diet. For example, 'gluten free,' and 'lactose free.' Other diets were also catered for such as people who required their liquids thickened and diabetics.

The cook informed us that mealtimes were flexible to meet people's needs. The cook was well informed about people's likes and dislikes in relation to food and said menus were devised to accommodate people's choices. A meeting had been attended by the cook specifically to look at menu choice. Relatives also attended the meeting. Menus were displayed in the dining areas with the main choices; individual requests and dietary needs were catered for in addition to these.

We joined a group of people eating their meals. We carried out a SOFI during lunch on the first day of this inspection. We saw that people had several choices of hot and cold drinks, including squash and water. The majority of the people were able to eat their meals independently, where people needed support, this was done discreetly by staff. One person told us, "I really like curries. I don't get them very often." People were aware of choice being offered and told us that they could ask for an alternative if either choice were not to their taste. Tea coffee, juice and water were served throughout the day and water and juice were available in the lounges for people to help themselves. We noted that people who preferred to stay in their rooms had jugs of water which was changed daily.

People's care records showed that their day to day health needs were being met. People had access to a designated GP who held a surgery once a week at the home for routine consultations and medicine reviews. On the first day of this inspection we spoke with a GP who was attending the weekly surgery. The GP told us that the home responded to people's need in a caring and professional manner. They said, "Staff are prompt to seek medical attention if needed." Additionally, the district nurses and tissue viability nurse visited the service on a regular basis for routine treatments, such as changing dressings and undertaking blood tests. Records showed that people were supported to attend other specialist services such as the diabetic clinic, audiology and dental services.

Good

Is the service caring?

Our findings

People told us they had choices in their daily routine. People gave a variety of positive answers when asked about the ease and frequency of things like bathing. We observed staff's approach when they entered a person's bedroom and asked, "Is it ok if we sort out your bath in about half an hour?" The person told us that they had asked to have a bath at some point that day and was happy that the timing was appropriate. The person told us that they were pleased to know in advance when it would be happening "So I can get myself ready." Another person told me, "I use the buzzer to let the staff know when I'm ready for things like getting up and getting dressed."

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Our observations found staff were kind, compassionate and caring towards the people in their care. People were treated with respect and their dignity was maintained throughout. People who used the service and visitors were positive when describing interactions with the staff. One person said, "I came here with a broken hip but hardly notice it because everyone was so nice. All the help I have received is fantastic." They went on to say, "They (staff) did things for me at first then encouraged me to do things for myself. Once I was getting better they didn't waste their time on me which I thought was good, as it meant I was getting better." Another person said, "Staff always speaks to me if I go for a walk down the corridor. They call me by name, so they know who I am. They always ask if I need any help, they treat me like an individual."

Relatives and visitors to the home told us that there were no restrictions to the times when they visited the home. One relative said, "My family visits regularly and it is always the same. Staff are kind and considerate. They always ask how I am and tell me how my relative is." Another relative said, "We are made to feel welcome. We had a bad experience at another home but I know this is so much better. Everything is relaxed; staff and the nurses could not be more polite."

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy. One relative we spoke with said, "They (staff) are very good staff. They make sure they bob in and out of the room to make sure my relative is alright and her needs are met."

We looked at five care and support plans in detail. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately.

The service had a strong commitment to supporting people and their relatives, before and after bereavement. People had a 'Preferred preferences of care plan.' The information helped staff to better understand a person's needs, if they became ill or needed admission to hospital. It also helped to inform staff of their wishes if they could not fully respond to questions because of their limited capacity. We saw that relatives and significant others had been involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions were seen on care plans and these were reviewed by their own GP.

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

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and

Good

Is the service caring?

supported people to orientate themselves. One person we spoke with said about her decision to move into Treeton Grange. “I went to visit ten homes before I chose this one. Two things sold it for me. Firstly the home smelt clean and fresh. Secondly it felt like home.”

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of four people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up.

People we spoke with told us the staff were very caring, and nothing was too much trouble. One person said, "They (staff) understand perfectly what my requirements are."

We found that people's care and treatment was regularly reviewed to ensure the care and treatment was up to date. People we spoke with said they knew a care plan was written but did not show any interest in what the content of the record. One person said, "They (staff) told me they alter it (care plan) to suit. I think they understand perfectly what my requirements are. Not just mine, everyone's." Relatives we spoke with told us they were able to discuss any concerns with the manager. One relative said, "I know that I can speak to the nurses and the manager about my relatives care. They are approachable and deal with things very professionally." Another relative said, "We attend meetings about my relatives care. If things change staff tell me straight away."

We saw that there was a schedule of planned activities that takes place on a daily basis. We spoke with the activity co-ordinator about activities and events that were being planned. The co-ordinator told us that they planned to make more use of the beautiful gardens when the weather was better. The co-ordinator told us that she spent time with people who were sometimes in their bedrooms. This was to prevent social isolation. We saw that most people were seen at various times during this inspection to spend time in their bedrooms. Bedroom doors were left open, and people told us they liked that so they could see staff passing. Other people told us that they liked their bedroom door closed so that they could have more privacy.

People we spoke with told us they were encouraged to continue with hobbies and interest. One person said, "I like to do crosswords and watch quiz programmes on the television, but I can do that quite happily by myself." Another person said "There are things like skittles, bowls, and bingo. I sometimes join in, and sometimes visitors do too." At the end of the lunch we heard two people talking about what they would do that afternoon. One said, "I hope there's bingo, I like that." We later saw people joining in games of bingo and winning small prizes of sweets.

The staff we spoke with had a very good understanding of people's needs and how to support them to continue to follow their interests. We saw that daily papers were available for people to read and the home provided a newsletter that informed people of forthcoming events for example trips out of the home and proposals for a coffee morning to raise funds for entertainment.

We saw that copies of the complaints policy were displayed throughout the home. People we spoke with mostly said they had no complaints but would speak to staff if they had any concerns. The manager told us that there had not been any formal complaints within the past year. Our review of the provider's complaints folder confirmed this. The registered manager told us that she had raised two complaints on behalf of people who used the service. These were raised with the hospital complaints department. The manager told us that both related to unsafe discharges from hospital back to Treeton Grange. Both people had been sent home without essential medication. The registered manager was awaiting a response back from the hospital.

The manager told us that she operated an open door policy which encouraged visitors and relatives to raise any concerns they may have. We saw several visitors and relatives passed the office and acknowledged the manager. Relatives we spoke with complimented the manager's style of leadership and they said they had confidence in her ability to manage any concerns appropriately.

Relative we spoke with told us they attended meetings to ensure they could raise any issues about the care provided. The 'Friends of Treeton Grange' meetings were also arranged to discuss fund raising and they were able to make suggestions about events such as an Easter egg hunt and a 80's disco to encourage the community to become more involved in the home. We saw the minutes of these meetings.

Outstanding ☆

Is the service well-led?

Our findings

People we spoke with told us they knew who was the registered manager and said they were approachable and would deal with any concerns they might have. One person said, "She was in here today talking to me. She often does." Another person said, "When I needed to go to the hospital to get some treatment it was the manager that took me. She stayed with me all day. She's always available to talk to." People also told us that they thought the nurses were very good. One person said, "They get stuff done and see that their colleagues do it properly, and we get good care."

The service was well led by a manager who has been in post since September 2013 and was registered by the Care Quality Commission in July 2014.

The manager told us the home worked well with the local community and had developed close links with schools and Churches. The local church visits regularly to hold a service and also to visit people on an individual basis. The relatives at the home had developed the 'Friends of Treeton Grange.' They hold regular meetings and discuss fund raising events, and also they are involved in future developments of the service.

The manager had a clear vision of areas that they wanted to develop to make the service better. For example, promoting lead roles for key staff which included dignity and end of life champions. One member of staff told us that they had attended an end of life training programme which lasted 12 months. They told us that the owners encouraged staff to develop and attend training that will enhance the lives of people living at Treeton Grange.

The values of this service were reinforced constantly through staff discussion, supervision and behaviour. The management team told us the ethos was to provide the very best care, support and environment to people to help them to live their lives to the full, supported by skilled and dedicated staff who understood the importance of achieving this. Staff told us they were proud to work at the home and wanted to provide the highest standard of care possible.

Staff we spoke with all said they felt supported by the manager and said, "Things are much better now, I think the manager is the best we have ever had." Staff told us that they understood the standards that were expected of them. Staff attended meeting and felt able to make suggestions about how to improve the service and they were listened to.

The provider had effective quality assurance systems in place to seek the views of people who used the service, and their relatives. Surveys were returned to the registered manager who collated the outcomes. Any areas for improvement were discussed with staff and people who used the service to agree any actions which may need to be addressed. We looked at outcomes from the last questionnaires sent to relatives and people who used the service in September 2014. They showed high satisfaction levels in all aspects of care and the environment.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to raise the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.

The provider also employed an independent person to monitor quality. We looked at their report which was matched to the standards expected by the Care Quality Commission. They set out any action required and regularly returned to check on progress. The provider told us, the monitoring by an external body helped them to deliver and develop a clear vision for the future of the service.

The service had developed good working relationships with other organisations and health agencies. The local council had recently given the home the highest rating which told us the service was well regarded and had a good track record for delivering a good service. We spoke with health professionals such as the GP, tissue viability nurse and the

Outstanding ☆

Is the service well-led?

care home support team. The all spoke highly of the staff and the service. They said staff responds to situations promptly to ensure people get the care and treatment they require.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.