

Handsale Limited

Handsale Limited - Treelands Care Home

Inspection report

Westerhill Road
Fitton Hill
Oldham
Lancashire
OL8 2QH

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28 March 2018

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Ratings

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

Summary of findings

Overall summary

Treelands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection

Treelands Care Home is registered to provide accommodation and care, including nursing care, for up to 80 people. At the time of our inspection there were 70 people living at the home. The accommodation is provided over two floors and is divided into four units: Sycamore unit provides care and support to people requiring residential care; Beech unit provides care and support for people with complex needs, such as mental health needs; Oak unit provides general nursing care and Elm unit provides care and support for people living with varying levels of dementia. The home is set within a large garden and there is a car park available for visitors.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was an unannounced inspection which took place on 27 and 28 March, 2018. We last inspected the service in January 2017. At that inspection we rated the service 'Requires Improvement' overall. We identified four regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. These were in relation to cleanliness, risk assessments, training, supervision, staff induction, weight monitoring, Deprivation of Liberty Safeguards, care plans and governance. At this inspection we found that improvements had been made and the service was no longer in breach of any of the regulations of the Health and Social Care Act (2008) Regulated Activities 2014.

We have made one recommendation about the provision of activities on Oak and Elm units.

There were systems in place to help safeguard people from abuse. Staff understood what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond to the needs of people promptly.

The home was well-maintained, clean and decorated to a high standard. Adaptations, such as the addition of clear picture signage, had been made so that it was suitable to people living with a dementia. Procedures were in place to prevent and control the spread of infection. There were systems in place to protect staff and people who used the service from the risk of fire. Maintenance checks on services and equipment were up-to-date.

The management of medicines was carried out safely.

Staff had undertaken a variety of training which enabled them to carry out their roles effectively. They received regular supervision which provided them with opportunity to voice any concerns and plan their professional development.

Staff encouraged people to make choices and remain independent where they were able. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were complimentary about the home and staff. We observed kind and caring interactions between staff and people who used the service. The service had introduced an electronic care documentation system. We found that care plans and risk assessments were detailed and reflected the needs of each person.

A range of activities were provided throughout the home. However, people commented that there was a lack of stimulation and things to occupy people in a meaningful way on Oak and Elm units.

There was strong leadership from the home owner, registered manager and deputy manager. This had ensured that improvements required following our January 2017 inspection had been carried out. The management team was forward thinking and committed to finding new ways to develop the service and improve the quality of care and support provided at Treelands. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

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.

Safe recruitment processes were followed and staff understood how to keep people safe from harm.

There were effective systems in place to manage and administer medicines.

The home was clean and well-maintained. Equipment was regularly checked and serviced.

Is the service effective?

Good ●

The service was effective.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively. Staff received regular supervision.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The building was adapted to provide a suitable, pleasant environment for people to live in.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People had their dignity, privacy and independence respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and person-centred. They were

reviewed regularly to ensure they were up-to-date.

A variety of activities were available for people to take part in. However, we found there was a lack of meaningful activities on Oak and Elm units.

The service had a system in place for receiving, handling and responding to complaints.

Is the service well-led?

The service was well-led.

There was a strong leadership team at the home who were committed to improving and developing the service.

There were systems in place to monitor the quality of care and service provision at the home.

Good ●

Handsale Limited - Treelands Care 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 was an unannounced inspection which took place on 27 and 28 March 2018. The first day of the inspection was carried out by an adult social care inspector, an assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of using this type of service or caring for someone who uses this type of care service. On the second day one adult social care inspector returned to the service to complete the inspection.

Before the inspection we reviewed information we held about the service, including the Provider Information Return (PIR). A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

Prior to the inspection we contacted the local authority, the NHS clinical commissioning group and Healthwatch Oldham, to ask if they had any concerns about the service, which they did not. Healthwatch is the national independent champion for consumers and users of health and social care in England.

During our visit we spoke with the home owner, registered manager, deputy manager, six care assistants, a registered mental nurse, an activities coordinator, ten people who used the service and three relatives. We also spoke with five relatives on the telephone the day after our inspection. We looked around the home, checking on the condition of the communal areas, toilets and bathrooms, kitchen and laundry. We looked in several bedrooms after we had received permission to enter them. We spent time observing the lunchtime

meal on Sycamore and Oak units.

As part of the inspection we reviewed in detail the electronic care records of three people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, three staff personnel files, medicine administration records, audits, meeting minutes and maintenance and servicing records.

Is the service safe?

Our findings

People told us they felt safe at Treelands. Comments included, "I feel more secure. Nobody can come and take you or harm you"; "When you need someone you just press the buzzer to get some attention" and "I'm OK here and I am safe, they always look out for me." Staff we spoke with had a good understanding of what constituted abuse and were confident they would report any concerns they had and that they would be investigated appropriately.

The home was well-maintained, clean and free from unpleasant odours. The reception area was light and welcoming. There was an on-going re-decoration programme throughout the home. A maintenance person was on site every day of the week. Since our last inspection Elm and Oak units had been redecorated and new lighting installed. Laminate flooring had replaced the carpet on Elm unit and Sycamore unit was in the process of being re-decorated and new flooring laid. A new shower unit had been installed on Sycamore unit. At our last inspection we found that not all areas of the home were adequately clean and some equipment was dirty. At this inspection we found the home and equipment were clean. Equipment, such as beds and mattresses were of a good standard.

Systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels. Pedal bins were in all toilets and bath/shower rooms which meant soiled items could be disposed of correctly. There was an adequate supply of personal protective equipment (PPE), such as disposable aprons and gloves and we observed staff using these appropriately, such as while serving food and carrying out care tasks. Alcohol hand gel was available at different points throughout the home. The local authority had carried out an infection prevention and control audit in January 2018 and the service had scored 96%. The local authority had awarded the home an infection prevention and control Certificate of Excellence award for 2018.

We looked at the on-site laundry facilities. The laundry was clean and well-organised, with a system for ensuring that dirty/contaminated laundry was segregated from clean items. Hand-washing facilities and PPE were available for staff to use when handling soiled items.

The kitchen had achieved a rating of five stars at a food standards agency inspection in May 2017. This meant food ordering, storage and preparation were classed as 'very good'.

The home was secure. The front door was kept locked and people could not enter the building without being let in by a member of staff. There was a 'signing in' book for visitors. This ensured staff were aware of who was in the building at any one time. Doors to each of the four units were kept secure through the use of a keypad system. This ensured people who were at risk of harming themselves if they left the building were kept safe. People who used the service, who were free to leave the building, were told the number to the keypad so that their movements were not restricted in any way.

Systems were in place to protect staff and people who used the service from the risk of fire. Fire fighting equipment, such as extinguishers and the alarm system were regularly checked and the fire exits were all

clear at the time of our inspection. A fire risk assessment had been completed in December 2017. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency and take into consideration a person's individual mobility and support needs. The service had two emergency 'grab bags' which were situated on the first floor landing and in the reception area. Each bag contained fire blankets, torches, a loud hailer and other items useful for an emergency situation. The service had recently requested a 'familiarisation' visit from the fire service, where photographs of the layout of the building were taken. These have been stored on the on-line system at the local fire station, so that they are easily available for the fire service in the event of an emergency.

All maintenance checks and servicing of equipment, such as the gas supply, passenger lift, electrical fixed wiring and hoists and hoist slings were up-to-date.

Staff employed by the service had been through a thorough recruitment process. We reviewed four staff personnel files, which were well organised. They contained all the necessary documentation, including an application form, health questionnaire, employment history, two references, photographic confirmation of identification and a Disclosure and Barring Service (DBS) criminal record check. These checks help to ensure people are protected from the risk of unsuitable staff, as they identify if a person has had any criminal convictions or cautions. All nurses employed at the service had their registration with the Nursing and Midwifery Council checked to ensure it was valid.

The service managed risks to people's health in order to help keep them safe. Risks to people's health had been assessed and corresponding care plans put in place. These were detailed and had been reviewed regularly to ensure they remained up-to-date. For example, one person had been assessed as being potentially aggressive. Their risk assessment contained information about possible triggers for their behaviour and advice on actions staff should take to help calm the person and de-escalate the situation. At our last inspection we found that risk assessments for the safe use of bed rails were not always in place. At this inspection we found this had been rectified and where people required bed rails the appropriate risk assessment had been carried out.

Accidents and incidents were managed correctly. All accidents and incidents were recorded and were monitored on a monthly basis so that trends could be identified and appropriate action taken. For example, we saw that the service had identified one person who was regularly falling. The action taken had been to purchase a low-rise bed and crash mat which had helped minimise the risk of further falling.

The registered manager told us that they had recently introduced a 'paraffin-based medication risk assessment for all residents who used petroleum or paraffin based creams or ointments. These creams can soak into fabrics, including bedding and clothing, which can easily ignite if they come into contact with naked flames, cigarettes or any other heat source. To minimise the fire risk the service had been liaising with local GPs and the majority of people using these types of creams had been prescribed aqueous based alternatives.

We inspected the storage and management of medicines and found this to be safe. We looked at the Medication Administration Records (MARS) on Beech and Elm units. The folders containing the records were well-organised. There was information at the front reminding staff to check for omissions in records and what to do in the event of a medicines error. We reviewed the MARs, which contained information necessary for the safe administration of medicines, such as photographs of people living on the unit, information about allergies and any special instructions, such as 'at risk of choking – syrup consistency fluids'. MARs we reviewed had been completed correctly, which indicated that people had received their

medicines as prescribed.

We looked at the medicines record for a person who received insulin to treat diabetes. When a person regularly injects insulin it is important to alternate the injection site to ensure the insulin is absorbed consistently. From reviewing this person's record we saw that staff regularly alternated this person's insulin injection site. This meant they were administering this medicine correctly and safely.

Some people were prescribed one or more medicines to be given "when required" (prn) such as pain-relieving medicines. When medicines are prescribed in this way special documentation (prn protocol) is required which describes how staff can recognise if this medicine is needed. We found this documentation was detailed. For example, one person was prescribed medicine to be given if their behaviour became aggressive. The prn protocol described steps staff should take to try to calm them before resorting to giving medicine.

On both days of the inspection there were sufficient numbers of staff working at the home. People who used the service told us they felt there were enough staff to support them with their needs. Comments made to us included, "I don't have to wait long when I need staff, not more than five minutes anyway"; "When you ask for help, someone comes straight away" and "there are enough staff, they don't let you wait." Relatives told us that overall they were happy with the staffing levels, although several commented that staff were 'stretched'. The registered manager and home owner told us that they regularly reviewed staffing levels, moving staff between units to help provide the appropriate level of cover. Agency staff were used throughout the home when staffing levels indicated a need.

Is the service effective?

Our findings

People spoke positively about the home. One person said, "It's been very nice living here, I have been to different homes, but this one is the best, you can tell staff what you want or what you don't like." Another person said, "I like it here, it has a homely feeling."

At our last inspection we found the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found concerns around the training, induction and supervision of staff. At this inspection we found that training had been re-organised, improvements had been made and the service was no longer in breach of this regulation. The majority of training was done as e-learning, with face-to-face sessions for practical topics, such as moving and handling, basic life support, first aid and fire safety. Staff could do their training either at home or at work and an 'app' was available which could be used to complete training on mobile phones. On completion of each training module, information was automatically recorded on the on-line training matrix, which the management team monitored. This ensured they had constant oversight of staff training.

From reviewing the training matrix we saw that 93% of staff had received recent training in dementia awareness. To provide staff with extra understanding about the disease and raise people's awareness, the registered manager had arranged for a 'Virtual Dementia Tour' to visit the service in August 2017. This is an event which enables people to experience some of the feelings associated with living with dementia.

Since our last inspection the registered manager had introduced a programme of regular staff supervision. Supervision provides an opportunity to monitor the performance of individual staff members and discuss work related concerns. As well as supervision sessions, the deputy manager told us she had recently introduced 'coffee moments'. She described these as being less formal than normal supervision and were opportunities where she could sit down with staff and "have coffee and a chat."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 Act 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. The registered manager and deputy manager were knowledgeable about the MCA and DoLS and carried out mental capacity assessments for people who required them. Where a mental capacity assessment had been completed we saw that best interest decisions were recorded. During our inspection we saw that staff sought peoples' consent before undertaking any care or support task.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection we identified concerns in this area which were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not made the necessary applications for DoLS when

they were required and had therefore deprived people of their liberty without having the correct and legal documentation in place. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. From reviewing the care documents we saw that, where required, an authorised DoLS was in place. The service kept a record of the expiry dates for all authorised DoLS to ensure new applications were submitted in time.

We observed lunch on Oak and Sycamore units. The food was well-presented, appetising and warm. Everyone had enough to eat and people were asked if they would like a second helping. On Sycamore unit the lunchtime atmosphere was calm and unrushed, people took all the time they wanted and those people who needed help with their meal were adequately supported. Comments were heard about the food included, "There are lots of choices" and "My food was yummy. It was my favourite cheese meal. The whole plate is gone and that's how you know it was nice."

At our last inspection we found that people who were at risk of malnutrition were not always weighed. We found gaps in the weight monitoring records. This meant staff were unable to monitor their weight and take action if required. Where people had refused to be weighed staff had not tried other methods to identify if people were losing or gaining weight, such as by measuring the mid upper arm circumference or by assessing whether their clothing had become loose fitting. Measuring the mid upper arm circumference (MUAC) is a way of estimating a person's body mass index (BMI) when it is not possible to weigh them. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements in weight monitoring and the service was no longer in breach of this regulation.

People were weighed monthly and their weight recorded on the electronic care records. Where people were unable to be weighed, staff used the MUAC method for estimating their BMI. Weights were audited and where people were found to be losing weight referrals had been made for specialist advice.

From reviewing the care records we saw that people who used the service had access to healthcare professionals, for example speech and language therapists and dieticians. We saw the care record for one person who had lost 3.5 kg over the course of a month. This person had been referred to a dietician and food monitoring started. The record showed that staff had identified that the person liked a particular dessert. They had encouraged the person to eat more of them and they had consequently put on weight. This showed the service actively promoted the health and well-being of people who used the service. Relatives we spoke with confirmed specialist help was called when needed and that they were always kept informed about the outcome of visits from healthcare professionals.

Where people were admitted to hospital, a 'hospital information pack' was provided by the service. This contained a detailed summary about the person and their care needs and ensured vital information was passed to hospital staff.

During our inspection we looked around the home to see how it was decorated and furnished and to check if it had been suitably adapted for the people living there. The corridors and communal areas were bright and well-lit and furniture was in good condition. Photographic displays and a 'memory walk' between Oak and Elm units, where items and pictures were attractively displayed, provided areas for people to stop and reminisce. Sofas and easy chairs were provided in the lounges and there were clear and identifiable Wi-Fi hotspots with comfy sofas for the benefit of those people who wanted to use the internet. Bedrooms were decorated in a person centred way, with photographs and personal belongings. There was picture signage around the home for the bathrooms, showers, toilets and communal rooms to help those people living with a dementia or with sight problems. A newly decorated 'family' room on Elm unit provided a quiet space for

people and relatives to use. The home had a large, accessible and secure garden which contained garden furniture and shrubs. This provided a pleasant outside environment.

Is the service caring?

Our findings

During our inspection we received many positive and complimentary comments about the staff. Comments made by people living at Treelands included: "I like it here; the staff are very nice"; "Staff are very polite and they give you all the respect you deserve"; "staff do a good job"; "staff are lovely and respectful." Comments from relatives included, "The staff they have are absolutely lovely"; "They really care about the residents" and "The staff are brilliant with her and they're really nice. They cuddle her and make a fuss of her and they try to be as careful as they can when they move her". One comment, made in an email, said, 'I would place on record our heartfelt thanks for the time, consideration and care that you afforded (name).

Throughout our inspection we observed staff interacting with people in a caring and friendly manner. One care assistant told us "I like to be like a friend to them. I like to have a joke and a laugh." There was a friendly and open atmosphere in the home and we saw many positive interactions between staff, managers and people who used the service. All the staff and the management team appeared to know people well and people seemed comfortable in their company. The manager's door was not locked and on a number of occasions people who lived at the home walked in for a chat and were made to feel very welcome.

Staff encouraged people to do as much for themselves as they were able, at the same time as ensuring they were given opportunities to make choices about their care. Some people who had capacity to make choices for themselves regularly left the home on their own, for example to make trips to local shops, or further afield into Manchester. The service encouraged and promoted their independence, at the same time as ensuring any risks to their safety, which might occur through leaving the building, were minimised. People who used the service had been involved in choosing colours for the redecoration of bedrooms and corridors. The service was committed to involving people who used the service in decisions about the home and its services.

From our observations and from talking to staff we found that people were treated with respect and were valued as individuals. People living at Treelands were called by their preferred names and during informal conversations with staff we found they were knowledgeable about people's backgrounds, likes and dislikes and their needs and behaviours. We saw people's privacy was respected. For example, staff knocked on people's doors before entering. One person told us "I hear a knock and I say come in and I know it is our staff to look after me."

The service was committed to promoting equality and diversity and providing care in a non-discriminatory way. The statement of purpose described how 'each service user's needs and values are respected in matters of religion, culture, race or ethnic origin or sexuality. The service ensured these values were promoted by providing staff training in equality and diversity. During our inspection we saw that information about the lesbian, gay, bisexual and transgender (LGBT) foundation was displayed in the reception area and included in the home's recent newsletter.

Is the service responsive?

Our findings

At our last inspection in January 2017 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. This was because some of the care files we checked did not contain accurate and up-to-date information about people's care needs. At this inspection we found an improvement in this area and the service was no longer in breach of this regulation.

Since our last inspection the service had introduced an electronic care documentation system, which we found to be very thorough, detailed and person-centred. There was an electronic care record for each person living at the home. The record contained information about the person and their family, their likes and dislikes, personal details and a full assessment of the person's needs. Care plans covered a wide range of areas, including communication, personal care, nutrition and hydration, skin integrity, sleeping, medication and emotional support. These were updated regularly and also audited by the management team to ensure they reflected the person's current needs. The system identified when certain tasks were due, for example, when a person needed to be weighed. This ensured vital monitoring was not missed.

The system required information to be inputted by each carer through their own personal hand held device. Each care task or interaction undertaken was inputted onto the system by the care assistant carrying out the particular task and the time logged onto the system. The care logs were very detail, with comprehensive information about every care interaction. The management team had full access to the electronic records, which enabled them to regularly review all aspects of each person's care.

The service employed two activities coordinators; one full time and other part time. Their role was to coordinate activity events for the four units as well as writing the monthly newsletter. There was a weekly planner showing what activities had been planned for the week. Activities included arts and crafts, films, coffee mornings, bingo, reiki, visiting entertainers and exercise classes. The registered manager told us there were plans to try to match people's interests with those of the staff in order to encourage engagement in different activities.

On the first morning of our inspection a coffee morning was held on Sycamore unit. The event was well-supported by around 20 people from all units. Comments made by people who used the service included, "It is nice to meet other people and have a chat with them"; "I like coffee mornings, there is always a treat" and "Coming in here is better than being in your unit day in and day out." However, we received mixed comments about the provision of activities, particularly on Oak and Elm units. Both staff and relatives told us they felt there was not enough to occupy people on these units. We did not see any activities taking place on these units during our inspection.

We recommend the service review the activities available for people living on Oak and Elm units.

There was evidence that people's wishes for their end of life care had been considered and where appropriate a Do Not Attempt Resuscitation (DNAR) request was in their care record. From reviewing the training matrix we found that the majority of staff had completed training in end of life care. During our

inspection we saw several thanks you letters praising staff for the way they had cared for people approaching the end of their lives.

The service had a complaints procedure which explained how to make a complaint and the timescale for receiving a reply. This was clearly displayed in the reception area. One person we spoke with told us they had made a complaint about the cleanliness of their relative's room. They confirmed that the complaint had been handled well and action taken. People who used the service told us they were confident that any concerns or complaints they had would be dealt with.

Is the service well-led?

Our findings

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our January 2017 inspection the previous registered manager had been suspended pending an investigation and the deputy manager had 'stepped up' to manage the home. Since then, the deputy manager had been promoted to become the registered manager of Treelands. The service also employed a deputy manager. The registered manager and deputy manager worked closely with the home owner, who was present on both days of the inspection, and it was clear from our observations during the inspection that together they provided strong and visible management of the service.

During our January 2017 inspection we found that there were insufficient systems in place to monitor the quality of the service provided at Treelands. Lack of regular and consistent auditing meant that areas of concern that we found during that inspection had not been identified. This meant there was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that significant improvements had been made and the service was no longer in breach of this regulation. Since our last inspection the management team had implemented an extensive programme of auditing many aspects of the service. This included audits of medicines management, care documentation, catering and health and safety.

The registered manager and deputy manager carried out night 'spot checks' several times a year, visiting the home during the early hours of the morning. This provided them with the opportunity to check on the quality of the service at night. It was clear through our discussions with the registered manager and deputy manager that they understood that monitoring the service was an important part of their role and that since our last inspection they had worked hard to implement changes and improvements to the home.

The management team showed a commitment to developing the service. From discussions during our inspection we found them to be forward thinking and keen to improve the quality of the service through the implementation of a number of new initiatives. For example, since our last inspection the electronic care documentation system had been introduced and an electronic medicines management system was shortly to be implemented throughout the service. We were told that one person who lived at Treelands had asked if they could be involved with the recruitment of staff. This person had been helped to complete on-line recruitment training and had recently been part of the interview panel for new maintenance staff.

Regular contact with staff from different areas of the home was promoted through the daily 'walk around' and the '11am meeting'. The registered manager or deputy manager carried out a daily tour of the building where they checked on the environment and staffing levels and spoke with people who used the service and staff on an informal basis. The daily '11am meeting' was attended by key staff from each department and was a forum where people could discuss what was happening in their area and share any concerns they had.

with the wider group. This meeting was also used to discuss other matters, such as training, policies and guidelines.

Since our last inspection the service had carried out a survey with visiting professionals. Comments we saw were very positive, and included, "Management and staff are always accessible and helpful when I am visiting. They help me to engage with residents, which benefits me as a visiting professional" and "I have found the staff to be very helpful and informative." The service helped to keep people and families informed about events, issues and changes through a colourful and informative quarterly newsletter, 'The Treeland Times'. The most recent edition, published in February 2018, contained items about recent refurbishments, a visit from the fire service, up and coming events, pictures of a recent visit of Zoolab, who brought animals to the home and information about the home's recent infection control certificate of excellence award.

The service had a wide range of policies and procedures to guide staff on best practice. These included confidentiality, health and safety, infection prevention and control, safeguarding, medicines administration and complaints. We saw the policies and procedures were updated and available for staff to refer to. They were also discussed during the 11am meetings. This gave staff the opportunity to familiarise themselves with the policies.

The service was committed to being open and transparent with people who used the service, relatives and health professionals. This was demonstrated through an 'open and honest' information board in the reception area. This displayed details about the number of accidents, safeguarding concerns, pressure ulcers, infection alerts and formal complaints in the previous month.

The registered manager talked to us about the importance of valuing the good work of the care team. The service had recently introduced a 'Moments that Matter' Award. This was a certificate, £20 voucher and personalised letter which was given to a member of staff each month in recognition of 'outstanding performance in their role'.

The registered manager adhered to the requirements of their registration with the Care Quality Commission (CQC) and submitted notifications about key events that occurred at the service as required. From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was prominently displayed in the reception area.