

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Treeton Grange Nursing Home

Treeton Grange, Wood Lane, Sheffield, S60 5QS

Tel: 01142692826

Date of Inspection: 05 November 2012

Date of Publication:  
November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Supporting workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Treeton Grange Limited
Registered Manager	Ms. Anna Berger
Overview of the service	<p>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 ample communal areas including lounges dining areas and a separate activity room.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Management of medicines	9
Supporting workers	11
Complaints	12
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	13
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We were only able to speak with a small number of people using this service because most people had complex needs and they were not able to tell us their experiences. We used a number of different methods to help us understand the experiences of people who used the service. This included observing care, looking at records and talking to staff. We also spoke with the relatives of four people using the service.

People we spoke with told us that staff were kind and always treated them with respect. One person said "Staff help me to get dressed and I stay in my room and staff bring me my meals." Another person told us they chose not to be involved in the activities at the home. People were encouraged to maintain their independence. One person told us they liked to go for a walk in the grounds.

Relatives we spoke with told us that they were happy with the care provided, although one relative told us they had raised a number of concerns which had been looked into by the manager.

We found medication was administered safely to people. However, arrangements for the safe disposal of unused medication required improvement.

Staff received appropriate support and training to ensure they were able to meet the needs of people living at the home. Complaints were investigated and responded to in a timely manner.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 04 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who use the service were given appropriate information and support regarding their care or treatment.

Throughout this inspection we observed staff being respectful and they maintained people's dignity and privacy. We saw staff speaking to people discreetly about their personal care. For example staff spoke quietly to people when asking if they needed assistance to go to the toilet. Other examples included staff ensuring people were covered while being moved using their wheelchair. We saw staff knocking on people's bedroom doors and waiting to be invited into their bedroom.

We observed staff assisting people to move into the dining areas for lunch. Staff spoke to people in an appropriate manner about where they were going and that it was time for lunch. Staff told us about how they supported individuals with their meals.

During our observations over lunchtime, we saw staff supporting people to eat their meals. They sat at the side of the person, explained what the meal was and chatted at appropriate times during the meal. The pace of assistance was appropriate to the person's needs and staff paid attention to ensuring people maintained their dignity throughout the meal.

We found that staff encouraged people to make choices about where they sat and how they spent their time. Staff were able to tell us about people who preferred to spend time in their bedrooms, while others liked the company of other people living at the home.

We saw one member of staff asking a person who had limited communication what they wanted to eat when the home went out for their Christmas meal. The staff member was very patient. The person understood what she was asking and was able to respond by choosing roast beef rather than the traditional turkey.

People who used the service were given appropriate information and support regarding their care or treatment. One care plan we looked at had a record which described their

"preferred priorities for care." It described the person's preferences for their future care if they became ill. The record had been agreed and signed by a relative, and it had also been agreed with the person's doctor.

We spoke with four staff about how they maintained people's dignity. They gave us several examples of good practice, like closing doors and curtains before giving personal care. They included making sure dignity was respected when undertaking personal care, for example covering the person throughout washing and bathing the person.

People were able to join in activities of their own choice. We observed a number of people joining in games of bingo in the afternoon. The activity coordinator told us that she had provided one to one activities during the morning which included nail care, and listening to music. This was arranged for people who preferred to spend time in their rooms.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at four care plans and found them to be sufficiently detailed to enable staff to deliver the correct care to people. We spoke with four care staff to assess their understanding of the care being delivered. The staff was able to tell us that they had responsibility to complete daily records, which described the care and treatment given to people who used the service. The staff told us that if people's care needs changed, they would inform the nurse on duty so they could seek appropriate advice and change the person's care and treatment plan.

We found the care plans were well written and the daily notes contained sufficient detail to enable staff to evaluate the person's care monthly. We found risk assessments in relation to moving and handling, falls, pressure care and nutritional assessments. They had been updated monthly, and gave staff information about how to deliver care and treatment to people. Staff told us that they also had responsibility for updating assessments which helped to evaluate the care given to people.

We observed staff using moving and handling equipment appropriately, which was described in people's care plans. Staff told us that they had supported one person to obtain a specially adapted wheelchair to ensure the person's safety and comfort.

We saw examples of where the speech and language therapist team had been involved when people were at risk from choking. We found records which confirmed people received sufficient food and drinks to meet their needs. We looked at the fluid charts for one person who received nourishment through a medical device. This was because they could not obtain nutrition by swallowing. The records confirmed the person's nutritional needs were being met.

Staff told us that they had opportunities to read the plans of care. They said changes to people's care needs were discussed at daily handovers.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was not meeting this standard.

People were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We looked at the records used in the management of medicines. The medication was mainly dispensed from a monitored dosage system and staff used a medication administration record (MAR) to confirm they had given medication as prescribed.

We observed the nursing staff administering medication to people sitting in the lounges and dining areas. They took time to ensure the person understood the reasons for administering the medicines. An agency nurse asked staff to confirm the name of the person before administering their medication. We noted that morning medication was still being administered by the agency nurse at 12:30pm. She began administering lunchtime medication at 1:00pm. She told us that she was finishing her shift at 2.30pm. Therefore needed to ensure people had received their medication before concluding her shift.

We raised concerns with regard to people not receiving their medication at the required times. She told us that she had made a note of the time when people had been given their morning medication to ensure sufficient time had elapsed between doses.

We spoke to the nurse on duty who was employed by the home. The nurse told us that it was normal practice for there to be one nurse on duty in the afternoon. This sometimes presented problems when ensuring people received their medication at the prescribed times.

We found that controlled drugs were stored in cabinets that complied with the law and correct stock levels were found and were written correctly in the register. The medication fridge was locked and there were records of checks to ensure medication was stored at the correct temperature.

We looked at the returns book and found the last entry was 25 October 2102. There was no entry to confirm drugs for disposal after that date had been recorded. We saw there was a large container which had a substantial amount of medication for disposal. The nurse told us that they did not have sufficient time to record medication for disposal. He said the supplying chemist accepted the medication without it being individually recorded. This made auditing difficult as there was no accurate record of medication being disposed

of.

We looked at the medication policy and found there was no procedure regarding the disposal of medicines. We discussed the issue with the deputy manager who contacted the supplying chemist. They said they were developing a system to ensure the recording and receipting of medicines disposed of by the home. They confirmed that they were licensed to dispose of both the residential and nursing medication at the home. The acting manager was not able to show us a copy of the agreement.

We also found the medication policy lacked details regarding the procedure to follow if people refused medication or if they required medication to be administered covertly. This meant the service did not consider mental capacity and best interest decisions in relation to medication administration. This could have an impact on people who used the service as they may not have their medication as prescribed.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We spoke with seven members of staff throughout the inspection. Most had worked at the home for a number of years. They said they enjoyed working at the home. They said the manager had been supportive and was always available to offer advice. We were informed that the manager had left employment the previous Friday. Staff had been informed that a new manager had been appointed. Staff told us the provider visited regularly, and offered support and advice.

We looked at the training plan for all staff and found most staff had completed the mandatory required training. We spoke with four staff about their training and development. They confirmed they had completed all the required training and they also told us they had completed a National Vocational Qualification at level two and three. One member of staff who had been employed for two months told us she had undertaken a two day off site induction and had a number of shifts working with an experienced staff member. She told us she had opportunity to read and ask questions about care plans for people using the service prior to delivering care. We were shown induction programmes which matched the 'Common Induction Standards.' These take account of recognised practise and standards required for staff to know their roles and responsibilities within the home.

We looked at a number of supervision records and found regular supervision had taken place. A manager from another of the organisations homes was at the home on the day of the inspection to provide support to staff. She told us she had responsibility for completing supervisions and appraisals until the new manager was in post. We spoke with four members of staff and they confirmed they had received training and supervision.

Staff confirmed that they had attended staff meetings where they were given opportunity to discuss work practice. We looked at minutes from a recent full staff meeting and a senior staff meeting. They confirmed work practise was discussed.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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The service had a complaints policy and procedure which we found within the statement of purpose. It was also on display within the service. People were made aware of the complaints system. One relative told us that they had raised concerns with the manager. We looked at the records and found a record of the relative's complaint which had been recorded and investigated appropriately.

We looked at the complaints file and it showed that there had been five complaints received in the last 12 months. We were able to audit the records, which included investigation notes and letters to the complainants. The records showed that complaints were investigated within the timescales stated in the procedure.

We looked at other methods used by the home to assess if people were satisfied with the service provided. There was evidence of residents and relatives meetings where people were encouraged to raise concerns.

Quality assurance surveys were also used to gain the views of people using the service. The local council undertakes visits to the home. They regularly consult with people using the service, to ensure they are satisfied with the care provided. Reports from their visit were on display in the entrance. There was also a copy of the last inspection from the Care Quality Commission for people to read.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> The provider does not fully protect people against the risks associated with the unsafe use and management of medicines, by means of making appropriate arrangements for the recording, and safe disposal of medicines. The medication policy does not sufficiently protect people who may have limited understanding and may refuse medicines. Regulation 13

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 04 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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