

Vivacare Limited

Tremanse House Care Home

Inspection report

Tremanse Care Home
Beacon Hill
Bodmin
Cornwall
PL31 1JA

Tel: 0120874717

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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

This inspection took place on 5 and 6 April 2017 and was unannounced.

Tremanse House Care Home is a residential service providing care, rehabilitation and support for up to 23 people with mental health needs. At the time of the inspection 19 people were living at the service. Tremanse comprises a main house and an additional five bedroomed annexe. A new self-contained flat had also been built attached to the annexe. This flat was almost ready to be occupied.

Tremanse has 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. The registered manager had not been at work for several months. In the interim, the service was being led by the deputy manager, who was an experienced member of staff. The deputy manager was being supported by a stable staff team.

At the last inspection, we found that people were not being assessed in line with the principles of the Mental Capacity Act (MCA), despite some people being subject to authorisations under the Deprivation of Liberty Safeguards (DoLS). At this inspection we found that improvements had been made. People's rights were protected by staff who understood their responsibilities under the Mental Capacity Act (MCA). People's capacity was assessed when required and best interest processes were followed. Some people were subject to other orders, such as community treatment orders (CTO). CTO's are part of the Mental Health Act. Staff were knowledgeable about what this meant for the person. People's records contained details of any conditions attached to the order and about when they were due to be renewed.

People told us they felt safe living at Tremanse. People were supported by staff who had undergone the necessary checks, prior to commencing their employment, to ensure they were suitable to work with vulnerable people. Staff knew how to recognise and report any signs of abuse or mistreatment. Staffing levels were safe and allowed people to be supported in an unhurried manner.

People were encouraged to live active and independent lives. Some people accessed the community independently. Staff supported people to attend appointments and recreational activities if they required. There were daily planned activities in the service as well as day trips to local places of interest. People were encouraged to assist with household chores.

People's medicines were managed safely. People received their medicines as prescribed and on time. Staff were trained and understood the importance of safe administration, management and disposal of medicines. There were regular audits of medicines to ensure any errors were quickly identified and reported.

Staff underwent a thorough induction period during which they were supervised so that any learning needs could be identified. Staff were supported by an ongoing programme of training, supervision and an annual

appraisal. Staff told us they felt well supported in their role.

People's health was monitored at the service. Staff were vigilant to the signs of people becoming unwell or experiencing a relapse in their mental health. Staff made prompt referrals to external health care professionals if they suspected a person's mood had changed and they may need support.

People had enough to eat and drink. The food appeared plentiful and people were involved with planning the menus. People told us they enjoyed the food. Throughout the day people were able to independently access hot and cold drinks.

People's care records were personalised documents which gave guidance for staff on how to meet their needs. Records were comprehensive, detailed, easy to navigate and regularly reviewed. Where possible, people had been involved in their care planning.

We observed kind and compassionate interactions between people and staff. People were cared for by staff who knew them well and who spoke about them with fondness and affection. People's confidential information was securely stored. Staff maintained people's dignity by ensuring that they knocked before entering their rooms and asked consent before providing them with assistance.

Infection control practices kept people safe. The service was clean, hygienic and free from adverse odours. We saw there were hand-washing facilities, antibacterial gel and paper towels prominently sited in areas that could be used by people to prevent cross infection.

The manager operated a cycle of quality assurance questionnaires to invite feedback on the service and to drive improvement. There were regular quality audits and any actions required were dealt with promptly. People knew how to raise a complaint and were confident that any concerns would be listened to. Accidents and incidents were recorded and details were shared with the healthcare professionals involved with the person where appropriate. There were regular staff and residents' meetings so that suggestions on the service could be raised.

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.

People told us they felt safe.

People were supported by staff who knew how to recognise and report signs of abuse or mistreatment.

People's medicines were managed safely.

The service was visibly clean and free from adverse odours.

Is the service effective?

Good ●

The service was effective.

People's rights were protected as the principles of the Mental Capacity Act (MCA) had been followed when required.

People had enough to eat and drink.

People were supported by staff who had received training in order to undertake their role.

People's health was effectively monitored.

Is the service caring?

Good ●

The service was caring

People's care was provided by staff who knew them well.

Staff were kind, compassionate and caring in their interactions with people.

Care was taken by staff to ensure people's privacy, dignity and confidentiality were upheld.

Is the service responsive?

Good ●

The service was responsive.

Staff responded to people's changes in need.

People's care records were written to reflect their individual needs and were regularly reviewed and updated.

People were offered opportunities to participate in activities inside the home and in the community.

There was a system in place for receiving and responding to complaints.

Is the service well-led?

The service was well led.

People, relatives and staff told us the managers were approachable and supportive.

People were supported by staff who enjoyed their job and were committed to providing a good standard of care.

There were a range of audits in place to monitor the quality of the service.

Feedback on the service was sought and was used to drive improvements.

Good ●

Tremanse House 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 checked 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 5 and 6 April 2017 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information we held about this service. This included notifications we had received. A notification is information about important events which the service is required to send to us by law.

During this inspection we spoke with seven people who lived at Tremanse and ten members of staff. We also looked at four care records relating to people's individual care needs, four recruitment files and staff training records for all staff. We reviewed audits and other documentation relating to the quality of the service and the safety of the building as well as a range of policies and procedures.

During the inspection, we looked around the premises including the kitchen, medicines room and people's bedrooms. We observed the interactions between people and staff and discussed people's care needs with staff. Following the inspection, we contacted one relative and two health care professionals who had recent contact with the service to obtain their views.

Is the service safe?

Our findings

People told us the service was safe. Comments included, "I feel safe and I have everything I need here" and "There is nowhere else I would rather be."

People were supported by staff who understood how to recognise and report any signs of abuse or mistreatment, including which external agencies should be alerted. Staff had received training on safeguarding adults and there was an up to date policy in place which staff were aware of and had signed to confirm they had understood. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly by the managers. One staff member told us; "If I ever suspected something I would always report it. I'd go to the manager, and if needed, keep going higher until it was sorted."

People were supported by staff who had been safely recruited. Practices were in place to ensure the right staff were employed to keep people safe. Records showed all necessary checks were undertaken prior to staff commencing their employment with the service.

People told us there were enough staff to meet their needs and keep them safe. We observed staff were able to respond to people in a timely manner and their interactions were unhurried and personalised. Staff had enough time to spend with people on a one to one basis and to support them to attend appointments and recreational activities in the community as they wished. One staff member commented; "There are enough staff to keep people safe here. We have some new staff too and they are great."

People's medicines were managed, stored and administered as prescribed and disposed of safely. Medicines were securely stored and where refrigeration was required, temperatures were at the correct level to ensure the efficacy of the medicine was maintained. Medicines administration records (MAR) were in place and had been correctly completed. There were regular audits of MAR charts and stock levels to ensure that any errors or omissions were quickly identified and reported as required. At the time of the inspection nobody was using medicines which require stricter controls by law. However, there were suitable facilities and processes in place should this become necessary.

Accidents and incidents were recorded in detail by the manager. A copy of the incident was stored in the person's care records and the original was kept and reviewed by the manager in order to help identify any trends or patterns. This helped to reduce the likelihood of a reoccurrence and to recognise signs of a deterioration in the person's health and wellbeing.

Risk assessments were in place to support people to live safely at the service, and these were updated regularly. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. Staff told us how they took time to get to know people which meant they could develop creative and personalised strategies to mitigate the risks people faced. People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks.

People made their own choices about how and where they spent their time. Personal Emergency Evacuation Plans (PEEPs) had been developed for each person. These outlined the support people would need to leave the building in an emergency.

We observed staff following safe infection control practices. The environment was visibly clean and free from adverse odours throughout. There were suitable levels of personal protective equipment (PPE) such as gloves and hand gel throughout the service. Staff understood the importance of good infection control practices. We observed that COSHH (Care of Substances Hazardous to Health) procedures were adhered to and all potentially toxic cleaning materials were stored in locked cupboards to keep people safe.

There were regular checks on the building and equipment to ensure they were safe and for purpose. This included PAT (portable appliance testing), legionella checks and checks on fire safety equipment. There were contracts in place for the disposal of waste.

Is the service effective?

Our findings

At the previous inspection in February 2016, we found that staff had not undertaken capacity assessments relating to decisions being made on behalf of people living at the service. Although some people had restrictions in place relating to aspects of their care which were authorised under the Deprivation of Liberty Safeguards (DoLS), their capacity had not first been assessed to ensure that the principles of the Mental Capacity Act (MCA) were being followed.

At this inspection, we found that improvements had been made. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. When necessary, staff had undertaken capacity assessments in relation to specific decisions relating to people's care and treatment at Tremanse. These were detailed, well documented and regularly reviewed. When people are assessed as not having the capacity to make a particular decision, a best interest decision is made involving people who know the person well and other professionals when appropriate. Records showed people were supported in line with the legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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). We saw that the registered manager had applied for DoLS authorisations on behalf of people living at the service and continued to review the restrictions and decisions made around capacity. Where conditions were attached to the authorisations, staff were aware of these and had ensured they were complied with. For example, one person's authorisation required staff to record all occasions when the person was offered opportunities to access the community or engage in activity. We saw that staff had done this.

People's consent was appropriately recorded within their files. For example, some people had a photograph in their records and had signed to consent to it being taken. Others did not have a photograph and their care records indicated that they had been asked, and had declined. Throughout the inspection, we saw staff asking people's consent before they provided them with help and support.

Some people living at Tremanse were subject to sections of the Mental Health Act, such as a community treatment order (CTO). Where these were in place, staff were knowledgeable about what it meant for the person. They also knew when the order was due to be renewed and had supported people to appeal if and when required.

People were supported by staff who had received training in order to carry out their role effectively and there was a system in place to remind them when it was due to be renewed or refreshed. Staff had received training in mandatory subjects such as moving and handling, fire safety and infection control. They had also received training in subjects which were specific to the needs of the people they supported at Tremanse, such as challenging behaviours and diabetes.

New staff had received a thorough induction which including spending time shadowing more experienced staff. It also included spending time learning about the people who lived at Tremanse and building positive relationships with them. All Staff were supported through an ongoing programme of supervision and an annual appraisal.

People enjoyed the food at Tremanse. One person told us; "Oh yes the food is very good and it has improved with the new cook". We saw that people had enough to eat and drink to maintain a balanced diet. People were involved in planning the menu and told us the food appeared to be of sufficient quality and quantity. The cook told us they were mindful of ensuring that meals were healthy, varied and nutritious. People's likes and dislikes were recorded and particular suggestions and requests were listened to. There were themed parties at the service and people often enjoyed barbeque meals on the terrace. People had access to hot and cold drinks throughout the day.

People's health was effectively monitored at the service. Regular reviews with people's doctors ensured their medicines continued to meet their needs and blood tests associated with particular medicines were undertaken to keep people safe. Staff prompted people to keep appointments and supported them to attend them where necessary so that their health needs continued to be met. People's records indicated that they saw a range of health care professionals including speech and language therapists (SALT), chiropodists and psychiatric nurses.

Staff knew people well. They were able to recognise signs and symptoms which might indicate a relapse in their mental health. Diary logs were completed daily and were comprehensive. Communication between staff was good and there were daily handover meetings to discuss people's needs and any changes in their presentation. If there were signs of deteriorating mental health, health care professionals were informed at an early stage to support people's care. One staff member told us; "If I suspected someone was becoming unwell I would sit and spend time with them to try to see if that lifted their mood or contact health professionals if needed" another staff member told us; "We are vigilant to signs of relapse or any changes. We are always checking".

Is the service caring?

Our findings

People and their relatives told us the service was caring. Comments from people included; "When you want something they always help you"; "It's lovely and you could not get any nicer staff" and "They are all great. I want to say a big thank you".

We observed positive, caring interactions between people and staff. Staff took the time to stop and chat to people and to share appropriate humour. Staff spoke about people with warmth and fondness. One staff member said; "What I enjoy is making a person have a beaming smile, that makes my job worthwhile". People were made to feel valued and important at Tremanse. Birthdays and special occasions were celebrated with gifts, a cake and a buffet if they wished. A staff member said; "We make a fuss on birthdays if the person wishes. One person is having a birthday this week and choosing not to celebrate and that's ok too".

People's backgrounds and personal histories were known to all staff and this enabled them to offer a personalised approach. Staff were knowledgeable about people living at the service and could tell us about their preferences and routines. As we passed one person's bedroom a staff member said; "We need to be quiet [person's name] will be having a lie in".

The staff and manager showed concern for people's welfare. During the inspection, one person became upset and began shouting. The manager and another staff member quickly went to the person's room to find out what was wrong. They spoke to the person with kindness and concern, offering reassurance and the person quickly became calm.

People were invited to take part in their care plan reviews. People were invited to read and sign them and were given a copy. Many of the people had spent long periods of time in hospital and had no contact with friends or family. Staff took time to build trusting and caring relationships with them and to create a homely and supportive environment. Staff cared about people's wellbeing. Visits from relatives were encouraged. Relatives were made to feel welcome and there were no restrictions on visiting.

People were enabled through regular residents' meetings to express their views and opinions about the service. People could also meet informally with the manager to discuss any issues or concerns if they wished. They were also encouraged to attend their review meetings and take an active role in the planning and delivery of their care. People's care records evidenced that referrals had been made to advocacy services if they wished.

Staff were mindful of protecting people's confidentiality and dignity. People's personal and private information and health care records were stored safely and securely. Any information relating to their finances was stored in a locked cabinet to which limited members of the staff team had access. Staff knocked and waited to be invited to enter before going into people's bedrooms. People were able to lock their bedroom doors.

Is the service responsive?

Our findings

People's care records were personalised, comprehensive and easy to navigate. People's records contained a document called "This is me" which detailed information regarding their likes and dislikes, personal history and areas where they needed support. They also contained comprehensive daily logs. Records were regularly reviewed and updated and people were actively involved in the planning and delivery of their care. People's care records contained detailed information about their mental health condition, any risks they presented to themselves or others and possible signs that the person might be becoming unwell. There was clear guidance for staff on what action to take to support the person.

People were encouraged to pursue hobbies and interests. A staff member told us that one person enjoyed gardening and that they had started to grow a lemon tree and coffee plants. Another person liked to cook food from a range of different cultures. We saw photographs of a Mediterranean themed meal they had prepared, which had been enjoyed in the garden by people living at Tremanse. Another person was interested in personal fitness and with staff support had purchased some gym equipment which was set up in their bedroom.

Independence was promoted and there was a focus on rehabilitation. People were encouraged to assist with household tasks. We saw one person helping to lay the tables before lunch. One person who had been living in the main house for a number of years, was going to live in the annexe to develop their independence with a view to an eventual move to the community. We heard the manager contacting external health care professionals to assist them in this transition. One health care professional we spoke with told us the service had worked collaboratively with them to help a person with their transition from hospital to living at Tremanse.

People were encouraged and supported to access the community. People used local amenities such as the library, coffee shops, supermarkets, church and the pub. We observed people coming and going independently throughout the inspection. One person told us; "On Mondays I always go out and I have a large breakfast". There were regular day trips to places such as the beach and local gardens. There were visits to the service from a hairdresser. The service had its own vehicle which was out of use. We were told that this was in the process of being replaced. In the meantime, people used taxis for outings.

Prior to people being offered a place at Tremanse a thorough assessment was undertaken to ensure the service was able to meet their needs. Information was gathered from the health and social care professionals involved in the person's care and meetings were held to ensure the move happened in a planned and coordinated way. The service offered prospective people a transition period, where they and their relatives could visit to assess its facilities and the suitability of the service for their needs and wishes. These visits could be increased in duration leading up to a gradual admission if required.

During the inspection a relative called the service to discuss their family member. The relative expressed concern that their mood seemed different. The staff member provided the relative with a very detailed update on the person, assuring them that they would look for signs they were becoming unwell. They did

this in a calming and reassuring manner that put the relative at ease.

There was a system in place for receiving and investigating complaints which was underpinned by a policy. People told us they felt able to raise concerns if they needed to and felt that changes would be made as a result. Staff also felt that complaints would be taken seriously by managers. One staff member said [manager's name] would take any concerns seriously". Throughout the inspection, people approached the staff and also visited the manager in their office if they had queries or concerns.

Is the service well-led?

Our findings

There was a registered manager in post, however they had been absent from work for several months and it was not known when they were expected to return to work. In the interim, the service was being led by the deputy manager, who was a very experienced member of staff who had been in post for a number of years. The deputy manager was well supported by a stable staff team and there was oversight from the owner of the service, who was in regular contact through phone calls, email and face to face visits. A nurse had also recently been appointed to provide further assistance and they were due to commence their employment in the coming weeks. The staff team spoke very highly of the deputy manager. Comments included; "[deputy manager's name] is amazing"; [deputy manager's name] is very supportive and is doing a really good job" and "The manager is lovely. So supportive and explains everything so well". One health care professional who was employed externally to the service told us; [Deputy manager's name] always finds the time to talk and genuinely cares about the people there".

Morale amongst the staff team was good. Staff confirmed that they were happy in their role and knew what was expected of them. Comments included; "It's brilliant, rewarding and fulfilling"; "I find it very enjoyable because I am passionate about health and social care"; "The staff team here is awesome" and "The atmosphere here is very good. It's a nice place to work".

There were regular staff meetings which provided staff with a forum for open communication and an opportunity to raise any concerns or share best practice. Twice daily handover meetings took place to help ensure staff was up to date with issues concerning people's care and daily support arrangements.

Feedback on the service was sought through a number of forums. There were regular resident's meetings which were minuted and well attended. Suggestions raised were listened to by staff. For example, people put forward ideas for trips out and suggestions for the menu plans. There were also feedback forms in the reception area which could be filled out by professionals or relatives. The manager operated a cycle of quality assurance. We reviewed feedback from recent questionnaires which was positive. Comments from relatives included; "[person's name] is being looked after so well since living at Tremanse. He has come on leaps and bounds" and "As a family, we can't thank the team enough".

The manager carried out monthly audits covering different areas of the service such as care records, MAR charts and infection control. Any required improvements were highlighted and action was taken to address them.

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt able to raise concerns and felt confident the management would act on their concerns appropriately.

The provider and management promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The Duty of Candour is a legal obligation to act in an open and honest way in relation to care and treatment.

