

Cornwallis Care Services Ltd

Trecarrel Care Home

Inspection report





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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service: Trecarrel provides accommodation with personal care for up to 44 people. There were 32 people using the service at the time of our inspection.

People's experience of using the service:

Some people were not all able to fully express their views therefore they were not able to tell us verbally about their experience of living at Trecarrel. Therefore, we observed the interactions between people and the staff supporting them.

The registered manager and staff knew people well and understood their likes and preferences and health needs. Staff were caring and kind. Relatives told us they were welcome at any time and any concerns were listened and responded to.

Due to the concerns found at past inspections, Trecarrel is under a condition of its registration to report to CQC each month on a variety of areas. Whilst we found some improvements in the service since the condition was set in September 2018, the registered manager was not complying with all aspects of the condition. Some required audits had not been carried out. We found some concerns from the last inspections continued to be an issue.

People did not always receive their prescribed medicines. Two people had not received three doses of their prescribed medicines due to the service having run out.

People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. However, the process for ensuring these mattresses were always set correctly was not robust.

There were not always staff available in communal areas to ensure people's needs were always met.

Not all staff had received mandatory training and support to enable them to carry out their role safely. Some staff training was out of date. One to one supervision for some staff had not taken place and no staff had received an appraisal.

Quality monitoring systems were in place however, these were not always effective. Concerns found at this inspection had not been identified by audits. The registered manager held three separate quality assurance reports. One from an external consultant, one from the local authority and an internal Cornwallis Care action plan, all of which identified many of the issues identified at this inspection. Actions required had not been taken in a timely manner and opportunities to improve Trecarrel had been missed.

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. However, the registered manager was not clear on which people were subject to a Deprivation of Liberty and which were

not.

There was a warm, friendly and welcoming atmosphere. People's wellbeing was promoted.

The service had pictorial signage which helped support people living with dementia to orientate themselves around the building. Bedrooms were clearly individualised with pictures that were meaningful to each person.

Activities were provided to people on a one to one basis and in small groups during the week. Planned entertainers visited the service.

Staff were recruited safely. There were a number of staff vacancies at the time of this inspection. There had been 12 new staff commence working at Trecarrel in the month before this inspection. This has impacted on the staffing experience levels.

The environment was safe and people had access to equipment where needed.

Rating at last inspection: At the last inspection the service was rated as Requires Improvement (report published 2 November 2018). The rating has been changed to overall Inadequate.

We are placing the service in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Requires Improvement. Conditions are in place on the service's registration with the Care Quality Commission (CQC). The conditions require the registered manager to send a report to CQC each month regarding concerns found at past inspections. Information has been regularly received about aspects of medication, infection control, care plans including risk assessments, staff supervision and training. One audit required by the condition had not been put in place. Prior to this inspection we were provided with anonymous information of concern regarding low staffing levels, medicines management concerns and that some people were not receiving appropriate care to meet their needs. We specifically reviewed these concerns and identified breaches of the regulations which are detailed in the main report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe

Details are in our Safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Trecarrel Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

The inspection was prompted in part by information shared with CQC that indicated potential concerns about staffing levels, medicines management and that some people may not always be having their needs met. This inspection examined those concerns.

Inspection team:

This inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Trecarrel 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. The service accommodates up to 44 people. At the time of our visit there were 32 people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection we reviewed information that we held about the service such as notifications. These

are events that happen in the service that the provider is required to tell us about. We also considered the monthly reports sent to CQC as required by the condition of their registration. We reviewed the last inspection report and information that had been sent to us by the public and other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with three people who used the service. Two relatives, and two visiting healthcare professionals. We also had discussions with five staff members, the registered manager and the operations manager.

We looked at the care and medication records of people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse.

- Not all staff had attended safeguarding training. However, staff knew how to recognise abuse and felt confident that if they raised a concern to the registered manager it would be investigated. The service had raised safeguarding concerns appropriately.
- There was information provided on notice boards around the service on how to raise safeguarding concerns. However, none of the staff we spoke with were able to clearly describe how or where they would contact support outside of the service.
- People told us they felt safe, commenting, "There is always someone willing to help," "I wear my fall alarm on my wrist" and "I feel safe living here."
- The administrator managed people's money on their behalf. This money was accessible to people if required. We checked the records for three people's money and it tallied with the records held.

Assessing risk, safety monitoring and management

- At our last inspection we were concerned that care plans did not always have sufficient guidance for staff on how to support people who presented with behaviour that challenged staff and others. Staff may have been inconsistent in their approach to people. At this inspection this issue had not been fully addressed in all care plans. However, most staff knew people well and provided care appropriately.
- Risks were identified and assessed. However, staff did not have sufficient specific guidance to help them support people, in a person-centred manner, to help reduce the risk of avoidable harm. This meant there was a risk that there would not always be a consistent approach provided by all staff.
- Emergency plans were in place in care plans, outlining the support people would need to evacuate the building in an emergency. However, the Personal Evacuation in an Emergency Plans (PEEP's) in the emergency information file on the notice board was out of date. The information provided in this file, about people occupying specific rooms, was not correct. This posed a risk in the event of an emergency evacuation that the emergency services would not have accurate information.
- The registered manager told us they were in the process of addressing emergency plans when reviewing the electronic care plans. Unfortunately, some people's care plans had lapsed review dates, so this work had not been completed in all care plans.

The lack of accurate records to assess and mitigate the risk to people and the appropriate monitoring of these meant these concerns are a third repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Further information related to this breach is detailed in other sections of this report.

- The environment was well maintained. Equipment and utilities were regularly checked to ensure they

were safe to use. All equipment was in good working order.

- Some people had been assessed as requiring equipment to help alert staff when people were mobile in their own rooms, due to their falls risk. We saw this was in place. Staff responded quickly when pressure mats were activated.

Staffing and recruitment

- Prior to this inspection we were sent anonymous concerns that there were not always enough staff to meet people's needs. There were staff vacancies at the time of this inspection and recruitment was in process.
- There had been nine new care staff and three new ancillary staff that had all started working at the service within the last month.
- We reviewed the staff rota against the timesheets completed by staff. We saw there had been days when more than one member of staff had gone sick at short notice and it had not always been possible to ensure six staff were always on shift. Staff told us this had put pressure on the experienced staff team at times. Staff commented included, "It has been really bad with low staffing," "So much sickness all the time, not enough of us," "The registered manager is trying really hard" and "The atmosphere has changed for the better, more relaxed."
- The registered manager was spending a great deal of time planning for sufficient staff on the rotas. However, some newly recruited inexperienced staff had recently left without notice early on in their post. Agency staff were being used to cover vacant posts, these were coming from several different agencies.
- At the last inspection we were concerned people in the two communal lounge areas did not have access to a call bell to summon assistance when needed. Due to the layout of the service, with lounges at each end of the building, there were periods of time when no staff were present in the lounges. It was felt that it was a deployment issue rather than insufficient numbers of staff.
- This concern had been recorded in the Cornwallis Care action plan in November 2018 and again in February 2019 and was marked 'completed' by the registered manager, with no date attached. At this inspection we saw people had access to a call bell in each lounge to summon assistance when needed. However, we found there were again still significant periods of time when no staff were present in the communal areas to support people when needed.
- We discussed this with the registered manager who told us there was a protocol in place whereby staff would indicate, on the call bell system, when they left the lounge and when they returned. This was so any time with no staff present in a lounge could be audited by the registered manager. We saw staff leaving the lounges without registering this in any way throughout this inspection. We asked for the audit and were told there was no information to gather.

The lack of appropriate deployment of staff and training in some areas meant these concerns are a third repeated breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Further information regarding this breach of the regulations is covered in the Effective section of this report.

- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.
- New staff had been provided with an induction programme of training and support.
- People told us, "If I pull call bell carers come quite soon" and "I need to use a call bell at night [to access the toilet, the carers come]".

Using medicines safely.

- At our last inspection we were told the deputy manager had been given the responsibility for overseeing

and administering medicines. The deputy manager had left the service recently and this responsibility was now with senior care staff. There was not one nominated senior with this oversight.

- Medicine systems were not always well organised, and people were not always receiving their medicines when they should. Two people had recently missed three doses of prescribed medicines due to the service running out of their medicines. Staff told us this had, "Happened before" and "We are always short of medicines." The Cornwallis Care action plan had identified that medications had been recorded as 'out of stock' in February 2019. No effective action had been taken.
- An internal monthly medicines audit carried out by the registered manager in March 2019 had failed to identify that some people were regularly running short of medicines before the next delivery was due.
- Prescribed liquid thickener had run out for one person and they were having to share another person's product in order to have a drink safely.
- The missed medicine doses had not been reported by staff, the GP and family had not been informed. This is contrary to the service medicines management policy.
- At the last inspection it was identified that some people's level of dementia was such that the need for pain relief could not always be communicated. The staff did not have any specific guidance, or pain charts, they could use to assess people's pain levels. We recommended that this be put in place.
- At this inspection this had not been actioned. This issue was also an outstanding action on the Cornwallis Care action plan and was recorded as due for completion by 19 March 2019. There were no pain relief assessments in place. We heard one person complain to staff of pain, and another person who was distressed for some time and could not verbalise their concerns. Staff did not have a consistent process for addressing this issue.
- Prescribed pain-relieving patches were not always recorded on a body map when applied to each person. This practice helps ensure staff know where on the body the last patch was placed. It is important that patches such as these are not repeatedly placed on the same place to help reduce local skin reactions.
- The records of medicines that required stricter controls did not always tally with the balance of medicines held at the service. This was because a number of items that had been appropriately returned to pharmacy, as no longer needed, but were still showing as a balance held at the service. This had been identified by the Cornwallis Care action plan in January 2019 and 'remained outstanding' in February 2019. This was finally addressed at the time of this inspection. There remained no regular audit of these specific medicines despite this concern having been identified by an action plan twice since January 2019.
- Records showed staff were trained in medicines management and had competency checks to ensure safe practice was in place. However, training, competency checks and regular medicine audits had failed to identify the concerns found with the practice of some staff at this inspection.

The lack of appropriate management of medicines are a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we identified that prescribed creams were not always dated when opened. This needed to be recorded so that staff could be confident that creams were safe to use. At this inspection we found prescribed creams had been dated.

The provider was following safe protocols for the receipt storage, administration and disposal of medicines.

- Medicine storage temperatures were monitored to make sure that medicines would be safe and effective.

Preventing and controlling infection

- Sluice rooms were noted to be unsecured and easily accessible to people living at the service. This had been identified as a concern by the local authority action plan in March 2019. This continued to pose a risk to people.
- The premises were clean and free from malodours.

- Flooring and surfaces were intact and could be effectively cleaned.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Lessons were not always learnt when things did not go well. It had been identified in the past that some people living at Trecarrel, did not always have their nursing care needs met effectively.
- Several weeks prior to this inspection there had been an agreement made, between the registered manager and the community nurses' team that any new people, who were assessed as having nursing needs, would be discussed with the nurses prior to their moving in to the service, to ensure their needs could be safely met.
- The community nurses told us this agreement had broken down and recently people admitted to the service, with nursing needs, had not been highlighted to them. This had presented significant challenges to the staff and community nurses in meeting those people's needs. Hastily arranged staff training and policies and procedures had been required to be put in place, so that staff could safely care for some people.
- We discussed this with the registered manager. We were assured this agreement would be reinstated and that the community nurses and the frailty nurse would provide support to the registered manager with assessments of people's nursing needs.
- Accidents and incidents were recorded and audited so any trends or patterns could be highlighted. However, we noted a slight increase in falls each month since January 2019 and there was little detail on what action had been taken to help reduce each of these incidents. The audit process was not effective in helping to reduce falls.

Is the service effective?

Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

•Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were gathered prior to a person moving in to the service. However, there had been some concerns from the community nursing team that people had been admitted with nursing care and support needs which the service staff were not always knowledgeable about.
- Care plans showed people's needs had been assessed and planned for. Some guidance and direction were provided for staff on how to meet those needs. This guidance was not always person centred or detailed enough to help ensure staff provided consistent care and support. This concern had been raised at the last inspection and whilst improvements were seen since the electronic care planning system had been put in place, the concern remained about the lack of detail.

The lack of detail within people's records meant they were placed at risk of unsafe care and treatment. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff skills, knowledge and experience

- At the last inspection staff were receiving supervision and training appropriately. At this inspection we identified staff supervision and training had fallen behind with gaps in the records held by the registered manager.
- The records held by the manager for the supervision and training requirements of all the staff at Trecarrel were not up to date and accurate. The Cornwallis Care action plan stated 'safeguarding training to be completed by all staff at the service' by March 2019. This had not been completed.
- Not all staff had completed other mandatory training subjects such as fire safety, food safety, health and safety, infection control, equality and diversity and the Mental Capacity Act 2005. According to the Cornwallis Care action plan all mandatory training was due to be completed by the end of March 2019, this had not been achieved and remains outstanding.
- The registered manager confirmed they were responsible for the supervision for the heads of departments and the senior care staff. Senior care staff were responsible for supervising care staff. The registered manager told us this "was not going on" and "is not up to date." Staff were not receiving supervision and appraisal in line with the policy held by the service.
- From the records we were given we found staff had only received one opportunity of one to one time with a manager, to discuss their individual work and development needs in over six months. Eight staff had not received any supervision since the registered manager took up their post in October 2018. No appraisals had been provided. Staff comments included, "I have had no supervision this year" and "Can't remember having any at all."

- The chef had recently started working at Trecarrel in April 2019. There was only Control of Substances Hazardous to Health (COSHH) showing on their training record. The Cornwallis Care action plan had identified the need to provide food hygiene training to the kitchen staff in January 2019. This was not recorded and could not be confirmed by the registered manager.

Staff had not received the supervision and training as required. This is the third time there has been a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were happy working at the service, they told us, "It's quite nice, there's a lot more teamwork here and people look out for each other and the team do the best and do what they can and the whole running of the place feels more calm. The managerial staff give praise when praise is due and in other places I have worked you don't really get recognised so it's really nice here" and "I feel a valued team member here but also everyone is treated as the same and equally and fairly. I would feel comfortable raise in any issues. if I had any problem or questions I would be quite happy to go into the office and say." Regular formal support to staff was not recorded.

- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff told us, "It's been really good. I only did two shadow shifts and then the two day induction, that was held at another service, it was all theory and talking about mandatory training and company's policies and procedures. I came from a background of care experience so one more shadow shift, I have felt well supported

and have been working under a team leader and some seniors and am still working with people so I can get to know the residents. It is a team and everyone has been very supportive."

- New staff confirmed their induction had taken place.

- Regular staff meetings were held with each staff team and as a whole service staff group. Staff told us they felt well supported by the registered manager who was approachable and available for support if needed.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager informed us, at the start of this inspection, which people had been assessed as requiring to have their food and drink intake recorded. Care records did not always clearly direct staff to provide this monitoring. This information was also not always recorded on the shift handover record.

- The service was using several agency staff from a variety of different sources on shifts. Information provided to these occasional staff regarding which people required their intake monitoring was not clear.

- Drinks were seen available to people throughout the communal areas. However, one jug of juice seen on the day of inspection was dated two days earlier. There was no robust process in place to help ensure drinks were refreshed each day.

- At the last inspection we were concerned that staff were not consistently recording people's food and drink intake when required. This had also been identified in the Cornwallis Care action plan in November 2018. In February 2019 it was reviewed as 'remains outstanding'. At this inspection the electronic monitoring records for nine people were checked. Over the days preceding this inspection there had been a steep decline in the records made by staff of the food and drink intake of these people. No weight loss was recorded as a result of this and we judged this was a recording issue and that food and drink was being provided but not recorded. The audit process and internal action plan were not being effective in addressing this ongoing concern.

- The total amount of drinks people received was calculated automatically by the electronic system. However, as mentioned above it appeared that the totals were not an accurate reflection of what people received and there was no evidence of any monitoring of these totals each day. The registered manager was unaware that monitoring charts had not been robustly completed in the days prior to this inspection.

The lack of robust quality assurance meant people were still at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Mealtime arrangements had recently changed following suggestions from people at the service. There were now two sittings for meals. People who required staff support to eat and drink were now provided with their meal in a separate sitting to that of people who were independent. Staff were available to support people when needed. Two people, who appeared to need more time to eat their food, were supported by one healthcare assistant. The support was not person-centred.
- At the last inspection we had discussed with the provider the benefit of providing specialist adapted crockery and cutlery to assist people with their meals and help enable them to eat their meals independently. The service had responded to this and one person was seen using a plate guard during lunch to support their independence.
- During the lunch observation it was noted that a significant number of uneaten or partially eaten meals were removed from the tables by staff and disposed of. People were not encouraged by staff, in any way, to eat their meals. It was not recorded that specific people had not eaten well. We were told some people 'grazed throughout the day'.
- People were regularly weighed, and action was taken if it was noted that people had lost any weight.
- The service had been inspected by the Food Standards Agency and given a four-star rating. The service had taken action to address actions set. The kitchen had recently undergone a redecoration programme.
- People were offered a nutritional choice of food and drink. Their preferences were well recorded in care plans. Vegetarian meals were available.
- People told us, "The food is very good and there is a reasonable selection," "If I don't like something, they always offer an alternative," and "For breakfast we can have cereals or bacon and eggs".
- Kitchen staff told us, "Only fresh food is done here, prepared daily. Meat comes from local butchers and we have fresh fruit and veg. Because everything is homemade we are able to fortify where needed and look after peoples' dietary needs. If people don't want what is on the menu they are happy to come and ask and we're happy to do whatever they want, if there's a day that we cannot make that happen we can make it happen the next day, we have deliveries every day so can order in for next day."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Regular GP visits from one practice had ensured that changes to people's needs were managed effectively.
- Systems were in place to ensure that referrals were made promptly to external professionals when people's needs changed.

Adapting service, design, decoration to meet people's needs

- Some people living at the service were living with dementia and were independently mobile with aids. There was additional pictorial signage to help people to orientate around the service.
- Bathrooms and toilets were easily accessible and sufficiently large enough to accept a wheelchair and walking aids.
- People's bedrooms were identified by a picture that was meaningful to them and helped with identification of their own bedroom.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- All necessary related assessments and decisions had been properly taken.
- The registered manager had applied for DoLS on behalf of people and kept records of those who had applications awaiting assessment and when granted authorisations needed renewing. The registered manager told us who had authorisations in place. Review dates recorded on the white board in the manager's office were not in date. The information on this board was not accurate.
- We spoke with the DoLS team to establish if these records tallied with theirs. They did not. The registered manager was not completely clear on which people had authorisations in place, when they required review and who had applications waiting for assessment.
- Ten staff had not received specific MCA training which had led to some staff not having an understanding of the requirements of the MCA and associated DoLS legislation. This was identified in the Cornwallis Care action plan in January 2019 and 'remains outstanding' in February 2019.
- The electronic records did not show any indication that people, or appropriate relatives, had been involved in the creation or review of their own care plans. The consent forms on the electronic system were blank. This was also highlighted by the external consultant's report in February 2019 but action had not been taken to address this.

There was a lack of appropriate records to demonstrate that the service was acting lawfully to protect people's rights. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some authorisations had been granted with conditions attached. We saw these conditions were being monitored and upheld appropriately.
- People's care plans described what decisions people could make for themselves.
- People told us staff always asked for their consent before commencing any care tasks.
- At the last inspection we identified that records relating to people's appointed Lasting Powers of Attorney (LPA) did not clearly state what legal powers they held. At this inspection the registered manager had of copies of each LPA, which clearly indicated which powers each person held.

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

•Requires improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met

Ensuring people are well treated and supported; respecting equality and diversity

- People told us, "I am kept warm here," "I've made friends while I have been here," "The carers seem to pay attention to what they're doing" and "The carers are very good".
- Relatives told us, "Mum says she is happy here" and "Mum is always in her own clothes and is clean and tidy".
- Staff told us, "I always ask if it is ok to get them washed and dressed and I talk them through what I am doing and encourage people to do what they can themselves, I do not to disable people by assuming they want everything done for them" and "You learn about people. Some people have photos in rooms and sitting down with them and asking about their personal objects or doing jigsaws with them. The people that are not verbal you can still tell by their facial expressions what they would like. You go by the [electronic care plan system] to know their preferences and needs are."
- The service held a policy on equality and diversity. However, not all staff had been provided with training to help ensure people's rights were protected at the service.
- Visiting healthcare professionals told us they felt the staff were kind and caring.
- At the last inspection we noted that staff contact with people was when they had a task to perform, for example providing meals, drinks or medicines. At this inspection we identified a similar issue. Staff were very pleasant, kind and chatted briefly with the person but were very busy and focused more on the task.

Supporting people to express their views and be involved in making decisions about their care.

- People and relatives told us they felt able to speak with staff and the staff and the registered manager about anything they wished to discuss.
- Care plans did not clearly indicate that people, or appropriate representatives, had been involved in their own care plan reviews.
- Relatives told us they were always made welcome and were able to visit at any time. Several relatives visited the service during our inspection. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

Respecting and promoting people's privacy, dignity and independence

- During the tour of the service we found several unnamed toiletries in two communal bathrooms. Staff confirmed they did not know who the items belonged to and no one had recently had used the bathroom. Sharing toiletries does not respect people's dignity. This had been identified as a concern by the local authority quality assurance team in February 2019. No effective action had been taken. We recommend that the service put robust processes in place to ensure that people do not share toiletries.

- Throughout the inspection visit we saw many positive interactions between people and the staff. Comments included, "Is there anything I can do to help?" and "Now then what's the matter how can I make it better?"
- People told us they felt respected. We observed care staff lowered their voice when asking people if they wished to use the bathroom.
- People were provided with their own moving and handling sling.
- Staff ensured people's privacy was respected by closing doors and curtains during personal care.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

•Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preference, interests and give them choice and control

- Care plans described peoples physical needs and some of their preferences. The registered manager had passed the responsibility of reviewing care plans, on a monthly basis, to senior care staff. However, several care plans had lapsed review dates. The registered manager was aware of this. It is important care plans are reviewed regularly to help ensure they accurately reflect people's current needs. The registered manager told us, "Health changes are not always completed."

- The registered manager told us about people's specific needs at the start of this inspection. Some people required two hourly re-positioning in bed. However, whilst staff regularly recorded 'checks' on these people, they did not clearly record their positional change two hourly. It was not possible to establish if re-positioning had taken place as directed. We judged this to be a recording issue as no-one had any pressure skin damage relating to this issue. The community nurses confirmed this.

- Some people required to have skin checks known as 'skin bundles'. Clear direction and guidance was not provided in people's care plan when these should be done. We found staff were carrying out these checks for one person, twice a day, and recording, "Pink buttocks, pink sacrum and groin" on one check. It was not clear what action was taken to address this, as the next check did not record any pink areas.

- Another care plan stated, "Check pressure areas, keep a daily record in the folder in their room." No paper records or folders were in place since the electronic care planning system had been in use. This was inaccurate information.

- Three people had been assessed as requiring pressure relieving mattresses. We were shown a regular audit of these mattress settings. We were told by the registered manager they were checked 'daily' by care staff. We found one of these mattresses was incorrectly set. The process for monitoring these mattresses was not effective.

- One person had been identified as requiring observations recorded by staff at 15-minute intervals due to identified risks of falls. Whilst staff had recorded regularly on this person's care plan monitoring was not being completed as directed.

- At the last inspection we were concerned that care plans provided basic health and care needs but did not always contain enough person-centred detailed information. Person centred care training had been identified as needed in January 2019 and 'remains outstanding' in the February 2019 Cornwallis Care action plan. At this inspection we found this continued to be of concern.

- The handover record used to provide information, relating to each person's needs, to staff on each shift was not accurate. One person required specific care to assist them with their continence needs, this was not recorded. Information such as people's weight were also not current and up to date. Agency staff were being used regularly in the service and this did not ensure they were provided with accurate information.

The lack of robust quality assurance meant people were still at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were provided with activities by an activity co-ordinator Monday to Friday. These were provided on a one to one basis and in small groups. Activity was recorded on the care plan system. We were told, "During the colder months all activities tend to be in doors, outdoor activities commence in May."
- We noted that whilst the activity co-ordinator was busy providing appropriate activity for individuals, most people spent a large part of their day asleep. A television was on all day in one lounge, with no-one present paying any attention to it.
- Staff told us, "I think the activities are really good. They have something every day and the activities person is in every week day and sometimes they go out gardening, play magnetic darts and a harp player comes in, also baking. There have been a few day trips one day they went to gardens of Heligan and residents go out with their families."
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.
- The service identified people's information and communication needs by assessing them.
- People's communication needs were recorded and highlighted in care plans. These needs were shared with others.

End of life care and support

- The staff were supported by the community nursing team to provide good quality end of life care to people. However, the section of people's care plans which related to their wishes or how they wished to be cared for at the end of their lives was often blank or insufficiently detailed to help ensure people's wishes were known. This was also highlighted in the external consultant report of February 2019 and the Cornwallis Care action plan in February 2019. Neither audits had led to effective action being taken.
- Medicines were ordered and held to be used if needed at the end of a person's life. This helped ensure people were pain free and comfortable.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service. People commented, "If I had any concerns, I would talk to someone in the office or to my care worker," "I have no complaints at all".
- The registered manager held a record of any concerns raised, the action taken and the resolution. The registered manager told us there had been no recent complaints.

Is the service well-led?

Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

- Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Trecarrel is owned by Cornwallis Care Services Limited who run a number of services within Cornwall. There is a clearly defined management structure and regular oversight and input from senior management. There had been concerns at past inspections regarding the failure of the provider to have effective oversight of the service and recognise the failings which were identified by others. We imposed a condition on the registration of Trecarrel which required the service to provide CQC with a monthly audit on how they were addressing the failings highlighted in previous inspections.
- CQC have received regular audits from Trecarrel. The audit reports state when specific actions were due to be completed. Whilst many of the concerns identified at past inspections had been addressed, at this inspection we noted that some completion dates had lapsed and the agreed actions had not always taken place, such as all staff completing mandatory training and the implementation of 'Resident of the day', which had not taken place by the end of April 2019 as indicated.
- At the last inspection we found the provider had made significant improvements but that some records were still not consistently being completed, such as monitoring records. Some care records did not always contain details of the persons physical, emotional and social needs. People were also at risk due to the current staffing deployment in communal lounge areas. At this inspection we found these concerns remained, but to a lesser degree.
- The provider had commissioned an independent consultancy company to provide an overview of the auditing systems in the service. Their report dated 12 February 2019 identified issues that continue to be of concern at this inspection. In particular it recorded that prescribed medicines that were 'out of stock', controlled medicines which had been returned to pharmacy were still showing as a balance held and staff were not receiving regular supervision. All of these concerns remained at this inspection and had not been actioned.
- The training record held by the registered manager did not show staff had attended training in diabetes care or stoma care, both of which were required to meet people's needs at the service. The community nurses confirmed staff were provided with training in both areas of care, but this was not recorded.
- Audits of many aspects of the service had been put in place since the condition had been applied to the service's registration with CQC. This had helped some improvements in the service to be made. Monthly audits were required, as part of the condition imposed, on medicines, infection control and risk assessments, most of these were in place and improvements were noted, although the last audit for medicines was dated March 2019 and had not identified concerns found at this inspection. One required audit was not in place and the registered manager was not aware of the requirement for it. The required

audit of staff competency in the areas of nutritional support and privacy and dignity was confirmed by the registered manager as 'not happening.' The audit cycle was not embedded and not always effective.

- Audits on the accuracy of care records, staff training, and staff supervision and medicines were not effective and concerns were still identified in these areas at this inspection.
- The registered manager had an action plan running with the operations manager of Cornwallis Care to monitor improvements and action taken by the service to address concerns identified at the last inspection. The latest document was dated February 2019. This report recorded that 'short notice sickness absence of staff created difficulties and could impact on the service.' In January this 'remains a concern' and in February it stated, 'did not review on this visit.' This issue was reported to us as still having a big impact on the running of the service and on the registered managers time.
- Some issues had been recorded in the Cornwallis Care plan as 'to be completed by 19 March by [deputy manager]. This had not taken place and the deputy manager had left the service. These outstanding issues had not been reviewed.
- The registered manager received regular visits from the operations manager of Cornwallis Care. The action plan which has been referred to several times throughout this report had repeatedly identified concerns which have not all been successfully addressed.
- The registered manager held three separate reports on their service. The internal Cornwallis Care action plan, an external consultancy report and a local authority quality assurance team report, all of which identified concerns which still remained at this inspection. Opportunities for improving the service and addressing the breaches of the regulations had not been taken.
- The registered manager agreed that the feedback from this inspection was fair and a reasonable judgement of the current service. They told us, "I have no time to do anything other than rota's, I accept your findings, it has been very difficult. I have missed not having a deputy manager and the seniors have not always taken on board their responsibilities."

The lack of robust quality assurance meant people were still at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

- The registered manager had appropriately notified CQC of abuse concerns or events that stopped the service, including the reporting of any deaths.
- The registered manager had notified CQC of two DoLS authorisations which were in place at the time of this inspection, as they are legally required to do.
- Compliments had been received by the service from grateful families, comments included, "Thank you for the love and kindness you have shown us on their stay. We will miss you all."
- Staff told us, " I have a good relationship with [the registered manager] and he talks to you on the same level. He is in control but he is working with you. You can talk things out with him and it helps that he was a carer not so long ago so he knows what it is like for us" and "It feels like the care home has improved. We had a stressful three week period when we had new residents but the team have worked hard and pulled together and so I am proud of being part of that and the care home being better now. So I am proud of being part of that and the care home being better now."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had not held resident's meetings to seek people's views of the service provided.
- A survey of people and their families had been carried out in November 2018. We asked for the responses. We were told the findings were 'not considered relevant, as it was carried out too soon after the registered

manager took up their post.'

- The registered manager took up their post in October 2018 at a time when there had been considerable concerns about the service. Serious enforcement action was taken by the CQC and new placements by the local authority were suspended temporarily until necessary improvements had been embedded and sustained. Improvements had been evidenced. However, there had been no formal process of seeking the views of people or their families of their experience of the service provided over the last six months. The Cornwallis Care action plan identified in January 2019 that 'involvement of resident/family in care planning was to be documented.' In February 2019 it 'remains outstanding'. No opportunity had been taken to seek people's views and involve them in care planning and to further improve the service.

The lack of robust quality assurance meant people were still at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

- Staff meetings were regularly held to communicate with staff and gather their views and ideas. Staff told us they felt they could speak up and were listened to.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People at the service and their relatives told us the registered manager was open and very approachable.
- The registered manager was frequently involved with the delivery of care. This meant they were aware of the needs of people living at the service.
- Staff were happy working at the service and felt supported.
- Care plans were not always person centred and did not always provide clear detail and guidance for staff to provide care and support in an agreed manner.
- The registered manager and the provider were open and transparent. The registered manager was aware of many of the concerns raised at this inspection. The provider was supporting the registered manager.

Continuous learning and improving care

- Electronic records were being used for care plans and monitoring records. However, the care plans lacked person-centred details and staff were not always completing monitoring records appropriately. We judged that this was a recording issue and that people were not impacted by this lack of recording at this time.
- Some audits and competency checks, carried out by the registered manager, had not been effective in identifying the concerns found, such as with medicines management. Pressure relieving mattress audits were not identifying incorrectly set mattresses. The manager assured us that night staff were going to be asked to sign each night following the checks of these mattresses.

Working in partnership with others

- Care records held details of external healthcare professionals visiting people living at the service as needed.
- Care records showed when each person had seen an optician or chiropodist.
- The community nurses worked with the registered manager and staff to support people's nursing need. They visited people at the service regularly. They told us they had concerns about people being admitted to Trecarrel without their knowledge and agreement that they could meet their needs. They were supporting the registered manager to gain experience in assessing new people to live at the service. The nurses told us they felt the care at the service had improved but that it was too soon to judge if the improvements were

sustainable and fully embedded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person must act in accordance with the Mental Capacity Act 2005. The registered person did not have a robust process for managing DoLS applications and approvals. Information provided on the day about DoLS authorisations was not accurate. Robust processes were not in place to help ensure consent was obtained from people, or their legal representatives, to care being provided and photographs taken and displayed in records.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment You have failed to do all that is reasonably practicable to mitigate risk to service users health and safety. Staff did not have sufficient specific guidance to help them support people, safely in a person-centred manner, to help reduce the risk of avoidable harm.

The enforcement action we took:

We issued a warning notice