

Mrs Janet Brewer

Trezela House

Inspection report

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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

About the service

Trezela House is a residential care home providing personal care to eight people with mental health needs primarily under aged 65 years of age in one adapted building. The service can support up to eight people

People's experience of using this service and what we found

The service had suitable safeguarding systems in place, and staff had received training about recognising abuse. An external professional said, "I have never witnessed anything of concern regarding Trezela House."

Appropriate risk assessment procedures were in place so any risks to people, staff or visitors were minimised.

Staff were recruited appropriately. Staffing levels were satisfactory, and people received timely support from staff when this was required. A relative said, "Staffing levels always seem to meet the needs required, and staff seem motivated and positive."

The medicines system was well organised and staff received suitable training. People received their medicines on time.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. A relative said the home was "Clean and well looked after."

The service had suitable assessment and care planning systems to assist in ensuring people received effective and responsive care.

Staff received induction, training and supervision to assist them to carry out their work. An external professional said, "Staff appear well trained and appear to be knowledgeable in areas concerning the clients' conditions and the legal framework around caring for vulnerable adults."

People received enough to eat and drink. Some people were involved in food shopping and cooking for the household. One person told us, " Food is excellent."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The building was suitable to meet people's needs and maintained to a satisfactory standard.

People received support from external health professionals and were encouraged to live healthier lives. A relative told us, " Since (my relative) has been at Trezela they have flourished medically and mentally."

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care. People told us, "Staff help as best they can." An external professional said, "The standard of care is excellent."

People had the opportunity to participate in activities and to spend time with the wider community. A relative said, "I think they (the staff) are amazing how they involve all the residents in the community and also take them on outings and holidays."

People felt confident raising any concerns or complaints. Records showed these had been responded to appropriately.

The service was managed effectively. People and staff had confidence in the registered manager. A staff member told us, "(The manager) is very approachable," and a relative said, "The home is very well led and run."

The manager was able to demonstrate the service learned from mistakes to minimise them happening again.

The service had suitable systems to monitor service delivery and bring about improvement when necessary.

The team worked well together and had the shared goal of providing a good service to people who lived at the home. A staff member told us, "We are a good little team. Everyone is nice. Any issues get sorted early on."

The service worked well with external professionals, and other organisations to provide good quality care. An external professional said, "I truly wish there were more care settings like Trezela House in Cornwall."

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

Rating at last inspection

The last rating for this service was Good (published 20 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Trezela House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Trezela House 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 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 we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. For example, we looked at training data.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. An external professional said, "I have never witnessed anything of concern regarding Trezela House."
- The provider had appropriately used multi agency safeguarding procedures if they have had a safeguarding concern and CQC was informed by the provider as necessary.
- People told us that if they didn't feel safe they would speak with a member of the care staff or the registered manager and felt sure they would help them solve the problem.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people and guidance was provided.
- The environment and equipment were safe and well maintained.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- There were enough staff to support people's needs. A relative said, "Staffing levels always seem to meet the needs required, and the staff seem motivated and positive."
- On the days of our visit, when people needed assistance staff responded promptly.
- Staff were recruited safely to ensure they were suitable to work with people. For example, in respect of staff who started to work at the service since the last inspection, a suitable recruitment procedure (including obtaining a Disclosure and Barring check and obtaining references) was completed.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe.
- Staff were trained and deemed competent before they administered medicines. Medicines were kept secure.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- When medicines were prescribed for use 'when required' there was sufficient information for staff to administer these medicines effectively.

Preventing and controlling infection

- The service was clean. A relative said, "(The home) is clean and well looked after."
- Staff received suitable training about infection control and food hygiene. Throughout the inspection we

observed staff carrying out suitable infection control measures for example wearing aprons and washing hands.

Learning lessons when things go wrong

- The registered persons said the service learned from mistakes. For example if there was a medicines' error, this was investigated and the team did their best to learn from what had happened to minimise the chance of this happening again.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support were reviewed when required.
- The registered manager said she always went to meet the person to complete an assessment before the person moved to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.
- The registered manager said the person had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs. For example, the person would come for a meal, and have an opportunity to meet other people who lived at the service

Staff support: induction, training, skills and experience

- Staff had records to demonstrate they had received an appropriate induction. New staff who had not worked in the care sector previously were supported to complete the Care Certificate.
- Staff we spoke with said they had received appropriate training to carry out their roles so they could support people to a good standard. Records demonstrated staff had received training required according to legal and industry standards. A staff member said, "We are constantly doing training," and said training received was to a good standard. An external professional said, "Staff appear well trained and appear to be knowledgeable in areas concerning the clients conditions and the legal framework around caring for vulnerable adults."
- Staff told us they had received positive support through supervision. This enabled them to maintain their skills, knowledge and ongoing development.
- Staff who had been in post for a year or more received an annual appraisal.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary arrangements could be made to change the texture of foods to reduce the risk of choking.
- People we spoke with told us they liked the home cooked food. They told us they were offered choices around what to eat. People contributed their ideas when developing the menu. People told us, "Food is excellent," and "The food is really good."
- Where necessary arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration. Where necessary records were kept about what people ate and drank.
- People were supported to be independent. Some people were involved in shopping and preparing meals. There was however some scope to develop people's independence skills in these areas so people had the

skills to budget, shop and cook their meals particularly if there was an objective for people to move on to independent or less supported living in the future.

- People ate at their own pace. People chose to eat their meals in the dining room. Food was served promptly so people did not have to wait too long. Where necessary people could receive suitable support to eat. For example, to have food cut up, or one to one support with eating.

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

- Staff responded to people's health care needs. People told us staff called their doctor if they felt unwell.
- People said they could see other health professionals such as dentists, opticians and chiropodists. Where necessary this support was recorded in people's files.
- The registered manager said the service received suitable support from the mental health team. For example, from the care co-ordinator, community psychiatric nurses, and consultant psychiatrists.
- Referrals had been made to a range of health care professionals when that area of support was required. For example, occupational therapists, district nurses, speech and language therapists and physiotherapists.

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

- The building was suitably adapted to meet people's needs. For example there was a walk in shower.
- The building was decorated and maintained to a satisfactory standard. Furnishings and carpets looked clean and were well maintained.
- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets.
- Smoking was restricted to outside the building. If people wished to reduce or stop smoking they received encouragement and support to do so.
- People were encouraged to take regular exercise for example to go for walks or to go swimming.
- People could either contact health professionals independently or received suitable support to do so.
- Relatives told us, "Since (my relative) has been at Trezela they have flourished medically and mentally," and "Trezela were excellent last year when (my relative) was very ill... (and ended up in hospital). They were there for support and to attend appointments (at the hospital) and local doctors."

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had applied for DoLS on behalf of people and kept clear records of applications and authorisations, as well as any records when authorisations needed to be renewed.

- Where people did not have capacity to make decisions, they 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.
- Where necessary 'best interest meetings' were held and a record of these were kept.
- Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people were treated with kindness and were positive about staff attitudes. We received feedback from people which supported this. People told us, "Staff help as best they can," and, "(Staff are) helpful." An external professional said, "Staff are caring and supportive."
- We observed positive interactions between staff and people who used the service. One staff member said, "People are very well looked after here." A relative said, "I am always impressed with the respect and dignity that is shown to all residents (by staff)." An external professional said, "The standard of care is excellent."
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.

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

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine.
- People and /or their representatives said they had been involved in care planning and decisions about their future. For example people were involved in setting monthly goals for the future. There were discussions about these in staff meetings to monitor progress and ensure staff consistency.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them. For example, friends or relatives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about people and their needs.
- Care plans contained relevant and up to date information about people's needs. For example, the person's diagnosis and what support staff needed to provide them with. A relative said, "(My relative) has a care plan and I am asked to (their) meetings and to have any input."
- Staff knew how to communicate with people and ensured they used their knowledge about people when supporting people to make choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could read and write and did not have any sensory impairments. People did not require information in other formats such as a pictorial form. This is a requirement by the Accessible Information Standard. We were told staff would read out, or verbally inform people, of relevant information if necessary (for example personal correspondence, menus, service information)

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw people were engaged in activities. For example, on the days of the inspection some people attended an exercise group and a coffee morning. People had activity plans and staff supported people to participate in a range of activities such as attending lunch clubs, an art class, visiting the cinema, swimming, as well as other social and recreational trips. A relative said, "I think they (the staff) are amazing how they involve all the residents in the community and also take them on outings and holidays."
- Some people were able to go out independently. For example, use public transport or walk into the local town.
- The service was situated near local churches and chapels, so people could attend religious services if they wished.
- The service supported some people to be accompanied on holidays. People had been to Turkey and Portugal. The household had also recently been to see an Abba tribute band in Bude and spent the night in a hotel.

Improving care quality in response to complaints or concerns

- People who we spoke with said they all felt confident that if they did make a complaint it would be dealt with quickly.
- We saw that any written complaints had been investigated and addressed providing the complainant with a formal response.
- The complaints procedure was displayed in the home and this was also issued as part of the service user guide.

End of life care and support

- None of the people who lived at the service required end of life care. The registered manager said people regarded the service as their home and if any person had a terminal illness they would receive suitable support from the service and external professionals to remain at the service. Support from district nurses, GP's and other external professionals would be sought.
- Where necessary and appropriate staff discussed people's preferences and choices in relation to end of life care with them and their relatives.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager said Trezela aimed to be an 'active home,' that worked with people in a person centred way. We saw people participating in a range of activities, and staff encouraged and supported people to be part of the local community. The people we spoke with were happy with the service. For example one person told us, "I am very happy here." Staff members told us, "We are a good little team. Everyone is nice. Any issues get sorted early on," and "People are very well looked after."
- Staff told us they felt listened to and that the registered persons were approachable, open and honest.
- Staff spoke positively about the registered manager and felt they were supportive. Staff members said, "(The manager) is very approachable." A relative told us, "The home is very well led and run....(the manager) leads by example, giving 100% herself, is involved in every aspect and fully on top of everything." An external professional said, "The manager has always been most helpful as have the rest of the staff."
- Staff told us, and we saw records to show, they had regular team meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong.

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

- The service had a registered manager who had worked at the service for several years. The registered manager displayed suitable skills and knowledge to manage the service effectively.
- We saw staff had daily handovers. Detailed handovers helped ensure good communication between the team and consistency of care.
- Staff felt involved in the running and improvement of the service. For example, staff members said there were regular meetings and handovers where they were consulted about people's care.
- The service had satisfactory quality assurance procedures. There were effective systems in place to identify concerns with the quality and safety of care and the environment. The registered manager was in day to day contact with the provider. The registered provider regularly worked at the service and was actively involved in its management.
- The registered persons had ensured that their rating was displayed at the service. The manager had notified us about events which happened in the home.

- A survey had been completed. Responses received from people, relatives, external professionals, people and staff had been positive.

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

- The service had a calm atmosphere and was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- People had regular meetings with staff. Minutes were kept of meetings held and demonstrated people had some involvement in decision making.
- Staff were also able to raise concerns and suggestions about the service. Staff said they had regular one to one supervision and staff meetings. All the staff we spoke with had confidence that the registered manager would take action on any issues raised.

Continuous learning and improving care

- The service had some audit systems in place for example in respect of the management of the medicines system, staff training, health and safety, and care planning.
- The registered manager encouraged feedback and acted on it to continuously improve the service, for example the day to day care received by people at the service.
- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had good links with statutory bodies such as the local authority and mental health trust, the local community and the provider worked in partnership to improve people's wellbeing. An external professional said, "I truly wish there were more care settings like Trezela House in Cornwall."
- People had opportunities to maintain positive links with their community, families and friends. People attended various activities at the local community centre, as well as attending specialist clubs and groups.