

Tregolls Manor Homes Limited

Tregolls Manor

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:

Tregolls Manor provides accommodation with personal care for up to 25 people. There were 23 predominantly older people using the service at the time of our inspection.

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

People using the service consistently told us they felt safe and that staff were caring and respectful.

Comments included "Staff are excellent, loving really. Atmosphere is good". Relatives told us "Oh, it's lovely, like a hotel really" and "I visit most days, staff are always here to talk to me about any changes".

We observed many kind and caring interactions between staff and people. Staff spent time chatting with people as they moved around the service.

Staff were proud to work at Tregolls manor and spoke of the people they supported fondly. Comments included, "The main thing is the residents", "I love my job, helping everyone, making a difference" and "Feel very blessed to be here, we appreciate it's a good home." Agency staff commented, "It's like a big family, they care about each other. Not a single member of staff who doesn't care, it's how a residential care home should be run."

There were some staff vacancies at the time of this inspection. Regular agency staff were being used to cover these absences whilst a recruitment campaign was on going. Duty rotas confirmed that there was always a mix of permanent and agency staff on duty so that people were supported from familiar staff. A relative told us "We are aware of the pressure and stress on staff, but it doesn't take away the quality of care."

All necessary recruitments checks had been completed and people were safely supported to take their medicines as prescribed.

The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. People told us they felt safe. A relative said, "We are so pleased with everything, totally confident she (person) is safe."

Risks were identified, assessed monitored and reviewed. The risk assessment forms needed to be expanded as the guidance provided for staff on how to protect people from known risks while maintaining their independence was limited. We have made a recommendation about this in the Safe section of the report. Following the inspection, the registered manager told us they were to implement new risk assessment systems to provide more detailed guidance for staff in how to mitigate risks.

Staff had received appropriate training and support to enable them to meet people needs.

People were supported to have maximum choice and control of their lives. 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 food provided by the service was enjoyed by people. Comments included "We get a choice, chef comes round with the menu and you can pick what you want" and "Food is very good with plenty of choice, whatever you want, three good meals a day."

People had access to a range of meaningful activities both in the service and in the local community that met their individual social and emotional needs.

People were involved in the development and review of their care plans. These documents provided staff with enough information to enable them to meet people's needs.

The service was well led. Management roles were clearly defined and there were effective quality assurance processes in place. People and managers attended regular 'Tregolls club meetings' so that views on the running of the service could be shared. People were complimentary of the service and relatives told us, "Its top notch here".

Audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

We found people's care documentation was not always kept in a secure manner. We have made a recommendation about this in the caring section of the report.

Rating at last inspection and update: At the last inspection the service was rated as Good (30 June 2017). At this inspection we found the rating remained as Good.

Why we inspected; This was a planned inspection based on the previous rating.

Follow up: We will 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.

Is the service effective?

Good ●

the service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Tregolls Manor

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.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

Tregolls Manor 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. The registered manager 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.

We also 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with nine people who used the service, four relatives, six staff members, two agency workers and the registered manager. We reviewed the care records for five people who used the service. We reviewed records of accidents, incidents, medicines, staff recruitment, training and support as well as audits and quality assurance reports.

Following the inspection, we spoke with the assistant manager.

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 good. This meant people were safe and protected from avoidable harm

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

- People told us they felt safe and well cared for. A relative told us "We are so pleased with everything, totally confident [person's name] is safe."
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- The service supported people to manage limited aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified, assessed, monitored and reviewed. The paper work in use at the time of the inspection only included limited guidance on how to protect people from known risks while maintaining their independence. Following the inspection, the registered manager told us new risk assessment forms were being implemented. They included more detailed guidance for staff in how to mitigate future risk.
- Staff supported people well when they exhibited behaviour that challenged others. However, people's care plans did not always include sufficient detailed guidance for new staff on how to support people to manage their anxiety.

We recommend the service seeks advice and guidance from reputable sources on how to ensure all staff receive sufficient information to enable them to manage known risks.

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. However, there were two versions, and this could cause confusion. Following the inspection, the registered manager told us one set of up to date emergency plans were now available.
- Some people, who had been identified as being at risk of falls, had pressure activated alarm mats placed in their rooms. This was to help ensure staff would be aware when the person was moving without support from staff.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff spent time with people helping them with tasks and chatting to them.

- There were some staff vacancies at the time of this inspection. Regular agency staff were being used to cover these absences whilst a recruitment campaign was on going.
- Duty rotas confirmed that there was always a mix of permanent and agency staff on duty so that people were supported by familiar staff. A relative told us, "We are aware of the pressure and stress on staff, but it doesn't take away the quality of care."
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.
- People told us staff responded quickly when needed and call bells were available to summon assistance. Comments included, "They (staff) are so kind if you ask for anything they don't say just a minute, its straight away."

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management and this training was due to be refreshed for all staff in January 2020.
- Some people self-administered their own medicines and appropriate risk assessments had been undertaken to ensure this could be done safely.
- The majority of medicines tallied with the Medicines Administration Record (MAR). However, with a pain relief medicine it was found that when staff received the new supplies they had not carried over on the MAR sheet any current stock to ensure there was an accurate tally of how much of this medicine was available. This process must be followed to ensure all medicines are accounted for. Following the inspection, additional procedures were introduced to ensure accurate records were maintained of the quantities of medicines available in the service.
- The cold storage of medicines was assured. Records were kept of daily checks of the medicine's refrigerator.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service.

Preventing and controlling infection

- The service appeared clean and was free from malodours.
- Robust infection control audit processes were in place at the time of this inspection.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

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 good. 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

- People and relatives confirmed that they met with a manager prior to moving in to Tregolls Manor to discuss the care and support they needed. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Care plans showed people's needs had been assessed and planned for. People told us they were involved in the development of their care plans and had signed them to evidence that they agreed with the planned support.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- There were systems in place to monitor training to ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- New staff completed an induction and worked alongside more experienced staff to get to know people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meetings were held to enable staff to raise any issues and share ideas. Staff told us they were well supported by management.

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

- People were offered a choice of food and drink. We saw people eating their lunch in the dining area. This was a social occasion with general conversation occurring between people and staff.
- People told us they enjoyed the food provided. People told us, "Food 'pretty good', "We get a choice, chef comes round with the menu and you can pick what you want" and "Food is very good with plenty of choice, whatever you want, three good meals a day."
- Staff were aware of any specific dietary requirements for people, for example, if people had food allergies or needed their food to be pureed to minimise the risk of choking.
- Care plans included information about people's dietary needs and their likes and dislikes.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People told us they were encouraged to attend regular health appointments, including the GP, dental examinations and vision checks.
- Multi-disciplinary notes were seen in people's care plans. Some people saw specialist nurses and healthcare professionals as required. One person who has been seeing a physiotherapist regularly told us "I have progressed since being here, I was struggling with mobility and now I'm striding around."

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

- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Secure outside space was available to people. People were encouraged to spend time outside in the nice weather.
- As bedrooms became vacant they were redecorated and updated. There was an on-going programme of renovation and redecoration works .
- A recommendation was made at the last inspection to review the absence of pictorial signage around the service. At this inspection we again found there was limited signage. The registered manager told us this had been discussed with people in a residents meeting and the view was not to place signage around 'their home'. In talking with people, they did not feel there was a need for signage around the service.

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. A recommendation was identified at the last inspection as staff needed to gain a greater understanding of the requirements of the Mental Capacity Act 2005.

- All staff had received additional training since our previous inspection and had a good knowledge of this legislation.
- People told us staff always asked for their consent before commencing any care tasks.
- People had their capacity assessed, when necessary, to check if they could make their own decisions. The best interest process was used when people were unable to make decisions themselves.
- There were processes for managing MCA and DoLS information and there were records held of which people had DoLS applications made. There were no authorisations in place at the time of this inspection.
- People and families were encouraged to be involved in people's care plan reviews.

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 good. 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

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. People were confident requesting help from staff who responded promptly to their needs.
- Staff supported people with sensitivity and compassion and were quick to respond to their emotional needs. Throughout the inspection we saw acts of kindness with staff providing reassurance and support.
- People's religious wishes were respected, and people were supported as needed to continue practicing their chosen faith.
- Staff had received training in equality and diversity, and consideration and respect was shown to people's diverse needs and cultures.
- Without exception people told us they felt the service provided good care. People told us, "Staff are excellent, loving really. Atmosphere is good" and "Staff are very caring there is no whispering or gossiping, everyone is very nice".
- Relatives told us "Oh, it's lovely, like a hotel really" and "It's top notch here."
- Staff demonstrated a caring approach when undertaking caring tasks and in their conversations. Staff told us, "The main thing is the residents", "I love my job, helping everyone, making a difference" and "Feel very blessed to be here, we appreciate it's a good home."
- Agency staff were also complimentary of the service and told us, "We have time to talk to people in the afternoon especially. The staff team and registered manager are very welcoming. Its person centred, they value residents' values. I would love to work here" and "It's like a big family, they care about each other. Not a single member of staff who doesn't care, it's how a residential care home should be run."

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

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the registered or assistant manager.
- Care plans showed that people had been involved in the development of their care plan. ● The registered manager told us people's views had been sought about their choice of décor when rooms were re-decorated. A person told us, "I have all my own clothes here, furnishings, pictures on the wall, everything is what I brought with me."

Respecting and promoting people's privacy, dignity and independence

- Care staff were person-centred in their interactions with people. They knew people well and held relevant conversations with people throughout the inspection visit.

- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress. One relative told us, "I visit most days, staff are always here to talk to me about any changes."
- People told us they felt respected. We observed staff respecting people's wishes.
- On arrival to the service we found people's care documentation was not kept in a secure manner. Care records were kept under the dining table and daily logs were on the table where staff worked. This was accessible to people.

We recommend the service take advice and guidance from a reputable source regarding how to ensure that personal information is protected in accordance with the General Data Protection Regulation (GDPR) and relevant data protection law.

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 good.

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

- Permanent staff had a good understanding of people's individual needs and provided personalised care.
- People were involved in the development of their care plans.
- Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Daily notes reflected the care and support people had received. Details of how the person spent their day were also recorded.
- Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them.

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

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

- People had access to a range of meaningful activities that met their individual social and emotional needs. These were planned in line with people's interests.
- People were actively encouraged and supported to engage with the local community by taking part in a range of recreational activities. For example, one person was a volunteer at the local church. There is a gardening club at the service and they entered the Truro in Bloom competition and won two awards. At the award ceremony a person using the service, supported by staff were presented with the award.
- Views from people about activities were positive. They told us they were asked about what activities they would like to do. For example, a person requested a keep fit company visit the service, and they now attend twice a week, another had requested a knitting and crochet workshop which had recently started.
- Visitors were encouraged at any time. They were all positive about how they are welcomed to the service and told us staff were available to talk to if needed.

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 and relatives were aware how to raise a concern or complaint and felt able to do this. No formal complaints were in process at the time of this inspection.

End of life care and support

- No one was currently receiving end of life care. The service had provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- There were positive links with external professionals, such as GPs and community nurses to support care at this time.

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 good. 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

- People and relatives were complimentary of the service and of the warm, friendly, family atmosphere.
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

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

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The provider had a defined organisational management structure and there was regular oversight and input from them.
- The directors representative visited the service monthly to undertake an overview of the service. They produced a report and if any actions were identified this was then reviewed at the following visit.
- Audits of many aspects of the service were taking place including infection control, care plans, health and safety and medicines administration. These audits had been used to make improvements to the service.
- The ratings and report from our previous inspection were displayed in the entrance.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people.
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and at staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- Staff were positive about the management of the service. They told us they felt valued and supported.

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 was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was recognised,

discussed and a plan made to help ensure the event did not re-occur.

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

- Staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Communication between people, staff and families was good. Every two months people and their families were invited to attend the 'Tregolls club meeting'. At this meeting they were informed about any updates to the service and their views were sought on what was going well and if any improvements to the service were needed. People told us they attended these meetings and found them beneficial.
- People and their relatives were invited to complete a Quality Audit Questionnaire of the service. The ones we saw were very positive about the service.

Continuous learning and improving care

- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- Policies and procedures held were designed to supported staff in their practice.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.
- The registered manager was a member of a scheme ran by Enhanced Health in Care Homes NHS England. This meets monthly and its purpose is to alert them to training events and discuss how to work together to enhance the life of people in care homes.