Cornwall Care Limited

Trengrouse

Inspection report

Trengrouse Way
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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

Trengrouse is a care service which provides accommodation for up to 41 people. At the time of the inspection 36 people were living at the service. People who live at Trengrouse require general nursing care due to physical and mental health needs. Most people were living with dementia. Trengrouse is a purpose built single storey building with a range of aids and adaptation in place to meet the needs of people living there. It is close to the centre of Helston with links to public transport.

This unannounced comprehensive inspection took place on 28 February 2017. We previously carried out a focused inspection on 11 November 2016. This was in response to anonymous concerns received that the service was not adequately staffed and not always meeting people's continence needs. It was alleged that there were strong incontinence odours because people were not regularly provided with personal care. At this inspection the provider had taken action to address these issues and the service was now meeting the requirements of regulation.

People and relatives all spoke positively about the service. They said that people were safe living in the service and that staff were kind, friendly and treated people well. They told us that the registered manager and staff were approachable and they felt listened to.

People received care and support from enough staff to ensure they received prompt and attentive care. Staff had time to chat with people as well as meeting their care and support needs.

People received their medicine on time and in the format prescribed for them.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation if Liberty Safeguards (DoLS).

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse. Incidents were logged, investigated and action taken to keep people safe. Risks to people's health and safety were assessed and clear plans of care put in place.

Staff treated people fairly and with dignity and respect. Staff knew people well and good positive relationships had developed between people and staff. People's diverse needs were taken into account and reasonable adjustments were made to the way the service was delivered to meet those individual needs.

The premises were safely managed. Recent improvements had been made to the environment to make it more pleasant and homely. Further refurbishment work was planned to replace carpets and improve decoration.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the

reviews. Nursing care plans were comprehensive and regularly updated.

Activities were provided by the activity coordinator during weekdays. There was a written and pictorial record of activities which had taken place.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff and resident meetings to seek the views of people about the service.

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. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Is the service effective?

Good

The service was effective. Staff received a range of training relevant to their role. Staff were supported with supervision and appraisals.

The service was acting within the legal framework of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had access to suitable choice of meals. Mealtimes were a pleasant and relaxed experience.

Is the service caring?

Good

The service was caring. Staff treated people with dignity and respect.

Staff had developed positive relationships with people and knew them well.

People and relatives were listened to and their thoughts and feelings used to make positive changes to care and support arrangements.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Good

The service was well led. Relatives and staff spoke positively about the way the service was run. They said managers and staff were dedicated, approachable and had delivered significant improvement to the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Feedback from people, relatives, staff and external professionals was used to improve the way the service operated including peoples care experiences.

Trengrouse

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 28 February 2017and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with three people living at Trengrouse. We spoke with five relatives visiting the service. We looked around the premises and observed care practices on the day of our inspection visit.

We spoke with the operational director, registered manager and ten members of staff on duty. We looked at three records relating to the care of people, two staff recruitment files, staff training records and other records relating to the running of the service. During the inspection we spoke with a visiting professional.

Good

Is the service safe?

Our findings

Families told us they thought their relatives were safe living at Trengrouse. Comments included, "When we leave here we are confident (Person's name) is safe and well looked after," "Peace of mind. That's the most important thing to us." All families told us communication with the service had improved and they were informed of any issues specifically around risk. For example falls and injuries. One relative said, "Have been a few issues but everything was explained about how and why and what was being done to make sure it didn't happen again."

At the time of the previous inspection Trengrouse was using agency staff to meet gaps in the services own staffing levels. Since then there had been a recruitment programme and the service had almost achieved a full complement of staff. The most recent group of new care staff were currently going through the final recruitment checks before beginning the induction programme and being introduced to the service. There remained some agency staff but dependency on them had been greatly reduced. For example the previous inspection had noted up to six agency staff on one shift. On the day of the inspection there were two commissioned for one to one support from an external agency. The registered manager had reviewed staffing patterns to improve the deployment of staff. For example, previously housekeeping staff had been responsible to support people with breakfast where it was required. This had posed constraints on them carrying out their own role. The change meant that each day designated care staff now supported people with breakfast. Staff told us, "Much better. We (housekeeping staff) can get on with our job. It's made such a difference" and "Less agency, more permanent staff. Much, much better." This showed the service had taken action to improve staffing levels and for there to be greater staff continuity.

During the previous inspection there were concerns regarding strong incontinence odours which affected certain areas of the service. At the time of this inspection there remained some incontinence odours during the morning period. However they dispersed during the day. These odours were in areas of the service where carpets were to be replaced in the following few months. The registered manager told us this would help resolve the issue. However they also told us management of continence was a continuous focus for the service. When we checked continence management it was found to be well organised and effective. People had the necessary continence aids prescribed for them. Staff were frequently encouraging people to use bathrooms. A staff member told us it was an ongoing issue and all staff recognised how they should support people to try and reduce continence issues. The service was supported by a continence advisor.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and with their food and drink intake. Where a risk had been identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, where incidents arose, there was documented evidence that those involved were given support by senior

staff. There was recognition that the behaviour could put the resident or others at risk. Staff were trained and supported in caring for people who may be at risk of harm to themselves or others so that they were safe.

Staff members told us they felt confident people were always treated well. They had received training in safeguarding vulnerable adults and were able to describe to us how they would identify and act on any concerns. The registered manager notified the commission whenever there had been an incident which required reporting as a safeguarding issue. All safeguarding referrals made had been investigated and actioned through multi-disciplinary investigations. This showed action was taken to ensure people were protected and lessons learnt from incidents occurring.

Where equipment was needed or more than one staff member required, care plans stated how many staff and what specific equipment should be used to help ensure a person was moved safely. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Recruitment practices were safe. Recruitment procedures included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to establish whether the applicant has any convictions that may prevent them working with vulnerable people.

At this inspection we found medicine management was robust. There were designated competent staff responsible for medicine administration. Observation of the morning round showed the staff member stayed with people until they had received their medicine. Where this was refused it was clearly documented and noted for staff coming on duty. In some instances people required medicine administration in a disguised form called 'covert' medicine administration. Records showed where this had been necessary consent had been sought by a medical practitioner including the reason why this decision had been made. This showed the service made sure protocols were in place to justify this type of medicine administration. Storage of medicines was safe with suitable locking systems and access only available to staff who were responsible for medicine administration.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were generally dated upon opening. In one instance this was found not to be the case. When the registered manager was alerted to it they acted immediately to address the issue. Creams and ointments were to be applied as directed. This was not always clear on the label but the records for people who were prescribed creams included body maps showed where the cream was to be applied. The registered manager agreed to improve the transfer of directions from the label to the body map so application of creams and ointments were clear.

Accidents and incidents that took place in the service were recorded by staff in people's records. The service also recorded accidents involving staff. Such events were regularly audited. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced.

Good

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. A visiting healthcare professional told us they thought staff clearly understood people's health needs.

During the previous inspection there were concerns as to the condition of some areas of the building. For example, one bathroom had a broken toilet seat and where the door lock had been removed there was a hole in the bathroom door. Another bathroom was clearly marked with a pictorial sign of a bath, but no longer contained a bath as it had been removed. This bathroom was accessible by people living at the service and contained a bag of soiled laundry, a broken paper towel holder, a chair, a cushion and trailing water pipes. One person's bedroom had a blocked sink which was full of water. None of these issues had been reported to the manager or the maintenance person. This meant there was not a robust process for staff to report any faults to the maintenance person and such issues were not addressed in a timely manner. Thus had resulted in a breach of regulation. Since that inspection the service sent us an action plan showing what work was being undertaken to meet the regulation and improve the environment. Action had been taken to replace address all the issues. All bathrooms were locked when not in use. They were clean with no unnecessary items stored in them. A maintenance employee was present at the inspection. The registered manager spoke with them daily so that no issues were missed. This showed the service understood the importance of maintaining the environment to a satisfactory level.

During previous inspections meal times were found to be noisy, disruptive for some people and not all people needing support received it when they should. A review of meals and mealtimes had taken place since the previous inspection. This was part of the approach to the 'butterfly project' discussed in the domain of 'responsive' in this report. Observations made at breakfast time and lunchtime showed meals were much calmer. People had the choice to come and go as it suited them. Enough staff were available to support people on a one to one basis where it was needed. Staff were focused and supported the person by sitting with them, talking with them and encouraging them when they needed to. Staff respected when people did not want to eat it all or when they wanted more to eat.

The new approach to serving lunch was in three stages. This meant people needing individual support to eat had dedicated staff to support them and were provided with the time to make this a positive experience. Some people were supported in the dining room, their own rooms and in various lounges. People who needed oversight now received their meals where they wanted to eat them. However, some people were observed sitting at the dining table for over an hour before food was served to them. Speaking with staff they told us this was due to the changes and how people were still adjusting to the times. Other people were observed regularly coming into and sitting in the dining room throughout the day because this was their choice and normal routine.

The service had researched current best practice in what were the best times of day people living in care or nursing services should be offered their main meal The results showed that people were more alert in the

afternoons, gained weight and slept better when main meals were provided in the evening. Based on this theory the service was intending to introduce this in the near future. Posters were available around the service to tell people about the change and why. It told people it would be a trial for a three month period. During a relatives meeting taking place on the day of the inspection it was discussed and the response was positive. Comments included, "We think it's a good idea because most afternoons (People's name) usually dose off. It's probably because of the big meal" and "If it works it will free up more time in the day."

Observations made throughout the day confirmed staff worked professionally and effectively in their roles. This included following information in care plans, administering medicines safely and interacting with people in a positive, professional, friendly manner.

Staff told us that they felt supported with their training and development needs. They said they received the training they needed to be able to provide the necessary support and care to people. The range of training was comprehensive and delivered at the organisations head office by internal or external trainers. A staff member told us, "Training is very important to Cornwall Care and they make sure we get all the training we need with regular updates."

Staff told us they received regular support and supervision and had access to managers or senior staff if they needed additional support in a less formal way. Staff told us, "I feel really supported and there are staff who have lots of experience and if I'm not sure about anything I ask them. It's a good system" and "We have supervision booked in so we know when it's happening."

New staff without previous care experience completed the care certificate. The care certificate is a training scheme for staff in social care which it is recommended that all staff new to care complete. New staff also had a local induction to the service which included introducing them to preferred ways of working. New staff undertook a period of shadowing so they understood about people and their individual needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations.

Care records confirmed people had access to external health professionals when required. We spoke with one visiting health professional during our visit. They told us they felt people were, "Very well cared for and staff recognised when they needed to contact us (GP)". A professional we spoke with following the inspection told us staff made appropriate referrals to them when they felt it was necessary.

Good

Is the service caring?

Our findings

Family members gave us positive views about the care provided by the service and felt staff were kind, considerate and caring. They told us, "(Relative) has been here for a while. We can't fault the care (the person) receives, no complaints," "The staff are lovely and will do anything for you" and "They (staff) are all good and very caring. They have so much patience. Can't fault them at all."

Staff relationships with people who used the service and their relatives were strong, caring and supportive. For example one person was very sociable and liked to speak to people as they passed. Staff and people in the service took time to stop and engage with the person when they passed. The brief interactions meant the person felt listened to and valued.

Staff took prompt action to calm any distress and used a mixture of verbal and non-verbal communication techniques to comfort people. We observed people looked clean, appropriately dressed and presentable. This indicated that their personal hygiene needs were being met by the service.

People were cared for by staff who knew their needs well. For example one person was becoming anxious. They demonstrated this by rocking backward and forward while putting their hand out to a side table. A staff member recognised this was a sign the person wanted something to drink. They brought them a drink and the person responded instantly by smiling and taking the cup independently. The person became instantly more relaxed and calm. This showed staff clearly recognised individual signs to be able to respond to people's needs. This was reiterated by a relative who told us, "I can leave here feeling confident that (the person) is receiving the best care. People were treated with dignity and respect. Staff members told us they ensured people had privacy when receiving care. For example, a doctor arrived to examine a person. The person refused to go to their room so a screen was put in place to protect their privacy and dignity. When staff were supporting people with personal care they made sure doors and curtains were closed.

People were supported to move around the service spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished.

People's care plans made it clear how they liked to be supported. This included their cultural beliefs, gender and spiritual preferences which had been gained during the admission process by speaking with families. Staff members were responsible for writing daily records about how people were being supported and these communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support. Throughout the inspection staff shared information between each other when there had been any changes in mood or activity.

Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. They told us about the strategies they used to support people with decision making. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. This meant people's independence was maintained and they retained control over aspects of their lives.

Signage was in place throughout the service to support people living with dementia to recognise areas of the service. For example names and pictures of things that meant something to the person were on their individual rooms. Bathrooms and toilets were clearly identified. The chef was changing the menu board which was changed daily to show the range of meals planned for that day.

Good

Is the service responsive?

Our findings

Families told us they were satisfied with the way the service involved and informed them of the care and support their relative needed. One relative said, "(Persons name) had started to have falls. We were kept informed of what they (staff) were doing to try and reduce the risk. We felt we were listened to when we made comments." Other people told us, "The communication has got better. I think they are still working on it," "They (staff) have always told us if (person's name) needs to see a doctor or specialist."

Trengrouse had been selected by the organisation Cornwall Care to carry out a pilot programme. This was to introduce a different approach to dementia care. It follows the principles of 'The Butterfly Approach'. This is a person centred approach to care specifically designed for people living with dementia. Its objective is for care to be delivered in a soothing and unhurried way. The registered manager and two staff members told us it was about 'breaking barriers'. The initial stage had been to encourage staff to stop wearing uniforms. Staff wore name badges to identify themselves and where personal care was delivered there were protective aprons and gloves available. A staff member told us, "It's just made such a difference. The way residents respond to us has been a lot calmer." Some relatives told us they liked the idea but that staff should remember to wear their name badges as this was the only way they could be identified. We shared this with the registered manager who agreed they were frequently reminding staff of this.

The atmosphere at the service throughout the inspection was calmer than it had been during previous inspections. Staff were visible throughout the service and were observed to be available to people either as part of a group or individually. Call bells were used sporadically and when they were activated staff responded quickly. A relative said, "Things have changed a lot for the better. Keep up the good work."

It was clear staff were supporting people to do things when they wanted to. For example two staff were carrying out craft activities with two people using the service. One person was directing the conversation which was being responded to by staff. They suddenly began to sing intermittently. Staff responded by joining in with the singing and this made the person laugh and make funny comments. It showed staff were positively engaging with the person and allowing them to lead the flow of conversation. In another instance a person receiving one to one support became frequently distressed for no apparent reason, other than this was part of their dementia pattern. The staff member responded quietly and discreetly by holding the person's hand and gently stroking it. This response calmed the person for short periods but it showed the staff member understood the person's distress and how to respond to it positively.

A staff member told us that on occasions some people would be resistive to receiving the support they needed with their hygiene and personal care needs. The member of care staff told us how they supported a person during these periods of anxiety. They told us they would leave the person for a short while, ensuring they were safe, and then return and try to provide the support the person required. This was clearly recorded in the person's care plan and daily notes so staff were alerted to changes in mood or physical deterioration. This showed staff had the information they needed to respond to people's fluctuating needs.

Where people were at risk of developing pressure sores the necessary plans of care were put in place

including identifying the level of risk and how that risk would be managed. Pressure reducing equipment such as air mattresses were in place. The settings were being regularly checked by staff to make sure it remained appropriate. Documented daily skin checks were undertaken and regular repositions were undertaken to reduce the risk of people developing pressure sores.

Care records showed staff responded to people's choices and needs which was in their best interest For example, one person was bare foot, and this was recorded as a preference due to swollen feet. The person found shoes and socks uncomfortable, and increased their level of agitation. This had been discussed with the family, who told staff (the person) preferred to be barefoot at home. It was found that since the decision had been made for (the person) to be barefoot when they wished, they had not had any more falls. This showed a positive outcome for the person by using a person centred approach in care planning.

Care plans were up dated and reviewed on a regular basis to ensure they reflected people's changing needs. A family member told us they were invited to care planning reviews. If they could not attend they were provided with an overview of what was discussed and any actions agreed on. At the relatives meeting during the inspection the registered manager requested families make arrangements to discuss their relatives care plan. Family representatives were also requested to sign agreement if they accepted the care and support plan, on behalf of their relative who lacked mental capacity and they had power of attorney for that person.

People were supported to maintain hobbies and interests. The activity coordinator knew people's preferences and interests well. There was a calendar of monthly activities on a notice board. There were also posters of forthcoming events including celebrating Vera Lynn's centenary with music and food from the era. A staff member told us of a recent Valentine's Day party where tables were set up with hearts and a special menu to celebrate. The activities coordinator had built up a wealth of experience and had a photo album to show previous events and activities. There was background music in some areas of the service and televisions were on in other areas but the volume did not overpower the lounge environment. The service had a coffee shop which was used by relatives to spend time together over a coffee. People had access to religious services every other Wednesday. It was a multi faith service so was suitable for people of all denominations.

The organisation had a process in place for people, relatives and visitors to make comments or raise concerns/complaints. Family members told us they were aware of how to raise a concern and felt confident they would be listened to and their concerns acted upon. There was a record of all complaints, how they were investigated and action taken.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Family members spoke positively about the quality of care provided at the service. Relatives told us how recent changes had been very positive. One relative told us "The changes have been good. Staff seem to have more time to do things. When we visit staff are always around. They (staff) seem happier." A meeting was being held on the day of inspection for relatives to engage with the registered manager and discuss any changes which might be occurring. For example the proposed change to service the main meal at tea time. The meeting also included feedback from the support group (a group of relatives who meet independently to support each other). They were positive in their feedback about the improvements noted in the service. This included food intake which they said had improved due to more one to one staff and the level of cleanliness had improved. A relative told us, "Meetings are held about every three months. We are able to put forward our suggestions and general chit chat. We do find management approachable" and "I like these meetings (relative meeting with the registered manager). We get the opportunity to say what we think about things."

Relatives were very complimentary about the registered manager and the way the service was led. Comments included; "(Registered manager) is very supportive as are all the staff," "The manager and senior staff are really good and always available for us to speak with," and "We like to be involved and having the resident support group had really helped."

Since the previous inspection the management structure had changed. The service had an operational director overseeing the running of this and other services within the organisation Cornwall Care. In addition an assistant operational director was assigned to this service and regularly visited to support the registered manager. This meant they were more visible at services and it helped them to engage with the service more effectively. Everybody we spoke with told us members of the management team were a lot more visible and this had been positive by breaking down barriers. Comments included, "We (staff) feel a lot more supported and I feel we can speak with the managers if we need to," "They (managers) are around a lot more and talk to us a lot more. Tell us what's going on and what's changing" and "Just a lot better."

Staff told us of the open and supportive culture promoted by the management team at Trengrouse. Comments included, "The changes have meant managers are more visible and I feel they are more approachable" and "There is a good support network and we work well as a team. We share information all the time". Staff told us there had been a lot of changes but they said the team was strong and told us they were well supported by various levels of management. Staff said they believed the management team were aware of what went on at Trengrouse on a day to day basis. One staff member said, "There were times when the managers weren't around but they seem to be now."

Staff had monthly meetings to discuss operational issues and any concerns regarding people or staff and said they felt well supported and were able to speak freely about any issues at any time. The registered manager told us they had an open door policy and encouraged staff to air concerns as they arose. Families were asked for their opinion and experience of the service on an annual basis. The registered manager told us relatives were free to, and did come to talk to staff about how the service was supporting people when they wished to. Results from the last survey were not yet available.

Checks and audits were regularly made to drive continuous improvement within the service. Systems audits were carried out regularly to ensure all legislation and good practice guidance was current. There were other regular audits for systems including medicines, accidents and incidents and maintenance of the service. Any issues or themes, trends or patterns that affected the safety of people or the service were identified quickly. Where concerns were identified through these checks action had been taken to ensure everything possible was done to reduce risk. For example, where a person's challenges had raised the level of risk to the person and others. The service had referred to an appropriate professional who reviewed the person and recommended additional actions which would manage the risk more effectively. This showed the service was regularly auditing its own systems while responding to patterns or trends.