

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

This unannounced comprehensive inspection took place on 31 May 2017. The last comprehensive inspection took place on 30 June 2015 we found a breach of the legal requirements at this inspection. It was not clear from the medicine records if some people had received their prescribed medicines, the safeguarding adults policy required updating and accidents and incidents were not formally audited. Identified risks in people's care plans did not always have guidance for staff on how to reduce such risks. Following the inspection the provider sent the Care Quality Commission an action plan outlining how they would address the identified breach. A focused inspection was carried out on 27 February 2017 to check on the action taken by the provider to address the concerns found at the previous inspection. The service had taken appropriate action to address the breach of regulations and was found to be meeting the regulations at that time.

Tregolls Manor is a care home which offers care and support for up to 25 predominantly older people. At the time of the inspection there were 20 people living at the service. Two people were staying for a short respite period. Some of these people were living with dementia.

People told us, "I am very happy here, I feel safe and cared for" and "I have no concerns at all the staff are all wonderful."

Families told us, "It is like a five star hotel, it does not feel anything like a care home, it always smells lovely" and "They provide immense dignity for people, hiding away anything that looks clinical."

Some people living at the service were living with dementia, had very poor sight but were able to move around independently. Toilets, bathrooms and people's bedrooms were marked with small brass plates with words or numbers only. There was no pictorial signage throughout the service to support people who required additional prompts to recognise their surroundings. There were no supportive handrails in the corridors or gates over open stairways to support people who had been identified as being at risk from falls. Families told us they did not consider this was an issue as their relatives were able to find their way around the building without difficulty. We discussed this with the registered manager who assured us people's individual needs would be monitored and any additional adaptations required would be discussed with the provider.

The registered manager held a record of staff training, showing when staff had attended specific training. Some staff were due updates on mandatory annual training such as fire safety, moving and handling and health and safety. These updates were scheduled to take place in the planned training programme

We reviewed the Medicine Administration Records (MAR). We found it was mostly possible to establish if people had received their medicines as prescribed. We found some gaps in these records where there was no signature against the time when a medicine was due to be given. Regular medicines audits were

consistently identifying when such errors occurred and these were taken up with individual staff. This had led to a reduction in such issues.

Staff were supported by a system of induction training, supervision and appraisals. People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily lives were assessed and planned for to minimise the risk of harm. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

The service was well decorated, comfortable and clean. There was a programme of regular maintenance and re-decoration of the building. People were treated with kindness, compassion and respect.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

People's rights were mostly protected because staff acted in accordance with the Mental Capacity Act 2005. The registered manager was aware of the principles of the Deprivation of Liberty Safeguards and applications had been made to the local authority for authorisations of potentially restrictive care plans. However, a further application was identified at this inspection as necessary. The registered manager assured us this would be made immediately. No authorisations had been granted at the time of this inspection.

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.

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. Some people had specific healthcare needs and there was not always adequate guidance and direction for staff on how to meet those needs. However, staff knew people who lived at Tregolls Manor well and were providing appropriate care to people.

People had access to regular activities. The registered manager arranged regular visits from entertainers. These events included musicians, singers and games. The service had a vehicle that enabled several people to have regular trips out in to the local community.

The registered manager was supported by a developing team of care co-ordinators who each had responsibilities for different areas of the running of 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. People told us they felt safe using the service.

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 staff to meet the needs of people who used the service.

Audits of medicines administration were identifying when issues occurred.

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 were provided with training and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

The management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. However, one application for DoLS was identified at this inspection which had not been made.

### Is the service caring?

Good ●

The service was caring. People who used the service and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

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

People were able to make choices and had 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.

People were consulted and involved in the running of the service, their views were sought and acted upon.

### Is the service well-led?

Good ●

The service was well-led. There were clear lines of responsibility and accountability at the service.

Quality assurance systems were in place.

People were asked for their views on the service.

Staff were supported by the management team.

# Tregolls Manor

## **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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 May 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the service. Not everyone we met who was living at Tregolls Manor was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with five staff, the registered manager and the maintenance person. We spoke with one visitor.

We looked at care documentation for six people and medicines records for 20 people, five staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with four families of people living at the service.

# Is the service safe?

## Our findings

People and their families told us they felt it was safe at Tregolls Manor. One person told us, "I feel safe and cared for." Relatives were positive about the safe care and support provided for their family members.

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Not all staff had received recent training updates on Safeguarding Adults and were not aware that the local authority were the lead organisation for investigating safeguarding concerns in the county. The safeguarding policy held by the service was not providing staff with the current local process and procedures. However, there were training updates arranged in the near future for staff to attend to refresh their knowledge.

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

People told us they received their medicines when required. We reviewed the Medicine Administration Records (MAR). We found it was mostly possible to establish if people had received their medicines as prescribed. We found some gaps in these records where there was not a signature against the time when a prescribed medicine was due to be given. Regular medicines audits were consistently identifying when such errors occurred and these were taken up with individual staff. This had led to a reduction in such issues. Some people had been prescribed creams and these had not been dated upon opening. This meant staff were not aware of the expiration of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls, we checked the stock held against the record and they tallied. The service was not storing any medicines that required cold storage at the time of this inspection. An audit trail was kept of medicines received into the service and those returned to the pharmacy for destruction.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was some guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, staff were directed to ensure people used their mobility aid when moving around the service.

We looked around the building and found the environment was clean and there were no unpleasant odours. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks.

Tregolls Manor was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the premises including details of their next of kin.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. We saw from the staff rota there were four care staff in the morning and two in the afternoon. The role of care co-ordinator was being developed to support care staff on each shift. There were two staff who worked at night. Staff told us they felt they were a good team and worked well together. However, some staff told us they felt the needs of some people living at the service had increased substantially recently, this was placing additional pressure on staff and reducing the amount of time they had to spend time with people chatting or supporting them to take part in activities.



# 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. So we observed care provision to help us understand the experiences of people who used the service.

People told us they were happy with the care they received. Families told us, "We are 101% happy" and "Nothing is too much trouble they have a strong rapport with people there."

The premises were in good order. There was a programme of re-decoration and improvements in place. Toilets, bathrooms and people's bedrooms were marked with small brass plates with words or numbers only. There were people living at the service who were living with dementia and some with poor sight who were mobile. There was no pictorial signage throughout the service to support people who required additional prompts to recognise their surroundings. There were no supportive handrails in the corridors or gates over open stairways to support people who had been identified as being at risk from falls. One person had fallen down the stairs. The family of this person told us they did not consider that a stairgate would have prevented the fall as they had been known to climb over things in the past. Families told us they liked the place looking, "Like a hotel rather than a care home." They felt their relatives appreciated it too. We were assured their relatives were able to find their way around the building without difficulty.

There were two lounge areas which were used for some activities and drinks parties. People, relatives and staff commented that some people were unable to use the sofas in the lounge as they were too low and difficult to get up from. We discussed this with the registered manager who assured us people's individual needs would be monitored and any additional adaptations required would be discussed with the provider.

We recommend the provider follow reputable good practice guidance regarding the support which could be provided at Tregolls Manor for people living with dementia.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. Training records showed some staff were due updates in mandatory subjects such as moving and handling, fire safety and health and safety. The registered manager had scheduled staff to attend updates in the near future. Some staff had also undertaken further training related to people's specific care needs such as dementia care.

Staff received regular supervision and annual appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service's policies and procedures. Staff were supported to undertake the Care Certificate. This is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice

within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. Our findings were that the registered manager had made appropriate applications for Deprivation of Liberty Authorisations for several people at the service. No authorisations had been granted at the time of this inspection.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. However, the information in one person's care plan showed that they were being monitored and were not free to leave therefore, they met the criteria for a DoLS application to be made. This had not been identified prior to this inspection. The registered manager assured us an application would be made for this person immediately.

Care plans did not contain evidence of mental capacity act assessments which should be completed before a DoLS application is made. However people's capacity to consent to their care and support and photographs taken had been considered. Where people had been assessed as unable to consent themselves, family members were asked to do this. The service held records of family members who held either Enduring Power of Attorney or Lasting Power of Attorney. We found some family members, who had signed in consent on behalf of another person, did not always have this legal right to do so. We discussed this with the registered manager who assured us they would consider reviewing the consent form so that people would be required to confirm they held a power or attorney and were legally able to sign on behalf of another person living at the service.

We recommend the service follow the Code of Practice of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards guidance.

We shared a meal at lunch time in the dining room with people living at the service. People were offered a menu prior to the meal to choose their food. The food was presented in an appealing way, it was served hot and was tasty. People told us the meals were very good. Relatives commented that the food was always good and they had been invited to stay for meals with their family if they wished.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. No one was having their food and drink intake monitored at the time of this inspection.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

## Is the service caring?

### Our findings

People and their relatives told us they felt the staff at Tregolls Manor provided very good care. Comments included, "They (staff) are absolutely wonderful, nothing is too much trouble" and "(the person) always looked well cared for and well dressed."

Most people chose to spend the majority of time in their own bedrooms. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly. Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in gentle and understanding way. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. People were provided with choices and their wishes were respected.

People's dignity and privacy was respected. Staff ensured door and curtains were closed when they were providing personal care. One person had a screen in their room so that people could not see them in their bed when their bedroom door was open.

The service was developing a care co-ordinator role where individual members of staff took on a leadership role for ensuring a person's care plan was up to date, acting as their advocate within the service and communicating with health professionals and relatives.

People had some life histories documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and had their nails painted.

People and their families were given the opportunity to attend meetings and complete surveys. Their views were sought on aspects of the running of the service as well as their care. Families told us they knew about the care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

The service held residents' meetings to seek the views and experiences of people. Issues such as the food and planned events were discussed. The minutes of these meetings stated, "(person's name) likes having their own soy sauce and mustard in their rooms" and "People enjoyed having their shopping done for them" by a member of staff.

## Is the service responsive?

### Our findings

People told us, "They (staff) always come when I need them" and "They are all wonderful."

Relatives told us, "They (staff) are very good at trying to get (person's name) involved in the activities" and "They are very clever at how they run the place and not make it feel like a care home. It is more like a hotel."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs.

Care plans provided information for staff about each person's specific needs. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. However, where people had very specific care needs there was little guidance and direction on how to meet those needs. For example, care plans stated, "I like help with all aspects of personal care" and "I need help with meals" but there was no further information for staff on the extent of the specific help which was required for each person. Some staff had been working at the service for some time and knew people well. However, there were new staff who had recently joined the service, who did not know people so well and were not provided with clear written guidance on how to meet people's specific needs. This meant there was a potential for staff to provide care in different ways and not in a consistent manner.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Pressure relieving mattresses were provided. The registered manager told us, "The mattress is set up by (name of the company delivering the mattress) we don't change it." However, there was no information provided to staff on the correct setting for each mattress. This meant that it was not possible for staff to regularly check if the setting was correct. Should the setting be moved accidentally, for example during housekeeping tasks, the staff would not be aware of this and the person could be at risk.

We recommend the provider seek reputable best practice guidance on monitoring pressure relieving mattress settings to ensure people are protected from the risk of incorrectly set equipment.

People had access to a range of activities both within the service and outside. The programme of events was also sent to families if wished and there were comments seen in meeting notes that this was appreciated as it helped relatives feel involved. Some people commented that they did not find the activities where things that interested them and chose to spend their time in their own room. We did not see any one to one activities arranged for people to take part in when in their rooms. The service had its own vehicle to support people to access the local area. The driver told us that fewer people were able to take part in these trips as their healthcare needs increased. We were told there were up to six people who regularly went out on trips and the service had reduced the trips each week and moved to providing more activities at the service

instead. People had access to quiet areas and a well maintained garden area with seating.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the service users guide provided when people arrived to stay at Tregolls Manor. People told us they had not had any reason to complain.

# Is the service well-led?

## Our findings

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

People, relatives and staff told us the registered manager was approachable and friendly. The registered manager had an open door policy and was available for people to speak with them at any time.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a nominated individual. This is a person who represents the provider. The nominated individual visited the service regularly, speaking with people and staff and ensuring the service ran smoothly.

The service were developing the care co-ordinator role. These staff members were given additional responsibility and supported the shift of care workers.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "Yes we have regular meetings when things need to be discussed, changes that sort of thing" and "We can ask to discuss things and put them on the agenda if we want to."

Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. Audits were carried out on the medicines management systems and accidents and incidents. These audits were effective in identifying any issues. Were issues such as gaps in medicine records had been identified this was addressed with individual staff. therefore the risk of re occurrence would ideally reduce. A survey was carried out to seek the views of people living at the service. The responses to this survey were positive.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

There was a maintenance person in post with responsibility for the upkeep of the premises. Any issues identified were entered by staff in a faults book. These issues were addressed in a timely manner. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The environment was clean and well maintained. People's bedrooms and bathrooms were kept clean. There was a programme of regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked.