

Cornwall Care Limited

Trevern

Inspection report

72 Melvill Road
Falmouth
Cornwall
TR11 4DD

Tel: 01326312833

Website: www.cornwallcare.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Trevern on 22 November 2017. At our last inspection in May 2017 we identified breaches of the regulations. The breaches were in respect of a lack of personalised information in people's care records, capacity assessments did not accurately reflect people's needs, care records did not guide staff on how they could protect people from identified risks and there were gaps in monitoring records.

At this comprehensive inspection we checked to see if the provider had made the improvements necessary to meet the breaches identified at the inspection in May 2017. We found improvements had been made in some of the areas of concern. Capacity assessments were up to date and the processes in place to ensure the service was acting in accordance with the legislation were robust. Progress had been made in terms of gathering personalised information about people's backgrounds and life histories. We found the service was no longer in breach of Regulations 9 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We still had concerns in respect of the management of identified risks to people's well-being, gaps in monitoring records and the stability of the management of the service. At our last inspection we had also had some concerns in respect of the environment. At this inspection we again found similar concerns. This is the third consecutive time the service has been rated Requires Improvement.

Trevern is a 'care home' that provides nursing care for up to a maximum of 40 predominately older people. 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. At the time of the inspection there were 34 people living at the service. Some of these people were living with dementia. The building is split into three units known as, The Wing, The Flats and The House. The Wing is used for people who have complex health needs. Trevern is part of the Cornwall Care group which has several nursing and residential homes in Cornwall.

There was a registered manager for the service. However, they had not worked at Cornwall Care for some time. CQC had not received an application to cancel their registration at the time this report was issued. 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. There was a manager at the service who had been in post since early September 2017.

At our inspection in November 2016 we found a lack of guidance for staff on how to support people who had been identified as being at risk and we issued a recommendation. In May 2017 we again found examples in people's records where a risk had been identified and the care plan did not contain guidance for staff on how to reduce the risk or meet the person's associated care needs. At this inspection we found staff did not have clear guidance in place on how to care for people who were at risk of

developing pressure sores. Although it was recorded when people required repositioning to protect their skin integrity it was not stated how often this should happen. In addition we found that, where a risk had been identified and documented, action was not taken to protect the person in line with care plan.

At our inspections in November 2016 and May 2017 we found there was a lack of stable leadership at the service. At this inspection there was a new manager in the post. They told us they were in the early stages of applying for registration and were committed to the role and driving up standards. However, they had not been in the role long enough for us to make a judgement about their leadership of the service. It was too early for us to be confident that the management position at the service was stable.

At our inspections in November 2016 and May 2017 we identified gaps in records used to monitor people's health. At this inspection we found some recording systems had improved. However, we continued to find inconsistently completed monitoring charts in relation to people's skin condition. Audits had failed to identify these gaps or highlight other issues of concern found at the inspection.

We identified issues in relation to the safety of the environment. Keys to cupboards containing potentially hazardous substances were easily available. There were several concerns related to infection control. For example, we found a soiled bed pan in a shared toilet, waste bins in toilets were uncovered, there was no suitable clinical waste bin in one treatment room and cleaning schedules were not consistently in place.

Following our inspection the provider contacted us to tell us of immediate action they had taken in light of the concerns raised.

People told us they felt safe. Staff were knowledgeable about processes for reporting safeguarding concerns and believed these would be addressed. The induction process for new staff included information on equality and diversity and how to help ensure people's rights were protected. Staff training was regularly updated to enable them to keep up to date with any changes in legislation or working practices. There were robust recruitment processes in place. All staff were supported by an on-going programme of supervision and annual appraisals.

There were safe arrangements in place for the storing and administration of people's medicines. We identified a surplus of stock of some prescribed food supplements. The manager addressed this at the time of the inspection. Medicine Administration Records were appropriately completed. Arrangements for the storage and administration of medicines which require stricter controls by law were robust.

There were enough staff on duty to meet people's needs. The service had been short staffed and dependant on the use of agency staff to ensure people were supported appropriately. This had recently improved and the management team told us agency use had dropped considerably in recent months. Two new nurses had been recruited and interviews for care staff were scheduled for the following week. We saw staff stopping to spend time chatting to people and call bells were answered promptly apart from one occasion.

People told us the food was good and we saw choices were offered to meet people's preferences. When people were identified as being at risk due to poor food and fluid intake they were closely monitored and supported to eat high calorie diets. Kitchen staff were aware of people's dietary needs and preferences. They worked to create meals which were appetising for all while continuing to meet their health needs.

Staff were caring in their approach to people and demonstrated a good knowledge of people's likes and dislikes and backgrounds. They showed compassion and patience when supporting people who were confused or taking time to complete a task. People's privacy and dignity was respected.

There was an activity co-ordinator in post who helped arrange activities for groups and individuals. People were regularly supported to have trips into the local community. Where individuals had specific needs in relation to eating and drinking or mobility, arrangements were put in place to ensure these were met. This meant people were not excluded from activities because of their disability. External entertainers visited the service to provide additional entertainment.

Cornwall Care had plans in place to improve the environment at Trevern and the service provided. This included updating carpets and furnishing and making alterations to the arrangement of some rooms. Relatives were kept informed of any imminent changes. In addition there were plans to increase the use of technology to support more efficient care and treatment.

Staff morale was good and staff told us they felt involved in the running of the service and able to raise any concerns. A relative told us; "There have been huge steps made by the new management."

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. There was not always clear guidance for staff on how they could protect people from risk.

Where risks had been identified action was not always taken to protect the person from foreseeable harm.

There were areas of the building where there were not effective processes in place to protect people from the risk of cross infections.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were supported by a system of induction, on-going training, supervision and appraisal.

People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to eat a balanced diet in line with their dietary needs and preferences.

Good ●

Is the service caring?

The service was caring. Staff knew people well and understood how they liked to be cared for.

People were encouraged to maintain their independence.

People's cultural and spiritual needs were respected.

Good ●

Is the service responsive?

The service was responsive. There was an activity co-ordinator who supported people to take part in group activities or one to one sessions.

Care plans were well organised, relevant and up-to date. They included information about people's specific communication needs.

Good ●

There was a satisfactory complaints policy in place.

Is the service well-led?

The service was not entirely well-led. Although improvements had been made we identified gaps in monitoring charts which audits had failed to identify.

There was a manager in post at the service who told us they were committed to the role. However, due to the instability of the management position over the previous 12 months we could not be confident this would be sustained and effective.

Staff morale was good and staff told us they were able to approach the management team with any concerns.

Requires Improvement 

Trevern

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.

This inspection took place on 22 November 2017 and was unannounced. The inspection team included two adult social care inspectors, a specialist nurse advisor with experience in older persons' care and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. We had not requested a recent Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We spoke with Cornwall Cares' deputy operations director and clinical matron. We also spoke with the manager and six other members of staff, seven people who were living at Trevern and three visiting relatives. Following the inspection we contacted an external healthcare professional for their views of the service.

We looked at nine people's care plans, medicine records, three staff personnel files, staff training records and other records relating to the management of the service.



Is the service safe?

Our findings

At our previous comprehensive inspection in May 2017 we had concerns relating to the documentation and management of risk and we identified a breach of the regulations. There was a lack of guidance in place for staff on how to care for people who had been identified as being at risk. Where risks to people's health and well-being had been identified action to minimise the risk was either not taken in a timely way or was not effectively monitored.

At this inspection we still had concerns about the action taken to protect people from an identified risk. Some people who spent long periods in bed had been identified as being at risk of developing pressure sores. In order to minimise the risk staff needed to reposition these people to alleviate pressure to their skin. There was no guidance for staff on how regularly repositioning should take place. Monitoring charts used to document when people had been repositioned had not always been completed. For example, one person's records showed on 18 November 2017 the person had been repositioned at 01.30, 05.30, 09.00, 18.30 and 05.30. This meant there was a period of 9.5 hours and one of 11 hours when there was no record of them being repositioned. Another person's care plan stated they were nursed in bed. This would put them at risk of developing pressure areas and a Pressure Prevention Chart was in place to record the care the person had received. This had not been completed since 16 November 2017. We checked on this person several times during the day and saw no evidence they had been repositioned. This indicated this was not just a failure to record that people had been repositioned, but people were not receiving the care and treatment necessary to protect them from harm.

We saw pressure relieving cushions in shared lounges which were damaged. This could mean the cushions were ineffective, and potentially result in an increased risk of people developing pressure damage. Damaged cushions also increased the risk of cross infection to people as they could not be effectively cleaned.

Another person was at high risk of falls. The daily notes indicated they had fallen eight times during October. Their risk assessment had been updated accordingly. We saw the person was in their bedroom with the door open. Staff told us this was to allow them to keep the person "under constant supervision" because of the risk of falls. The assessment read; "...observe when awake." During the morning we saw the person sitting on the side of their bed with their feet on a pressure mat used to alert staff if the person fell. The alarm was triggered at 10.50 am because of the pressure of the person's feet. Staff did not respond to the alarm until 11.20 am, a period of 30 minutes. At 13.05 we observed the person had fallen asleep sitting in their armchair. They were bent over with their head slumped over their knees. They were still in this position at 13.30, 13.40 and 14.10. Due to their seating position and the fact they were sleeping the person could have slid to the floor. Also sitting for a prolonged period with their head between their knees could have caused them to feel light headed on standing and increased the likelihood of falling. At no time did we see staff go to assist the person to a safer position. Although a risk to the person's safety had been identified and documented action to protect the person from foreseeable harm was not taken.

We identified a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider contacted us to tell us of action they had taken in light of our findings. They also supplied us with copies of documentation to evidence this. All repositioning charts had been reviewed and clear guidance given to staff on how often this should take place. A staff meeting had been held to ensure staff were aware of the importance of completing monitoring charts. The care plan for the person at risk of falling had been reviewed and 15 minute observation checks put in place. In addition the person had been moved to a more centrally based room to enable staff to check on them regularly. Staff had been reminded of the need to respond to call bells to be responded to in a timely way. This was to be followed up at supervision.

At our previous comprehensive inspection in May 2017 we highlighted some concerns in respect of the safety of the environment. A sluice room was left unlocked and unattended, fire doors were propped open and keys were left unattended.

At this inspection we again had concerns in relation to the environment. Keys to cupboards containing potentially hazardous substances were kept hanging on hooks by the side of the door. A kitchen adjacent to a shared lounge area was locked but again the key was hanging beside the door. This meant people had unsupervised access to chemicals and kitchen items which could have caused harm or injury. We brought this to the attention of the manager who removed the keys immediately. They told us a keypad had been ordered for the kitchen to enable people with capacity and staff to access it while helping ensure the safety of others.

Our concerns in respect of the premises were largely around issues we identified in The House. There were two unlocked rooms which were not used by people, a bathroom/wc and an activity room. The activity room was cluttered and there was exposed wiring in the corner of the room. The floor was grimy and tacky underfoot. Furniture in this room was visibly dirty and mismatched. The door could be locked using a bolt at the top of the door. This was not secure when we arrived at the service. In the bathroom/wc the toilet had no toilet seat on and there were no hand-washing facilities in the room. In the adjoining shower room there were several items of equipment. It was difficult to access the wash basin due to the clutter on the floor. Staff told us this room was not used as a toilet. However, inspectors were directed to it when we requested which bathroom to use. The door was unlocked and marked as a toilet and could have been used by anyone living at the service or any visitors.

Another bathroom/wc in The House was marked as not in use on the morning of the inspection. We were told this was incorrect as the toilet was functional although the bath was not in use. In this room we found a bed pan which contained faeces. This was removed when we highlighted this. The door to the room had glass panelling on it. This meant people using the facilities could be seen from outside the room.

We saw unnamed toiletries in some bathrooms. Sharing toiletries increases the risk of cross-infection and does not support people's right to choice and dignity. Waste paper bins in shared bathrooms did not have any lids. There were two medication storage rooms, one of which contained the medicines trolley. There was no cleaning schedule in place to evidence they were being regularly cleaned. One of the rooms had no hand-washing facilities. A refrigerator used to store medicines had a large build up of ice indicating it had not been defrosted for some time. There were no cleaning records to show when it had last been cleaned.

A cupboard containing confidential information was unlocked. When we brought this to managements' attention they arranged to have a padlock put on the door. They told us the padlock would normally be in place but had been moved. Other confidential information was stored appropriately.

We identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities)

Following the inspection the provider contacted us to inform us of action they had taken in light of our concerns. This included the introduction of cleaning schedules for the medication storage rooms.

People told us they felt safe. Comments included; "I feel safe because the staff are always popping in to see me" and "Everybody is so kind, that makes me feel safe."

There was a satisfactory safeguarding policy in place which was updated regularly. The policy contained the latest contact details for the local safeguarding team. Staff were required to read this when they first started working at the service. Staff were able to describe how they would report suspected abuse. They were confident any concerns would be taken seriously and acted on. One member of staff told us; "I would report it and I would expect my colleagues to report me if they had any concerns." Where it had been identified as necessary people had been supported to have an independent advocate to support them.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments had been also completed to cover trips out of the service. On the day of the inspection some people were going on a mini bus trip to a local attraction. A risk assessment had been developed which covered each individuals' needs. For example, one person had swallowing problems and needed a thickener to enable them to have drinks safely. The risk assessment noted the thickener was to be taken with staff so the person was able to enjoy a drink with the rest of the group. Another person required mobility aids. The assessment stated a wheelchair and walking frame was to be taken to support the person to and from the bus safely while allowing them to mobilise independently if they were able to. This demonstrated people's individual needs were taken into account and arrangements put in place enable them to have equal access to opportunities provided.

Equipment owned or used by the registered provider, such as specialist chairs, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary.

There were enough staff on duty to meet people's needs. Staff were deployed across the three units. The service had been understaffed for some time and there was a high dependence on agency staff. This was for both nursing staff and health care assistants. As far as possible agency staff who were familiar with the service were used. On the day of the inspection an agency nurse was supporting the new lead nurse to get to know the service. They told us they had worked at Trevern two or three times a week since August and were confident they knew people and their needs well. We discussed the staffing issues with the management team who told us they had just had a big recruitment drive. Three nurses had been employed and interviews for healthcare assistants were taking place the following week. The manager told us they were confident the vacancies would be filled and the use of agency staff had reduced considerably over recent weeks. The service also employed cleaning, kitchen, laundry, maintenance and administrative staff to help ensure the service ran effectively.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

Staff received effective training in safety systems, processes and practices such as in moving and handling, fire safety and infection control. Staff had also received training on how to use equipment to help evacuate people from the building in an emergency. All the external doors were locked, and could only be opened by

inputting a code into key pads situated on all external exits, and some internal doors. There were multiple codes and we were concerned staff, particularly agency and new staff, might take time to become familiar with the codes and not be able to move around the building quickly in an emergency. We discussed this with the management team and, following the inspection, they contacted us to inform us all key pads could now be operated using a single code.

People had Personal Emergency Evacuation Plans (PEEPS) in place. These can be used by first responders to an emergency for information on the support people will need to evacuate the building in an emergency.

The registered provider had a policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. This was being updated at the time of the inspection. There was also a policy in place for the administration of covert medicines (medicines hidden in food and drink). There were written protocols to guide staff on how to manage choking risks.

People had suitable links with their GP's, consultant psychiatric nurses and medical consultants who prescribed and reviewed people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had suitable arrangements for the ordering, storage and disposal of medicines. Nurses were responsible for the administration of medicines. Some medicines were being used that required cold storage, there was a medicine refrigerator at the service and the temperature was monitored. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines which required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. We found there was excessive stock of some prescribed food supplements and some of these were out of date. We raised this with the manager who told us they would address this immediately.

Medicine Administration Records (MAR) were completed appropriately. Any handwritten entries were double signed to help prevent any errors. The MARs were audited daily.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action.

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any decisions 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our previous comprehensive inspection in May 2017 we found capacity assessments did not reflect people's current needs. When people's needs changed leading to more potentially restrictive care plans being put in place the Supervisory Body was not informed as required.

We also found issues relating to the recording and administration of medicines which were given covertly (disguised in food or drink). Staff did not offer people medicines before giving them covertly. This was contrary to Cornwall Care's policies and procedures. We identified a breach of the regulations at that time.

At this inspection we found improvements had been made. Where appropriate capacity assessments had been carried out and these were up to date and relevant. Where people lacked capacity to consent to their plan of care best interest decisions had been made on their behalf. The best interest process involved others who knew them well and relevant professionals. DoLS applications had been made where appropriate and were updated if necessary. Some people had Lasting Power of Attorney arrangements in place. This meant they had appointed people to help them make decisions or make decisions on their behalf. The manager was aware who had these arrangements in place.

Some people were given medicine covertly. The decision to do this had been taken in people's best interest and was clearly documented. There was clear guidance in place for staff to follow when administering medicines in this way. This stated that people should be offered their medicine first before giving it covertly. We did not see anyone have their medicines administered in this way during the inspection.

Staff had received training in MCA and DoLS and demonstrated an understanding of the principles of the legislation. People were asked for their consent before care was delivered. Staff informed people of what they were doing and asked permission before giving personal care. Daily notes showed that, when people refused personal care, this was respected.

People told us staff had the necessary skills and knowledge to meet their needs. Comments included; "You can't pick one member of staff above the other, they are all good" and "The staff are very helpful."

Before moving into the service people had their needs assessed across a wide range of areas to help ensure

people were protected from discrimination on the grounds of their gender, race, sexuality, disability or age. Copies of pre-admission assessments on people's files were comprehensive and identified expected outcomes for people. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence was limited. There was a call bell system which people could use to alert staff in emergency. Keypads were used throughout the building to ensure the security of the premises. The deputy operations director told us Cornwall Care were in the process of exploring various systems to improve the delivery of care. For example, the use of electronic care planning and medication systems.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. New employees completed a comprehensive induction programme. This consisted of a mix of training and shadowing as well as an introduction to organisational policies and procedures. Training was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. Staff told us the induction was effective. A member of staff commented; "The induction was brilliant, I learned a lot." They told us they had asked for their shadowing period to be extended by a week to enable them to increase their knowledge and confidence before working unsupervised.

During the induction process staff were required to familiarise themselves with the organisations' equality and diversity policy. A new member of staff told us they had also had a discussion session about the protected characteristics defined in the Equality Act and how to protect people from discrimination and harassment.

Records showed staff received comprehensive training which enabled them to carry out their roles. For example, care staff received training in first aid, fire safety, infection control, moving and handling and safeguarding. Arrangements were being made for staff working on the dementia unit to have additional training to help meet people's needs.

Staff told us they felt supported by the deputy manager and manager. There was a system in place for staff to take part in regular supervision sessions. This gave them an opportunity to discuss any concerns or highlight any training needs. Annual appraisals were planned for the following 12 months.

People were involved in decisions about what they ate and drank. On admission to Trevern kitchen staff met with people to identify their preferences and any dietary cultural or religious needs. There was a 'resident of the day' practice in place. This was where staff across the service focused on particular persons needs across a range of areas. Kitchen staff met with people on these occasions to ask if they were satisfied with the food provided and if there were any changes they would like made.

People were supported to have a balanced diet that supported their health and well-being. Some people had been identified as being at risk because of a reluctance to eat or drink enough. Food and fluid charts were introduced to monitor people's intake and their weight was regularly checked. Care plans contained guidance for staff on how to support people to eat enough and information about people's preferences. For example, one person's weight fluctuated and their food and fluid intake was monitored when regular weight checks identified they were at risk. The person's care plan listed the high calorie foods they liked and could be encouraged to eat such as milkshakes and cheesy mash. Records showed these interactions were effective and the person gained weight following this action.

Kitchen staff were aware of people's specific needs. They were knowledgeable about people's likes and dislikes and demonstrated a creative approach to encouraging people to enjoy food. Some people were at risk of choking and needed a soft diet to minimise the risk. Meals were pureed according to people's ability to swallow. The components of the meal were kept separate to help improve the appearance of the dish. The chef told us they tried to introduce colour into these meals as well. Some people were not able to eat sugary desserts due to their health conditions. Kitchen staff worked to produce desserts which were low in sugar but looked similar to the desserts other people were having. They commented; "It's good for people's morale if they are getting what everyone else gets." A member of staff told us; "The chef has been making desserts which everyone can eat. It's nice to be able to offer people nice things."

The kitchen was well organised and clean. The chef told us the budget enabled them to buy good quality products and fresh fruit and vegetables. The Food Standard Agency had awarded a top rating of 5 following an inspection. Kitchen staff completed the Safer Food Better Business paperwork to help ensure the environment was clean and hygienic.

Meals were appropriately spaced and flexible to meet people's needs. The time of the main meal at Trevern had recently been moved from evening to lunchtime. The manager told us this was because a lot of people liked to eat their evening meal early and so the gap between lunch and tea had been quite short. People had not been hungry and subsequently had not eaten much at tea time resulting in some people losing weight. This demonstrated a willingness to learn from experiences and adapt the way the service was organised in order to meet people's needs.

We observed people at lunch time in all three units and saw it was a relaxed occasion. People were able to take their time eating. Some people required assistance and this was done patiently and with kindness. People told us they enjoyed the food. Comments included; "The food here is lovely" and "We have lovely meals here."

People's day to day health needs were dealt with by nurses and care staff at Trevern. Where necessary referrals were made to external agencies for additional support. For example, the service worked closely with Community Psychiatric Nurses and GP's. One person had been identified as requiring treatment for skin damage and a referral had been made to a tissue viability nurse as soon as this was highlighted. The clinical matron for Cornwall Care told us arrangements had been made for a practice nurse to visit the service weekly and liaise with the four local GP surgeries. One person told us they had recently been taken ill and the GP had been called immediately.

The service was on two levels and there were working lifts in place. Distinctive painted handrails were in place to enable people to move around independently. There was clear signage to indicate shared lounges and bathrooms and people's individual bedrooms. This is important for people living with dementia who can become disorientated in their environment. There was access to secure, level outdoor spaces with seating and aromatic plants to provide a sensory experience. There were a number of lounges so people were able to meet privately with visitors in areas other than their bedrooms.

Is the service caring?

Our findings

At our previous comprehensive inspection in May 2017 we identified a lack of information in care plans about people's backgrounds and personal lives. Staff told us they had limited knowledge about people. This is important as this kind of information can help staff gain an understanding of people which can support meaningful conversation. This was a breach of the regulations.

At this inspection we found some efforts had been made to gather information about people's backgrounds and include it in care plans. Minutes of residents and relatives meetings showed staff had asked families to share information of this kind with the service. Some care plans now contained personal histories which were detailed and descriptive. The management team told us they had not been able to compile these sections for everyone living at Trevern but would continue to gather more information.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included, "Nothing is too much trouble", "The staff are so friendly and caring" "It's great here, I couldn't think of a nicer place for him to be" and "Even if I just want a cup of tea I just ring my call bell and it's here." One person told us they had recently been unwell and staff had been very caring towards them. They commented; "The prayers and thoughts I had!"

Staff told us they enjoyed their work and liked spending time with people. They appeared to know people well. For example, at lunch time we heard a member of staff say; "You don't like lemon tart do you, it's the pastry. I'll go and get you some yoghurt, I know you like that!" Another member of staff told us they used care plans to find out some background information about people but got to know people better by talking with them. For example, staff told us one person had previously been a model and another was born in Yorkshire and had been in the RAF. They were able to describe how they knew when people were becoming distressed. They told us; "You get to know the triggers and you can tell as soon as you walk in the room."

On the day of the inspection there was a calm and quiet atmosphere in the service. We observed staff interacting with people in a caring and compassionate manner. For example, during the lunch period we saw staff were patient supporting and encouraging people to eat. They demonstrated a concern for people's well-being and were gentle when people needed to be prompted to continue eating. People were supported to maintain their independent skills. For example, one person told us they were being encouraged to do walking exercises with their walking frame to help ensure they were not sitting in their chair all day.

We observed staff sitting and talking with people in lounges and at lunch time in a respectful and friendly manner. Staff did not rush people and took time to listen to them. They engaged people in conversations about the weather and other general matters. While we were talking to one person in their room a member of staff brought the person a cup of tea. They sat and chatted for ten minutes and clearly enjoyed spending time with the person. A relative commented; "The girls [care workers] do a very good job, they're easy to talk to." A member of staff told us; "Even [person's name], she can't talk much but if you spend time with her you can get something. It's so nice to get people talking."

People and their relatives told us staff respected people's privacy and dignity. Staff knocked on people's doors before entering. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. People had their own moving and handling slings which were marked with their name.

People's cultural and spiritual needs were respected. Church services were held regularly. On the day of the inspection a bible studies group was taking place. We observed people enjoying this and saw that it stimulated people's memories with one person describing the big bible they had at home when they were growing up.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People appeared well cared for and staff supported them with their personal appearance. One relative liked to help their family member choose their outfits for the following day and hang this up so staff could support them to dress.

The relatives we spoke with said they could visit the service at any time and always felt welcome. Nobody mentioned any restrictions on visiting times. People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings for people and their families, which meant they could share their views about the service.

Is the service responsive?

Our findings

At our previous comprehensive inspection in May 2017 we identified gaps in monitoring charts. This meant we were unable to establish if people were receiving the appropriate care. We identified a breach of the regulations.

At this inspection we found some improvements had been made in this area. As outlined in the 'Safe' section of this report we continued to have concerns in respect of charts used to record when people had been repositioned. Other monitoring charts such as food and fluid charts were being used to record what people ate and drank when this had been identified as an area of concern. Cream charts and body maps were kept in people's rooms if required. These were completed to indicate when and where people had prescribed creams applied.

At our previous comprehensive inspection in May 2017 we found there were limited personalised activities taking place. We issued a recommendation about the provision of activities for people living with dementia.

At this inspection we found an activity co-ordinator had been appointed. They worked to support group activities and one to one activities. There were plans in place for the activity co-ordinator to receive training in providing activities suitable for people living with dementia. People and relatives were enthusiastic about the activities on offer. Comments included; "I really enjoyed making some Christmas decorations", "I enjoyed the trip out on the bus, even though it was a bit breezy" and "The staff sit with my mum and listen to music, they know how much she likes music."

On the day of the inspection a group of people were supported to go on a trip into the local town. Plans for Christmas were underway and people were involved in these. A Christmas party was being organised for each of the three units. The activity co-ordinator was arranging craft sessions to make decorations and cards. Local choirs had been booked for carol singing.

The manager told us they were keen to encourage people to spend more time outdoors and had set a target of trying to ensure each person had at least 90 minutes outside per week. Care plans included information about people's interests. For example, one read; "Likes birds and listening to the radio."

Care plans were up to date and covered a range of areas including mobility, communication and nutrition and hydration. They were individualised with information about people's likes and dislikes. This meant staff had the information necessary to enable them to provide care and treatment according to people's personal preferences. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

Any communication needs were identified at assessment before people moved into the service. These were recorded in the care plan so staff had information about people's needs. The care plans were updated to reflect any changes in needs or new information. For example, one person had been resistant to personal care and had sometimes acted in a way which staff found difficult to manage. Staff had worked with an

external healthcare professional and identified the person had an object which was very significant to them. Staff were able to use the object when communicating with the person. This had resulted in the person having fewer incidents of anxiety. The need to use the object as a communication aid was clearly documented in the person's care plan.

Some people required specialist mattresses to protect them from the risk of developing pressure damage to their skin. We checked the setting of one mattress and found this was not set accurately in line with the person's weight. The mattress was reset when we brought this to staffs attention. We discussed this with the manager who said they would introduce a daily system for checking mattress settings.

There was a system in place for receiving and investigating complaints. Relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. We saw that any concerns raised had been investigated promptly and used to raise standards and drive improvements. There were no on-going complaints at the time of the inspection.

Where appropriate people had an end of life care plan which outlined their wishes and choices for their end of life care. When appropriate the service consulted with the person and their representatives about the development and review of this care plan.

Is the service well-led?

Our findings

At our previous comprehensive inspections in May 2017 and November 2016 we found audits to monitor the quality of the service were not effective. This was a breach of the regulations.

At this inspection we found the systems in place were still not robust enough to assess and monitor the quality of the service. The gaps in repositioning charts had not been identified and there was no system for auditing pressure mattress settings. Cleaning schedules were not routinely used in all areas of the service. The deputy operations director told us new organisational audits were being introduced to help establish consistency across services.

At our previous comprehensive inspection in May 2017 we found there was a temporary manager in post who had been at the service for five weeks. At the inspection preceding that in November 2016 there had also been a temporary manager in place who had limited knowledge of the service. We were concerned about the lack of consistent management at the service.

At this inspection we found there was a new manager in post who had started work with Cornwall Care on 4 September 2017 and as manager at Trevern on 12 September 2017. The manager told us they were in the early stages of applying to be registered with CQC. We remained concerned about the stability of the management of the service. Over the past twelve months five Cornwall Care employees had been in the manager role. A member of staff commented; "It feels a bit more sturdy. Managers come and go, I hope [managers name] is here to stay. I think she is." Although the manager assured us they were intending to be at the service long term we concluded it was too early to have confidence the management situation was stable. While improvements had been made to certain aspects of the care provided at Trevern we still had some concerns.

We concluded there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Cornwall Care had a clear management structure in place. The manager was supported by Cornwall Cares' clinical matron and a deputy operations director. The clinical matron had spent time overseeing Trevern before the manager was recruited and knew the service well. An external healthcare professional commented; "The management team have maintained good communication with me."

Within the service there was a well-defined hierarchy. There was a deputy manager in post who staff and people told us was highly visible in the service. In their conversations with us the deputy manager demonstrated an enthusiasm for their role and a commitment to improving the service for the people living there. Staff told us the deputy was approachable and had an understanding of the day to day issues which affected the service. Nurses oversaw the shifts, supported by a senior care worker. A key worker system was being introduced. Key workers have oversight of named individuals plan of care. This can help ensure consistency of care.

Staff meetings were held regularly. These were an opportunity for staff to air any concerns and ideas as well as receive information about the development of the service. The clinical matron told us they had encouraged staff to be open and raise any concerns to them directly. They commented; "Staff feel more confident to speak to managers now." Staff confirmed they were able to approach the management team for advice and support. One told us; "We had no support system, it's much better now."

Cornwall Care provided opportunities for staff to develop their skills and knowledge. A new dementia training programme was being designed which would use real life case studies to help identify people's specific needs. The manager had been booked on safeguarding training for managers. At our previous inspection we had met a care worker who wanted to progress their career. At this inspection we found they were being supported to complete additional training in order to do this.

Staff told us they worked together well. One told us; "We're a close knit little community." Handovers were held between each shift. These were used to share details about people's care. This meant staff had the information they needed to provide consistent care in line with people's changing needs.

Residents and relatives meetings were held to gather the views of people living at the service and those who mattered to them. A recent meeting had been held to give relatives an opportunity to meet the new manager. The manager told us; "It went very well, they very much engaged with us and with me." At the meeting relatives had requested that a notice board be repositioned in the entrance and used to display information about the progress of refurbishments. This had been carried out by the manager. A relative told us; "The managers are always around and very approachable."

There were plans in place to improve and develop the service. Some of these were beginning to be implemented at the time of the inspection. For example, refurbishments were underway and new carpets had been laid in parts of the building. There were plans to replace other carpets and furnishings. We were provided with copies of plans which showed a kitchenette adjacent to a shared lounge was going to be refitted. There were further plans to change the use of rooms to provide a hairdresser room and sensory sitting area.

The registered persons had ensured notifications were submitted to CQC as required. The previous rating issued by CQC was displayed in the service and on Cornwall Cares' website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Premises and equipment were not consistently clean and secure. 15(1)(a)(b)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not always provided in a safe way. Where risks to people's health and safety had been assessed all that was reasonably practicable was not consistently done to mitigate the risk. 12(1)(2)(b)

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems or processes were not effectively operated to assess, monitor and improve the quality and safety of the services provided. (1)(2)(a)

The enforcement action we took:

We issued a warning notice.