

Vivacare Limited

# Tremanse House Care Home

## Inspection report

Tremanse Care Home  
Beacon Hill  
Bodmin  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 9 February and 19 February 2016 and was unannounced.

Tremanse House Care Home (known locally as Tremanse) is a residential service providing care, rehabilitation and support for up to 23 people with mental health needs. At the time of the inspection 19 people were living at the service. Tremanse comprises a main house and an additional five bedroomed annexe.

Tremanse has 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

We found that, despite some people being considered to lack the mental capacity to make their own decisions, no mental capacity assessments had been completed. Referrals had been made to the local authority for authorisation to restrict some people's liberty without these assessments being done.

People and staff were relaxed and content; the atmosphere was calm and pleasant. One person commented; "All staff are lovely to me, they have helped me so much and I want to thank everybody". Another person said, "I feel absolutely safe here". One health care professional described Tremanse as; "Home from home".

People were encouraged to live active and independent lives. Accessing the local shops, pubs and leisure facilities was promoted. Staff supported people to attend appointments and recreational activities when required.

People's medicines were managed safely. People received their medicines as prescribed and on time. Staff were trained and understood the importance of safe administration, management and disposal of medicines.

Staff recruitment processes were safe. Staff underwent a thorough induction period during which they were supervised so that any learning needs could be identified. There were sufficient numbers of suitable staff on duty.

Infection control practices kept people safe. The service was clean, hygienic and free from offensive odours. We saw there were handwashing facilities, antibacterial gel and paper towels prominently sited in areas that could be used by people to prevent cross infection.

There were effective quality assurance systems in place. People knew how to raise a complaint and were confident that any concerns would be listened to. Accidents and incidents were recorded and details were

shared with the healthcare professionals involved with the person where appropriate.

People, relatives and professionals spoke positively about the service. Feedback was sought through staff meetings, residents meetings and the compliments and complaints folder and was used to develop the service and drive improvement.

You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Recruitment practices were robust and staff were recruited in sufficient numbers to keep people safe.

People's medicine was managed safely.

The service was clean and hygienic.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not being assessed in line with the Mental Capacity Act 2005 as required.

Some staff had not had training in Mental Capacity Act 2005.

People had their nutritional and hydration needs met.

People said the food was good and plentiful.

People had their health needs met.

### Is the service caring?

Good ●

The service was caring

People were involved in decisions about their care which was delivered by staff who knew them well.

Staff were kind, compassionate and caring in their interactions with people.

Care was taken by staff to ensure people's privacy, dignity and confidentiality were upheld.

### Is the service responsive?

Good ●

The service was responsive.

Staff responded to the changing needs of people.

Care records were written to reflect people's individual needs and were regularly reviewed and updated as required.

There were a wide range of meaningful activities available to suit people's interests and hobbies.

There was a system in place for receiving and responding to complaints.

### **Is the service well-led?**

The service was well led.

The management team were approachable and took an active role in running the service.

Feedback on the service was sought to drive improvement.

There were effective quality assurance systems in place to assess, monitor and drive improvement within the service

**Good** ●

# Tremanse House Care Home

## 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 the 9 February and 19 February 2016 and was unannounced. This inspection was undertaken by three inspectors.

Before the inspection we reviewed information we held about this service. This included notifications we had received. A notification is information about important events which the service is required to send to us by law.

Before the inspection, we asked the provider to complete a Provider Information Return. 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.

During this inspection we spoke with 11 people who lived at Tremanse, one relative, the registered manager and six members of staff. We also looked at four care records relating to people's individual care needs, four recruitment files, staff training records and information relating to the management of medication. We reviewed quality assurance processes and documents relating to the management of people's finances. We also spoke with four mental health nurses who had knowledge of the service.

During the inspection, we looked around the premises including the kitchen, medicines room, people's bedrooms and lounge and dining rooms. We observed the interactions between people and staff and discussed people's care needs with staff.

## Is the service safe?

### Our findings

People told us they felt safe living at Tremanse. Comments included, "I feel absolutely safe living here" and, "This is a safe place".

There was a visitors signing in and out book and visitors were greeted at the front door by staff, had their identity checked and were asked to sign in. This helped keep people safe by making the service secure.

People were supported by staff who had been recruited safely. Robust practices were in place to ensure the right staff were employed to keep people safe. Records showed all necessary checks were undertaken prior to staff commencing their employment with the service.

People told us there were enough staff to meet their needs and keep them safe. We observed staff were able to respond to people in a timely manner and their interactions were unhurried and personalised. Staff had enough time to spend with people and to support them to attend appointments and recreational activities in the community. We observed staff sitting and talking to people and health care professionals confirmed staff were always available when they visited.

Medicines were managed, stored and administered to people as prescribed and disposed of safely. The service had a medicines room where people's medicines were kept, either in a locked cabinet or medicines fridge. Medicines administration records (MAR) were in place and had been correctly completed. Several of the staff team were trained and able to manage people's medicines and more were scheduled to undertake training over the coming weeks so they could also perform this role. Staff confirmed they understood the importance of safe administration and management of medicines. The registered manager had engaged a local pharmacist to look at ways of improving and enhancing staff knowledge and practice regarding medicines administration.

Risk assessments were in place to support people to live safely at the service, and these were updated regularly. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. Staff told us how they took time to get to know people which meant they could develop creative and personalised strategies to mitigate the risks people faced.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. Staff told us they knew the routines of people who went out without staff support well and would quickly become aware if someone had not come back when expected. There was a missing person protocol in place which could be initiated if a person did not return at the expected time.

We observed staff following safe infection control practices. The environment was clean and hygienic with no offensive odours. Protective gloves, paper towels and hand gel were readily available in prominent places throughout the home. Staff knew the importance of good infection control practices and how they applied this in their work. We observed that COSHH (Care of Substances Hazardous to Health) procedures

were adhered to and all potentially toxic cleaning materials were stored in locked cupboards to keep people safe.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were unsure who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. The registered manager took immediate action to arrange safeguarding training for them in the coming weeks to increase their understanding of this issue.

People did not have personal emergency evacuation plans (PEEPS) in place. This meant that in the event of an emergency, staff and emergency services would not know how to safely evacuate people. The registered manager took immediate action to address this issue and was in the process of developing plans for the people living at the service.

We observed potential ligature points within the service, including a metal hook on the back of a shared bathroom door. The registered manager felt that at the present time the people living at the service were not considered to be at risk of this type of self harm.



## Is the service effective?

### Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 did not have their mental capacity assessed as required. This meant care being provided by staff may not have always been in line with the best interests of people who lacked capacity. Not acting in accordance with the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS) was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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).

We saw that the registered manager had applied for DoLS authorisations on behalf of people living at the service and continued to review the restrictions and decisions made around capacity. In addition, the registered manager liaised with the relevant external agencies and sought advice around issues which may have constituted a deprivation of liberty. However, as there was no written assessment of people's mental capacity, the process had not been carried out in line with the principles of the MCA.

Staff we spoke with had a limited understanding about the principles of the MCA and DoLS and told us they wanted more training on this subject. We found most staff had not had training in this area. The registered manager addressed this during the inspection and arranged training sessions over the coming weeks which all staff including maintenance, kitchen and cleaning staff would attend. In addition, the registered manager had developed a document for recording capacity assessments and planned to implement this going forward.

The service was undergoing an on-going programme of refurbishment. People were able to choose the colour schemes for their bedroom walls and curtains. The conservatory which had previously been used as a smoking room had been redecorated and was now used as an area where people could relax. People who smoked commented there was no shelter to use outside when smoking. The registered manager was aware of this and was considering ways of providing shelter outside for those who smoked.

People told us staff were professional, confident and had the skills needed to support them. One person said, "I feel well supported by staff". Staff members were knowledgeable and received training relevant to

their role. New staff had been supported at the start of their employment by a thorough induction into the service during which they had time to learn about the people who lived there and build positive relationships with them. On-going training was then planned to support staffs' continued learning and was updated when required. Staff had undertaken training in areas such as medicines management and food hygiene. The registered manager had also arranged training for all staff in dementia, diabetes and skin integrity, recognising that there may well be a need for knowledge in this area as the people in the home continued to age.

All staff commented they felt supported in their roles through informal discussions with the registered manager whenever they required them. Staff confirmed the registered manager was approachable and accessible. The registered manager was in the process of planning regular, recorded one to one sessions for all staff. This was formalised by a supervision policy and specific agenda items to be covered in each session.

People had enough to eat and drink to maintain a balanced diet. People were provided with the option of at least two cooked meals every day and could eat wherever they chose. People were involved in planning the menu and told us the food was good and plentiful. The food was prepared freshly by the cook and homemade cakes were baked each day. One person said, "The best thing about being here is the food". People's likes and dislikes were recorded and particular suggestions and requests were listened to. One person preferred to have their food pureed and the cook accommodated this whilst ensuring their meals were still appetising and varied. During the inspection it was Shrove Tuesday and we observed pancakes being prepared and people choosing what they wanted on their pancake. The service also had themed parties where different cuisines such as Indian food were available and in the summer they had tea parties on the terrace. One person had been supported to obtain their food hygiene certificate and made pasties and quiches for people living at the service. The atmosphere in the dining room at lunchtime was relaxed and welcoming. People could help themselves to hot and cold drinks throughout the day in the dining room. Where there were concerns about people's food and fluid intake action was taken. For example, with their consent and involvement, people were referred for further assessment if they were struggling to swallow their food.

Staff acted to make sure people's health needs were met. For example, during the inspection one person had a toothache and was being supported to make a dentist appointment. We saw that staff had also responded quickly to the needs of a person who had recently become unwell. The registered manager had arranged reviews with relevant health care professionals, obtained the necessary equipment to meet the person's needs and ensured that all staff underwent training in its use. A health care professional confirmed staff worked collaboratively with them and they were kept informed about people's needs and updated about any changes. Regular reviews with people's doctors ensured their medicine continued to meet their needs and blood tests associated with particular medicines were undertaken to keep people safe. Staff prompted people to keep appointments and supported them to attend them where necessary so that their health needs continued to be met.

Staff knew people well. They were able to recognise signs and symptoms which might indicate a relapse in their mental health. Diary logs were completed daily and were comprehensive. Communication between staff was good and there were daily handover meetings to discuss people's needs and any changes in their presentation. If there were signs of deteriorating mental health, health care professionals were informed at an early stage to support people's care. One mental health nurse told us about how the staff at Tremanse had worked with them to avoid a hospital admission recently and spoke positively about how well the staff had communicated and worked alongside them.

One health care professional told us the staff worked collaboratively with them and they were kept informed about people and updated about any changes. We observed staff quickly responded to the changing needs of a person who had become unwell. The registered manager quickly arranged reviews from relevant health care professionals, obtained the necessary equipment to meet the person's needs and ensured that all staff underwent training in its use. The registered manager had also arranged training for all staff in dementia, diabetes and skin integrity, recognising that there may well be a need for knowledge in this area as the people in the home continued to age.

## Is the service caring?

### Our findings

People told us staff treated them with kindness and respect and their right to privacy was upheld. One person said they were trying to "Rebuild their life", and received positive support from the registered manager and staff to achieve this. They added their family was really pleased with the support they received. They told us, "I can't thank them enough". Comments from relatives included; "The staff are lovely, so easy to talk to and they have time for everyone"; "We could not have come this far without you all, the year [the relative] has been with you we have noticed the difference in his total wellbeing". A compliment letter received by the service said that a staff member had "Shown exceptional and efficient care and kindness".

People's backgrounds and personal histories were known to all staff and this enabled them to offer a personalised approach. Staff celebrated people's birthdays and other special occasions in line with the person's wishes. Staff were clearly knowledgeable about people living at the service and could tell us about their preferences and routines. Staff were aware of people's mental health, race, religion and beliefs and supported them accordingly.

People were encouraged to pursue their interests and hobbies and attended a variety of activities with the support of staff. Independence was promoted and there was a focus on rehabilitation. One person who had been very unwell spent a prolonged period in hospital but was now attending a work placement and their relative told us "I am delighted with the care". The relative told us the person's attitude to things had improved and they were becoming more independent.

The staff and registered manager showed concern for people's welfare. During the inspection, one person had become unwell and the registered manager engaged healthcare professionals to attend the service to assist the person. The registered manager demonstrated compassion for the person and showed concern for their comfort and wellbeing. Another person was experiencing pain from a toothache and we observed staff helping them to arrange a dentist appointment and communicating with them in a comforting manner. One person told us "If I have any problems we sort them out to my satisfaction".

All the people we spoke with confirmed they contributed to their care planning and reviews in a positive way which benefited them. People were invited to take part in their care plan reviews. People were invited to read and sign them and were given a copy.

Many of the people had spent long periods of time in hospital and had no contact with friends or family. Staff took time to build trusting and caring relationships with them and to create a homely and supportive environment. Staff took time to sit with people and talk to them. During their induction, time was dedicated for the staff to sit in lounge and dining rooms and get to know people well. We heard staff using the term of address preferred by each person and this was reflected in the care records.

Staff cared about people's wellbeing. Visits from relatives were encouraged. Relatives were made to feel welcome and there were no restrictions on visiting. One relative told us, "Staff have time for everyone". Many of the people did not have family to visit them, so if they became unwell and required hospital

admission, staff would visit them to maintain contact and offer support. During the inspection, one person was physically unwell in hospital and staff were visiting to offer support to the person and the hospital staff during their stay.

People were enabled through monthly residents' meetings to express their views and opinions about the service. People could also meet informally with the registered manager to discuss any issues or concerns if they wished. They were also encouraged to attend their review meetings and take an active role in the planning and delivery of their care. Information about advocacy services was displayed in prominent places for anyone who required their use.

The staff were mindful of protecting people's confidentiality and dignity. People's personal and private information and health care records were stored safely and securely. Any information relating to their finances was stored in a locked cabinet to which limited members of the staff team had access. Staff knocked before entering people's bedrooms and people were able to lock their bedroom doors.

## Is the service responsive?

### Our findings

Prior to people being offered a place at Tremanse a thorough assessment was undertaken to ensure the service was able to meet their needs. Information was gathered from the health and social care professionals involved in the person's care and meetings were held to ensure the move happened in a planned and coordinated way. The service offered prospective people a trial period, where they and their relatives could visit to assess its facilities and the suitability of the service for their needs and wishes. These visits could be increased in duration leading up to a gradual admission if required. One person was being supported to spend the day at the service when we visited. They confirmed they would then decide if they wished to live there. We spoke with the health care professional who was supporting the visit who commented, "We are impressed with the service".

The care records were well organised, legible and contained detailed information about people's health and social care needs. These included consideration of people's spiritual, cultural, ethnicity, gender, sexuality and advocacy needs. People's records contained information regarding their likes and dislikes, personal history and areas where they needed support. They also contained comprehensive daily logs.

People were involved in the planning and delivery of their care and felt confident asking about anything they didn't understand. One person told us, "I read and sign my care plan and would question what had been written about me if I needed further clarification". Another person said, "Staff involve me at every stage of my care plan". People told us the registered manager and staff were in day to day contact with them to gain their views and opinions regarding their care. This meant over time staff gained an understanding of people's needs, aspirations, and wishes and of their strengths and abilities.

People were encouraged and supported to go out into the town. People used local amenities such as the library, coffee shops, supermarkets, church and the pub. We observed people coming and going independently or being assisted to go out if required. People told us they enjoyed a wide range of activities including going to concerts, garden centres, the cinema, coffee shops or day trips to local places of interest; others attended work placements. If people lacked motivation to take part in activities staff told us they encouraged and supported them to take part and be independent. A relative told us, "Staff encourage [my relative] to go to the gym or shopping; they get him out and about".

Protective equipment such as a hoist had been arranged where needed and staff had undergone the necessary training in its use. Those who needed mobility aids had these close by. As people who had been living at the service for a number of years were getting older, some were developing physical needs associated with their age. This presented a new challenge for the staff and the registered manager was proactively engaging with necessary external health and social care professionals to ensure that people's needs were met.

The service had a policy for receiving and investigating complaints which was displayed in the home. The registered manager advised they had received no recent written complaints. People told us they felt able to raise concerns if they needed to and felt that changes would be made as a result. One person told us they

had an issue with their medicines, raised it with the registered manager and it was resolved quickly. Throughout the inspection, people approached the staff and also visited the registered manager in their office if they had queries or concerns. One person said "There are forms in the main entrance for people to complete if they wish to make a complaint". Another person said "I know how to make a complaint and if I wasn't satisfied I would go to the local authority".

## Is the service well-led?

### Our findings

The service had its ethos displayed in the entrance hall. The letters from the name "Tremanse" were used to describe the ethos, "team, respect, encourage, motivate, accept, nurture, support, empower". Staff told us they felt this reflected the culture of the service. We saw the registered manager put this ethos into practice, for example, by leading the service by example

Staff told us they were happy in their work and we observed a positive and open culture throughout the inspection process. Staff said they were well supported by the registered manager. A staff member commented, "The manager is marvellous and I am very well supported". Another member of staff told us, "I am well supported by the manager and deputy".

The registered manager and deputy manager were both experienced in mental health. Consistent with information submitted in the PIR, the registered manager led by example and took a hands on approach to running the service. The registered manager showed a good knowledge of the people living at Tremanse and a thorough understanding of their needs. They were able to talk in detail about people who used the service, including their history and likes and dislikes.

There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of significant events which had taken place in line with their legal obligations.

The registered manager had introduced a policy in respect of the Duty of Candour (DoC) and understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

People, relatives and external health care professionals told us the registered manager was supportive, approachable, experienced and knowledgeable. One health care professional told us, "The best thing about the service is that it is run by experienced staff with a background in mental health". Another health care professional commented on the effective communication with the registered manager and how this had created a coordinated response to a person who was becoming unwell. This had helped prevent re-admission to hospital. The registered manager was visible within the service and took an active role in the day to day running of Tremanse. We observed them to have a positive rapport with staff and people using the service.

Feedback was sought from people, staff and relatives in order to improve the service. This was achieved through a number of methods including the compliments and complaints folder, staff meetings and residents' meetings. Feedback about the service had also been recently reviewed in staff one to one meetings. People and staff were encouraged to reflect on current practices, offer suggestions and challenge



procedures if they wished. For example, during a recent staff meeting there was a discussion about the layout of the dining room. A member of staff put forward a suggestion regarding how this could be improved and the new layout had been trialled.

There were effective quality assurance systems in place. We observed daily monitoring of temperatures including that of the hot water and of the medicines room and fridge. There were cleaning schedules, fire safety audits, medication audits, legionella checks and environmental and maintenance checks in place.

The service had close links with health and social care professionals and the local authority. Advice and suggestions for improving practice were readily considered, such as recent recommendations from the pharmacist. The registered manager attended local forums such as the Outstanding Manager Network meeting in order to gain increased knowledge and understanding of their role.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Regulation 11(1)(2)(3)HSCA RA Regulations 2014 Need for consent People's mental capacity and ability to consent to their care and treatment were not being assessed in line with the Mental Capacity Act 2005.