

Cornwall Care Limited Trengrouse

Inspection report

Trengrouse Way
Helston
Cornwall
TR13 8BA

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

Trengrouse is a 'care home' that provides nursing care for a maximum of 41 adults, with a range of health care needs including dementia, nursing and mental health. At the time of the inspection there were 18 people living at the service. Some of these people were living with dementia.

We found the following examples of good practice.

There had been an outbreak of Covid-19 at the service, however, the service was now out of isolation. During the outbreak the registered manager had communicated with people, staff and families regularly to ensure everyone understood the measures put in place to help keep people safe.

During the outbreak the organisation arranged for caravans to be situated in the service's car park and rented two holiday homes. Staff volunteered to move into this accommodation so that they could provide dedicated care and support to the people living at Trengrouse. This also meant they could reduce the potential ongoing risks from the virus to the people at Trengrouse, for the staff and to their own families. Staff wiliness to move into this accommodation evidenced their commitment and dedication to people in their care.

The organisation provided staff with the opportunity to receive psychological support following the outbreak. When staff needed to be absent from work, financial and emotional support was available.

The registered manager worked closely with external healthcare professionals to enable people to have access to appropriate health care and necessary equipment. During the outbreak meetings with health professionals increased to twice a day so that they could ensure that people received the most appropriate care and treatment at all times.

The service had sufficient supplies of Personal Protection Equipment (PPE) and this equipment was available throughout the service. Signage was in place throughout the service regarding the requirement for wearing PPE. Additional signage identified the PPE to be worn when a person was assessed as being at higher risk of infection. Additional PPE had been provided for staff, such as visors, to use during the outbreak. Staff put on and took off their uniforms in a designated area. This helped to reduce the risk of infection because staff did not enter areas of the home, where people lived, until appropriate infection control measures were in place.

The service was clean, hygienic and uncluttered in appearance. Additional cleaning schedules where in place to ensure all infection control risks were minimised and people were kept safe. There were supplies of anti-bacterial wipes around the service to enable staff to use to clean surfaces and bathrooms, after each use, in addition to the increased cleaning routines. There were posters around the service to prompt and remind staff about the infection control procedures in place. All high contact areas were cleaned regularly throughout the day, and night staff also had a cleaning routine.

Procedures were in place regarding self-isolation for people and staff if they showed symptoms of Covid, or who were admitted to the service from the community or other health care provision. The admission procedure had been reviewed and developed to reduce the risk of infection from Covid. The physical environment had also been changed so that there was now a dedicated admission unit so that people could safely self-isolate on arrival at the service. People's laundry and utensils were cleaned separately to again reduce the risk of infection.

Specific Covid policies had also been developed to provide guidance for staff about how to respond to the pandemic and the outbreak. These policies were kept under continuous review as changes to government guidance was published.

Since the new Covid restriction for visitors had been changed the service had developed new guidance. This included one designated visitor for each person living in the service. All visitors were required to make appointments and a designated room was made available for visitors and people living in the service. Friends and families were aware of the updated policy on the new restrictions. Where visiting was permitted inside the service for compassionate reasons, for example, for people receiving end of life care, suitable infection control procedures were in place. Visitors were screened for Covid prior to entering the service and were required to wear PPE at all times.

People were supported to speak with their friends and family using IT and the telephone as necessary.

Appropriate testing procedures for Covid had been implemented for all staff and people who used the service. All testing occurred at the service in a designated 'testing' room which was accessible by an external door so that staff and visitors did not have to enter the home where people lived. Arrangements had been made to enable people and staff to access the vaccine.

Staff had completed online infection prevention and control and Covid-19 training. The registered manager confirmed training in this area was being continuously refreshed with staff. The registered manager worked with care and domestic staff teams to ensure infection prevention and control measures were followed.

The registered manager had been well supported by the cluster manager, infection control leads and other staff within the service. Two regular agency staff continued to provide continuity of care to two individuals who needed one to one support at all times.

The registered manager had completed risk assessments regarding the environment and risks to staff and people who used the service. The registered manager was aware of staff members who were at increased risk from Covid and risk assessments had been completed to support higher risk staff.

The provider had a detailed contingency plan to manage any further outbreak of the infection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Further information is in the detailed findings below.

Inspected but not rated



Trengrouse Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

As part of CQC's response to care homes who had been in outbreak of COVID-19, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place.

This inspection took place on 22 March 2021 and was announced.

Is the service safe?

Our findings

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.