Cornwall Care Limited

Trevarna

Inspection report

4 Carlyon Road
Saint Austell
Cornwall
PL25 4LD
Tel: 01726 75066
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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Trevarna on 10 March 2015. The previous inspection took place on 11 September 2014. The service was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Trevarna provides nursing care and support to predominately older people who have a diagnosis of dementia. The service can accommodate up to a maximum of 53 people. There were 51 people living at Trevarna when we inspected the service.

The manager in post had made an application to the Commission to register, in order to meet the requirements of the conditions of registration at the location Trevarna. 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.

Summary of findings

A staff recruitment programme was underway but some staff members told us that currently there were times when they found it difficult to attend to the needs of individuals. We have made a recommendation about the way staff were being deployed in the service.

Each of the five 'wings' at Trevarna had individual kitchen areas for staff to prepare snacks and drinks. We were concerned to see staff washing crockery and cutlery by hand and drying them with a tea-towel. If not managed then this method of cleaning communally used items could become a source of cross infection. Staff told us dishwashers had previously been in place but these had been removed as they broke down. The registered manager and director of operations were informed and said dishwashers would be reinstated to ensure an effective system to manage infection control was in place.

We observed staff applying cream to a person's leg whilst sitting in the lounge in full view of other people. Shortly after staff assisted the person to their room for more personal care. In another instance we observed a person sat in their own room with just continence items on and the door wide open. This showed people's dignity was not always being protected.

People were involved and consulted with about their needs and wishes. Care records provided information to direct staff in the safe delivery of people's care and support. Records were kept under review so information reflected the current and changing needs of people.

Staff were positive about their work and confirmed they were supported by the management team. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

We looked at how medicines were managed and found appropriate arrangements for their recording and safe administration were in place. Records were complete and accurate and medicines could be accounted for because their receipt, administration and disposal were recorded accurately.

Recruitment and selection procedures were in place to ensure people were supported by suitably qualified and experienced staff. Staff records contained all the necessary checks prior to employment to ensure staff were suitable to work with vulnerable people.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, 'residents meetings' and care reviews. Overall satisfaction with the service was seen to be very positive.

We found a Breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe because staffing levels were not sufficiently deployed in individual units to meet the needs of people.

Domestic practices did not always protect people from the risk of cross infection.

Appropriate arrangements were in place for storing, recording and monitoring people's medicines.

Staff understood the procedures in place to safeguard vulnerable people from abuse.

Is the service effective?

Good

The service was effective

Staff had access to ongoing training to meet the individual and diverse needs of people they supported.

People were assessed to identify any risks associated with poor nutrition and hydration. Where risks had been identified, management plans were in place to minimise them.

People's needs were monitored and advice had been sought from other health professionals where appropriate.

Is the service caring?

Requires Improvement

Generally people who lived at the home and their family members told us staff were caring. We saw that staff treated people with patience and compassion and respected their rights to privacy and dignity. However we observed some care practices which did not demonstrate people had been shown respect or dignity.

People's preferences, likes and dislikes had been identified so staff could deliver personalised care.

We saw people had their wishes about care recorded in their care plans

Is the service responsive?

Good

The service was responsive

People's care needs were kept under review and staff responded quickly when people's needs changed.

There was an established programme of activities. During our observations we noted people engaged in activities.

Summary of findings

People confirmed they would know how to make a complaint if they needed to. There were systems in place to enable people to raise complaints or concerns.

Is the service well-led?

Good

The service was well led

The provider was continuing to develop systems to demonstrate how the views of people using the service were listened to and acted upon.

Systems and procedures were in place to monitor and assess the quality of their service.

Staff told us meetings with their managers were taking place and they could speak with the manager whenever they felt it was necessary.

Trevarna

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 10 March 2015 and was unannounced.

The inspection team consisted of two inspectors 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. The expert by experience had experience of services supporting people who required care, due to age related needs and those with a diagnosis of dementia.

Prior to the inspection, we reviewed information we held about the home. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with a range of people about the service. They included seven people who lived at Trevarna, three visiting family members, two visiting health professional and eight staff members. We spoke with the service manager who was overseeing the day to day management of the home. We also spoke with the local commissioning authority and safeguarding team in order to gain an overview of what people accessing the service experienced.

We also spent time looking at records, which included three people's care records, three training and recruitment records and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

We checked what staff were on duty to support people who lived at the service. We looked at staff rotas and spoke with the service manager about staffing arrangements. A recruitment programme was underway to employ more nurses and care staff and this was beginning to improve staffing levels. However agency staff were still being used to provide the majority of one staff member to one individual's personal care, where this level of care had been assessed as necessary. However these agency staff members did not have responsibility for any other person in the home whilst they were providing this individualised care.

In one wing several people received one to one support from agency staff. While this wing appeared to be well staffed, when the two permanent staff carried out personal care outside the lounge area there were no additional staff available to support people. During this period, a person slipped to the side in their chair, they were unable to move back to a comfortable position and were not aware of their surroundings. A visitor arrived and assisted them. When staff were available the visitor reminded them of the persons special support arrangements, which had not been put in place. This showed the two staff members were busy and they were not able to address this person's needs. Staff told us it could be very difficult at times when people need observation because of the way they sometimes challenge others and need additional support.

We spoke with staff members about staffing levels at the home. One staff member told us, "I would like to spend more time with residents. They like to talk to us and there is not enough time." Another member of staff told us staffing levels were, "Stretched especially when people need two carers to support them, which includes most people living here". They told us during these times staff were "rushed" and sometimes people might have to wait to be supported.

We recommend that the registered provider finds out more about current best practice, in relation to the deployment of staff in residential/nursing care services.

The service had infection control procedures in place throughout the home and staff received training for infection control as part of the induction programme. We saw each 'wing' had its own independent kitchen area. This was used for staff to prepare drinks and snacks. We observed staff hand washing crockery and drying with tea towels. Unless water was sufficiently hot and tea towels were clean and dry, this method could become a source of cross infection. Staff told us there had previously been dishwashers available but they had not been replaced when they broke down. We spoke with the service manager about this who confirmed it was the intention of the service to replace them.

Throughout the service we saw carpets were being replaced. The home was odour free other than one corridor area where a carpet was going to be replaced as part of the upgrading of the home's environment. The odour had been particularly noticeable during the morning period but dispersed as the day progressed.

Where people displayed behaviour which challenged the staff, we saw evidence in care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of individual plans and said they felt able to provide suitable care and support. One staff member told us, "Residents rely on us to be part of the family. We know and understand our residents and if I saw a situation that could be a risk to a resident, I would make sure they were safe".

We looked at staff recruitment records. We saw evidence of pre-employment checks being undertaken. There was a full employment history, and any gaps were explained. Interview notes were recorded and maintained in the files. There was evidence of references and Disclosure and Barring Service (DBS) checks being undertaken. The records showed staff were not working in the service until satisfactory information had been received. Where nurses were employed the provider had ensured their registration numbers had been verified so they were current and safe to practice.

We looked at how medicines were administered and how records in relation to people's medicines were kept. We found medicines were dispensed at the time they were prescribed. This was confirmed by observing the staff member administering lunchtime medication. The nurse stayed with the individuals until they had taken their medicines. Records confirmed a clear audit trail of medicines received, dispensed and returned to the pharmacy. Products were stored securely and medicine

Requires Improvement

Is the service safe?

documents we reviewed were recorded accurately. The service manager and staff undertook regular audits to check and act upon any issues that arose with medicine procedures. A nurse said, “We have a very good relationship with the pharmacist and any advice or issues are always discussed and rectified immediately.” Staff confirmed to us that only qualified nursing staff administered medication. This ensured medicine processes were carried out by qualified staff in a safe and consistent manner

The service had policies and procedures in to address allegations of abuse. Staff we spoke with told us they had completed safeguarding training and the training records we looked at confirmed this. Staff were all able to describe the different forms of abuse and were confident if they reported anything untoward to the service manager or the management team this would be dealt with immediately. In our discussions staff told us they were aware of the home`s whistle blowing policy. This meant that staff were protected should they report any concerns regarding poor practice in the work place.

Good

Is the service effective?

Our findings

Staff demonstrated a good understanding of how they cared for each person to ensure they received effective care and support. People told us they were satisfied that the staff team had the right skills to meet their needs All the visitors spoke well of staff and their ability to meet the needs of people. One visitor told us about how staff cared for their relative "I have a good relationship with the staff. They always make me feel welcome and I am confident in how they care for (my relative)".

Staff told us there were regular opportunities for on-going training and for obtaining additional qualifications. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Care staff told us there had been changes to supervision which meant it was more formalised and they felt more involved in the process. One staff member told us, "It's a new system but I feel supported in my role". Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. Nursing staff completed clinical supervision to ensure their continual professional development. Records confirmed there was a programme in place to carry out regular supervision with care and nursing staff.

There was an induction programme in place to support newly appointed staff. This provided an opportunity for staff to become familiar with the services policies and procedures. Staff said this had helped them to become aware of their roles and responsibilities. Staff worked alongside an experienced member of staff before they started to work on their own and found this support useful.

The Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DOLS) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The organisation provided training and support to help ensure staff effectively responded to people when their mental capacity was reduced. The manager and staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. Deprivation of Liberty Safeguards applications had been submitted where required. Records we looked at showed the service had taken action to carry out mental capacity assessments and best interest decisions were being recorded where necessary.

People had access to healthcare professionals including doctors' chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member said, "We have a good relationship with the local surgery, district nurses and social workers". We spoke with a visiting professional responsible for overseeing the management of skin pressure area care. They told us they worked closely with the service and staff were competent in how they delivered care to people who may be at risk of pressure areas developing.

Care plans detailed information about people's food and drink preferences. Care plans contained a nutritional risk assessment. People's weight was regularly monitored. People who were at risk of losing weight had been referred to appropriate health professionals. This showed procedures were in place to reduce the risk of poor nutrition and dehydration.

We observed breakfast and lunch in two of the five 'wings' of the service. Breakfast was served throughout the morning period when people were coming into the dining areas. Staff were available in the dining room at all times throughout the morning period so they were available to assist people if they required support. We observed staff assisting people with their meals in a respectful and dignified way. Staff sat with the person and talked in a caring and interested way which was responded to positively. Another person had requested pancakes, which were cooked to the person's instruction and were enjoyed. Another person requested a cooked breakfast which was cooked to order. This showed people were having their choice of meals delivered to them.

Lunch was a light option with the main meal at tea time. However two people had preferred a cooked lunch and this was provided to them. Some people required a soft diet. The chef prepared this kind of meal in a way that reflected the individual ingredients and made it more appetising.

Good

Is the service effective?

There were jugs of juice in the lounge and dining areas. Staff were seen to prompt people to take drinks during the day. In addition records that noted peoples' nutrition or fluid intake were in place to monitor their dietary needs.

Requires Improvement

Is the service caring?

Our findings

Staff said they were often busy but did all they could to ensure they were delivering care and support to people in their care. One staff member said, "I have seen a lot of changes over the years. The manager understands what care is about and things are changing around". We observed staff engaging with people respectfully. It was clear staff cared about the people they supported and understood their needs." However, we observed staff applying cream to a person's leg while they were sitting in the lounge in full view of other people. Shortly after staff assisted the person to their room for more personal care. In another instance we observed a person sat in their own room with just a continence management pad on and the door wide open. This showed people's dignity was not always being protected. Staff we spoke with gave examples of how to treat people with dignity. One staff member said, "It's really important we make sure residents have their dignity protected because they don't always know what they are doing and it can be embarrassing for them". This showed some staff understood the principles of dignity but others were not always using it in practice. We discussed our findings with the registeredservice manager who gave assurance that all staff would be updated about the importance of ensuring people's right to privacy and dignity were upheld. The registeredservice manager manager noted it for staff feedback following the inspection with the intention of including the topic for refresher training.

Each of the five 'wing's' had a core of two carers on duty during the day. In addition some people were assessed as requiring one to one support. Staff who were supporting people on a one to one basis were usually employed by an external agency and therefore were not part of the service's staff team. These staff worked in the same 'wing' as far as possible to support the continuity of care.

Staff demonstrated warmth and compassion in how they spoke with people who lived at the service. We noted through our observations that staff were very patient when dealing with people who repeatedly asked them the same question in a short space of time. One person appeared agitated and a member of staff demonstrated patience and understanding of the person's condition to diffuse the situation safely in a caring and compassionate way. Staff were very patient when accompanying people to use the outdoor area. One person was unsure where they wanted to be. The member of staff took time to explain where the person was and focused on items in the garden. This approach reduced the person's anxiety. This showed concern for people's well-being while also responding to their needs and an awareness of the need to support people to remain independent while ensuring their safety.

The feedback we received from people who lived at the service and their family members was positive. People told us they felt carers understood their needs and said they received a good level of care and support. One person said, "I chose this home after coming here for respite, it was entirely my decision". A family member said, "I am happy for (my relative) to be here. I feel they are safe". Another relative told us, "The staff will phone day or night with any problems and there is an open door policy for visiting".

Records we reviewed demonstrated people or their representatives had been involved in care assessment and planning. One person visiting their relative told us how the staff kept them involved in the care planning and review process. "I did (my relatives) care plan, it was updated last month and will be updated with me next month". Another visitor told us they had been invited to meetings to discuss aspects of their relatives care. Each person living at the service had a personal file that held information about their care and support needs. It also held risk assessments and other information specifically about the person. The information was being reviewed regularly whenever plans needed to be changed in order to deliver effective care.

Good

Is the service responsive?

Our findings

Staff were enquiring about people's comfort and welfare throughout the inspection and responding if they required assistance. However this had been delayed in two instances due to staff being busy. Where people had difficulties communicating, we found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions about their day to day care. For example one person with a diagnosis of dementia repeatedly asked for certain snacks only to then refuse and ask for something else. This happened on two consecutive occasions. The staff involved responded by providing alternatives until the person was satisfied. This showed staff were responding to people's needs and wishes by understanding behaviours. One staff member told us, "It can be a day to day challenge but it's one we expect because of the level of dementia".

Care records demonstrated the home sought and recorded where possible, people's preferences and life history to assist staff in understanding their needs. Because most people were living with dementia, relatives were often consulted and involved in this process. Records were comprehensive and personalised to ensure people received the support they needed. Documents were regularly reviewed to ensure the service responded to people's changing needs. A staff member told us, "We try and get as much information as we can so we can get to know the person's life history, it helps us so much". However, one staff member told us they had not had time to read a person's personal history. They were not sure about how best to engage them in conversation or what particular activities might be most appropriate for them. A relative told us how they had shared information with staff so they understood the specific needs of their relative and what was important to them.

When people entered the service they were presented with a notice board showing a range of activities planned including trips out of the home and into the community. A recent example was a mini bus trip to Padstow and another to Charlestown. There were a list of entertainers coming into the service for March and April 2015. On the day of the inspection a singer was entertaining people. Other staff told us they were involved in crafts and arts. One person had a gardening interest and staff were encouraged to walk into the courtyard area with them to stimulate this personal interest. The service manager told us how they were developing a programme of interests for people, including activities relating to past interests which people with dementia might respond to.

People were enabled to maintain relationships with their friends and family members. Throughout the day there were a number of friends and family members who visited their relatives. Family members told us they were always made to feel welcome when they visited the home. One family member described how they were always offered a drink and told us they could spend time with their relative in the privacy of their own room if they so wished.

Family members told us they felt the communication within the home was good and they were kept up to date about care planning and any changes in their relative's health needs. One family member told us, "The home will phone day or night if there is a problem. I feel they keep me up to date with everything". Also," They let me know if there are any changes or anything happens." Another family member told us they felt staff had responded quickly to their relative's changing needs and reassessed them regularly to ensure they were supporting them appropriately.

The service provided people with information about how to raise a complaint or concern with the service manager. The service manager told us they had reviewed how people were informed of the complaints procedure and this information had been made more visible when people entered the service. A visitor told us the service manager had spoken with them and they had been encouraged to raise any issues in order to address concerns or complaints. We saw there had been three formal complaints raised with the service since December 2014. In all instances there was evidence of what action was taken to resolve the issues. This showed the service was responding to the concerns raised with the service.

Good

Is the service well-led?

Our findings

We were told new systems and approaches to care had been introduced as a way of improving the service provided. Staff we spoke with felt this had been difficult, but recognised the importance of the changes and the direction the service was taking. One staff member said, “We are seeing some positive changes with positive outcomes for residents and staff”. This showed the provider was reviewing the quality of its service and introducing change to improve care for people it supported. The registered manager told us the review process was continuing. They said, “It’s going to take some time but we are working together as a staff group and being supported by senior managers”.

The service manager had recently introduced relative meetings to engage with people who wanted to know about their relatives care and support. A relative told they felt the meetings had been useful because they had the opportunity to discuss issues with other relatives in similar circumstances. “It’s been a really positive move and makes me feel involved”.

Staff meetings were taking place and minutes of the meetings were available for inspection. The meetings provided staff with the opportunity to gain information about operational issues for the service, expectations of staff, and changes in operation of the service. It also provided staff the opportunity to raise any issues in these meetings.

Our observations of how the service manager interacted with staff members and comments from staff showed us that the service was developing a culture that was centred on the individual people they supported. We found the service had clear lines of responsibility and accountability.

All staff members we spoke with confirmed they were supported by their manager. One staff member told us, "We have good daily communications with the manager. Her door is always open and we can talk to her at any time." Also, “There have been a lot of changes in the service but the manager is supporting us through the changes. I feel confident it will be good for Trevarna”.

There were systems in place to monitor the quality of the service provided at both the level of the service and with senior management. The auditing process provided opportunities to measure the performance of the service. Records we looked at showed where issues had been identified in the external audit process. Actions were noted to have taken place to address them by the service manager. However, we saw the recording systems were complex and what action had been taken was difficult to determine.

Policies and procedures were in place for all aspects of service delivery. The registered provider was currently updating specific policies and procedures in order to reflect current legislation and best practice. These included the service’s safeguarding policy and Mental Capacity Act guidance.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accidents and incidents, medicines, care records and people’s finances.

A representative of Cornwall Care senior management team visited the service at least once each month to carry out safety and quality checks. Following these visits a report was provided to the registered manager and home manager identifying any necessary improvements or good practice observed.