

Cornwall Care Limited

Trevarna

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Overall summary

We previously carried out a comprehensive inspection on 10 March 2015, at which time we made a recommendation about the way the home was being staffed. This was because the deployment of staff was not always suitable to meet the needs of people living at the service. Staff said there were times when people were on their own in lounge areas because they were attending to the needs of individuals. Some people had to wait for care to be provided at times.

During the previous inspection we observed some people's dignity was not always being respected. A staff member was observed applying cream to a person's leg whilst sitting in the lounge, in view of other people. In another instance we observed a person sat in their room partially clothed and the door open.

Since the comprehensive inspection of 10 March 2015 the commission received information about concerns relating to the service. These concerns were looked into during this focused inspection. They related to a person's weight being inaccurately recorded. Staff not having time to assist a person with their meal. Not enough staff available to meet people's needs and a lack of activities and suitable stimulation for people living at Trevarna. Staff not using mobility equipment safely.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trevarna on our website at www.cqc.org.uk.

Summary of findings

Trevarna is a care home with nursing for up to 53 predominately older people. The majority of people were living with dementia. At the time of the focused inspection on 1 September 2015 there were 51 people living at the service.

There was a registered manager in post. 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.

People's weight, nutritional and hydration needs were being reviewed regularly and acted upon by staff. Where necessary people were referred to other healthcare professionals to assess how best to meet a persons nutrition and hydration. However, individual nutrition and hydration records were not always accurate to reflect what the person had eaten or drank and how much. There were gaps in records without a reason being given.

The development of activities for people using the service since the previous inspection had not improved significantly, to show people were benefitting from a range of activities suitable to meet their needs. We have made a recommendation about the development of activities.

The deployment of staff in the individual units had been reviewed and by recruiting more nursing and care staff the level of staffing had increased. However, incidents of sick leave, was at times resulting in staff covering shifts to maintain a balance of staff in each unit. Recruitment remained on-going therefore staffing levels were increasing at the service.

Staff had received updated training about how to ensure a persons privacy and dignity was being upheld. Observations we made confirmed staff were ensuring personal care was being provided in peoples own rooms with doors closed. Staff told us, "It's one of the things we go through as part of the induction training" and, "As a senior it's something I always look out for".

Staff were observed to be using hoist equipment during the inspection visit. It was carried out by two staff who were competent and confident in using the equipment. A member of staff said, "I have had my training in moving people and using the hoist. It was part of the induction training".

We found a Breach 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?

We found action was continuing to improve the safety of the service.

Staffing levels were improving but during times of sick leave resulted in staff being drawn from other areas of the organisation to maintain people's needs.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service effective?

The service was not always effective

Records to monitor people's nutrition and hydration were not always being completed meaning calculations could not be relied upon.

Staff were knowledgeable about how to meet people's individuals' needs

Requires improvement



Is the service caring?

The service was caring.

There was evidence of consistency in the improvements made to monitoring and responding to people's privacy and dignity. We have therefore revised the rating 'Good'.

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

Good



Is the service responsive?

The service was not always responsive.

The service had not developed the range of activities to provide meaningful stimulation to people living at the service, most of whom live with dementia.

Care plans contained information which was personalised and included some life histories, this guided staff how to provide care that was individualised.

Requires improvement



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.

We undertook an unannounced focused inspection of Trevarna on 1 September 2015. This inspection was completed to check that improvements had been made following recommendations made in our comprehensive inspection on 10 March 2015. We also looked at areas of concern raised with the commission since the previous

inspection, relating to meeting the nutritional and hydration needs and the level of activities available to people living at Trevarna. We inspected the service against four of the five questions we ask about services: is the service safe; is the service effective, is the service responsive?

The inspection was carried out by one inspector.

We spoke with the registered manager and five staff members.

We looked at two care files relating to monitoring people's nutrition and hydration needs. Staffing rotas for a four week period and what activities were available to people living at the service. We also made observations to see if staff were respecting peoples' privacy and dignity.

Is the service safe?

Our findings

During the comprehensive inspection on 10 March 2015 we found the home was not deploying staff in a way which made sure people had access to staff at all times. This was because we observed two care staff providing personal care away from the lounge with no additional staff available to people. We recommended the service researched current good practice in the deployment of staff in nursing homes.

During this inspection visit we looked at what action the service had taken to improve the deployment of staff. On the day of the inspection visit two full time staff had taken sick leave at short notice. The registered manager had utilised staff already on duty in areas where there was a shortage. The registered manager had also called on the organisations 'flexi pool'. This provided additional staff to cover the afternoon and evening shift. A member of staff told us, "It is getting better (staffing levels), but it only takes something like today to mess it up".

Staffing rotas showed staffing levels for care staff had increased from eleven to thirteen each day. The registered manager told us the recruitment programme we saw taking place in March 2015 had recruited several care staff members and six nurses. Four care staff members on duty told us they had been recruited since June 2015. They were being supported by more senior staff and were still in the probationary period.

The registered manager was deploying staff who had a skills mix on each of the five units. A member of staff said, "I haven't worked here long but the senior staff are really supporting me".

Since the comprehensive inspection in March 2015 the registered manager had reviewed the level of care and nursing needs for people living at the service. Each unit provided different levels of care and support for people living there. For example one unit had four people who received one to one support from staff. Staffing levels were higher in this unit in order to respond to people's more complex needs. There was a staff member available to people if two staff were providing care away for communal areas. We observed four other units were being staffed by

two care staff. However there was an additional staff member available to cover these units should more support be required. This had resulted from the level of staff sickness reported on the day of the inspection visit.

Improvements in recruiting more nurses meant there was less reliance on agency staff. Nursing staff were observed to have the time to carry out nursing tasks without distraction including medicine administration and monitoring health needs.

The registered manager told us the recruitment for more care staff was ongoing. Most people living at the service had complex needs and due to the service being divided into five separate units, meant staffing levels needed to reflect the level of support needed without leaving people vulnerable. This inspection visit showed improvements had been made and were continuing to be developed.

Following the comprehensive inspection we received information of concern in relation to people not being safe when they were being moved because a member of staff was allegedly not using equipment correctly. During the focused inspection we looked at what training staff had received in moving and handling. Staff had received updated training with additional supervision by senior staff where needed. Staff were observed using hoist equipment during the inspection visit. It was carried out by two staff who were competent and confident in using the equipment. A member of staff said, "I have had my training in moving people and using the hoist. It was part of the induction training".

During the previous inspection visit 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. The registered manager told us it was the intention to replace or repair dishwashers which had previously been used in all the kitchenettes in each unit. Dishwashers had now been replaced in all kitchenettes. Staff said it saved time and was much more hygienic.

This focused inspection showed the service had responded to recommendations to improve staffing levels and infection control measures. However, staffing ratios were continuing to be developed. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service effective?

Our findings

Following our comprehensive inspection on 10 March 2015 we received information of concern relating to the management of a person's nutrition and hydration as well as inconsistencies in a person's weight management. We looked at these areas during this focused inspection.

We reviewed two people's care records where nutrition and hydration were being recorded. This was because nutrition and hydration reviews had indicated a loss of weight. In one instance there was also a Speech and Language Therapy assessment (SLT). Regular reviews had taken place which showed people's weight was being monitored and responded to. Both records showed there was a gradual but consistent weight loss. Staff kept nurses informed of the weight loss. Records showed nursing staff regularly informed people's GP of weight fluctuation. There was evidence GP visits were being made or advice was being provided to assist staff in managing people's nutritional needs. This included food supplements. On the day of the inspection visit a care staff member had passed on concerns to the nurse who then arranged a GP visit. This showed healthcare needs were responded to effectively.

Daily records were recording food and fluid intake. The care plans guided staff to the recommended daily amounts of fluid based upon calculations of a nutritional screening tool. Records showed they were not always being completed in full by staff. For example times when meals were being given they were not always recorded. Some records showed gaps meaning there was no record of whether a person had taken a meal or not. In all instances there was no reason recorded. Most records described

what the meals consisted of and the amounts taken but some did not. One hydration record included recommended intake for the day, however the amount differed from that recorded in the care plan. Some daily records did not calculate the amount of fluid taken or refused over the day. This showed records were not accurate and therefore could not be relied on to provide an accurate nutritional assessment.

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

Care records confirmed people had access to health care professionals. This included referrals to tissue viability nurses to identify people who were at risk of pressure sores and community healthcare professionals. People were able to access their GP and other specialists as required. The nursing team regularly liaised with other professionals in order to respond to people's specific needs.

A number of newly recruited staff were currently working in the service. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had been through the organisation's induction programme and felt it gave them the skills to understand what their role was. One staff member told us, "It was a really good induction and very thorough. It gave me a lot of confidence".

Is the service caring?

Our findings

During the comprehensive inspection of 10 March 2015 we found peoples' privacy and dignity were not always being upheld because we observed staff applying cream to a persons legs in a lounge. A person was observed sat in their room partially clothed with a door open.

During this inspection visit we observed staff providing personal care behind closed doors. People were spoken with in a sensitive and dignified way, when being asked if they required any form of personal care or support. When using a hoist staff were aware of the importance of retaining the person's dignity. Staff we spoke with told us they had focused on the importance of ensuring peoples' privacy and dignity was upheld. One staff member told us, "It's really important especially when some people with dementia don't always know what they are doing. It can be so upsetting for their relatives".

There was evidence of consistency in the improvements made to monitoring and responding to people's privacy and dignity. We have therefore revised the rating 'Good'.

Some people were unable to verbally communicate with us about their experience of using the service due to their

health needs. Therefore we spent time observing people in the services individual units. Staff were providing care and support to individual people in each unit. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example one person's care plan advised drinks should be encouraged as often as possible. A staff member sat down with the person and offered a drink on the number of occasions when passing by. Another persons' care plan said they liked listening to music. A staff member stopped by the person frequently to sing the song playing on the radio close by. The person responded positively to this. A member of staff told us, "It's all part of the care we provide. I just want to see a smile on peoples' faces".

Most people were living with dementia and their ability to make daily decisions and be involved in their care could fluctuate. The service had worked with relatives to develop life histories where possible, in order to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to be involved in decisions about their daily lives wherever possible.

Is the service responsive?

Our findings

Following our comprehensive inspection on 10 March 2015 we received information that there were no meaningful activities taking place which would stimulate people's interests. When we carried out the comprehensive inspection in March 2015 we observed a range of activities had taken place and were planned including trips out on the service mini bus, as well as entertainers visiting the service. Staff told us about crafts and arts which took place with people who were able to contribute and get benefit from these activities. The registered manager told us how they were developing a programme of activities for people, including those relating to past interests which people with dementia might respond to.

When we carried out this focused inspection visit we saw posters in the main entrance showed entertainers who had recently visited the service and a planned trip to a pantomime in December. Some crafts had taken place in one of the units making paper roses. However, there was no other indication of the development of a programme which people with dementia might respond to. A number of staff provided examples of what type of activities they did to involve people. This included, hand massages, playing games including throwing hoops and using music to encourage interaction. One unit had a programme to

encourage people to take part in making bread in the bread machine they had available and making sandwiches for their lunch. The registered manager told us this had been a positive move and had helped to encourage good communication between people.

People had not been out on the mini bus for a number of months due to the member of staff usually responsible for driving the bus carrying out other duties. Other staff did not feel confident to drive the mini bus. The registered manager was anticipating the situation would improve in the next few weeks when the member of staff would return to their normal duties.

We recommend that the service seek advice and guidance from a reputable source, about the long term development of meaningful activities for people living with dementia.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. They were reviewed monthly or as people's needs changed. Where people lacked the capacity to consent to their care plans staff involved family members where possible in reviewing their relatives care plan.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not maintain an accurate record to monitor the nutrition and hydration for people using the service. This was in breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>