

Cornwall Care Limited

Trengrouse

Inspection report

Trengrouse Way
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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 responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

We carried out a comprehensive inspection on 15 October 2014. Breaches of legal requirements were found. This was because there were not always sufficient numbers of staff employed. This meant staff did not have the time to carry out their roles to meet people's needs. Staff were not always available in areas where people required support at mealtimes. Staff were not being appropriately supported. For example, staff did not receive regular supervision or appraisal. People did not have access to a range of activities suitable to meet their individual needs. For example, the service did not provide planned activities to people, most of whom required activities designed for people with dementia. The

registered provider was not seeking the views of people using the service or persons acting on their behalf. For example, people's views were not being actively sought in order to measure the standards of care being delivered.

After the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches. As a result we undertook a focused inspection on 29 April 2015 to check they had followed their plan and to confirm they now met legal requirements.

Following the comprehensive inspection of 15 October 2014 the Care Quality Commission received information about concerns in relation to the service. As a result we

Summary of findings

also looked into these concerns regarding whether staff had the knowledge to respond effectively in an emergency situation. Also whether staff had the competency to operate clinical equipment and the systems in place to ensure all clinical equipment was regularly checked and could be operated when needed. Finally, did people have access to members of the management team when they needed to speak with them.

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 Trengrouse on our website at www.cqc.org.uk.

Trengrouse is a care home with nursing for up to 41 predominately older people. The majority of people were living with dementia. Some people had physical or sensory disabilities. At the time of the focused inspection on 29 April 2015 there were 39 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.

At this focused inspection we found the registered provider had made improvements to staffing levels to ensure there were enough staff throughout the day and night time periods to meet the needs of people living at the service.

Staff were positive about their work. Suitable arrangements had been put in place to ensure staff were being supported in their roles to develop their knowledge and skills.

A designated activities co-ordinator had been given the responsibility to oversee a suitable programme of activities for people who lived there. This included planned activities as well as responding to individual people's individual choices. The service had recently introduced guidance to implement activities specifically designed for people living with dementia in residential care. This programme was still being developed and therefore evidence of the effectiveness of the guidance was limited at this inspection.

The service had looked at ways to ensure people's views were being sought and responded to. This was promoted through more visible information at the entrance to the service, encouraging people to provide feedback about their experiences. Relative meetings were being held regularly which had been responded to well and information fed back through the service development meetings. Weekly staff 'drop in' sessions were being held to enable staff to discuss any issues with the registered manager.

Nursing staff had undertaken training in emergency first aid and resuscitation. Nursing staff had also undertaken competency tests to use clinical equipment in the service in order to respond to medical emergencies which may occur at the service.

We could not improve the rating for Safe, Responsive and Well Led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

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 had been taken to improve the safety of the service. Staffing levels had been improved to ensure people were receiving care and support from sufficient numbers of staff.

Equipment checks were being made weekly to ensure all clinical equipment was safe and in working order.

Requires Improvement



Is the service effective?

We found that action had been taken to improve the efficiency of the service. Staff were receiving support in their individual roles for their personal and professional development.

Nursing staff had received training to respond to medical emergencies.

Good



Is the service responsive?

We found action had been taken to improve the responsiveness of the service. A designated activity coordinator had begun to introduce a range of activities based on good practice guidance for people living at the service.

Requires Improvement



Is the service well-led?

We found action had been taken to improve how the service was led. There were systems in place to gain the views of people using the service.

Requires Improvement



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, 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 Trengrouse on 29 April 2015. This inspection was completed to check that improvements had been made to meet legal requirements after our comprehensive inspection on 15 October 2014. 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; is the service well-led? This is because the previous concerns were in relation to these four questions.

The inspection was carried out by 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.

Before our inspection we reviewed the information we held about the home. This included the action plan submitted by the service informing us of what steps they would take to meet the legal requirements.

We spoke with the registered manager, deputy manager and head of service for Cornwall Care Limited. We also spoke with ten staff members and three relatives. Most people were living with dementia and communication was limited. However we spoke directly with four people living at the service.

We looked at staffing rotas, three staff files relating to supervision and learning and development, staff training records and the activities programme.

Is the service safe?

Our findings

At the comprehensive inspection on 15 October 2014 we found staffing levels which were designed to keep people safe but were not operated effectively. For example, staff were not always available in areas where people required support at mealtimes, or had time to support people to carry out activities.

This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection of 29 April 2015 we found that the provider had taken action to address these shortfalls. We looked at staffing rotas for the previous three week period. The rotas showed the numbers of staff working each shift over a twenty four hour period. Additional staff were working during the busiest times of the day, including the morning period and during mealtimes. The registered manager and deputy manager were now supporting staff for the first two hours of the day shift. Staff told us this had helped them to get on with their designated tasks knowing staff were available to support people during the breakfast period. One staff member said, "It has really helped the way the managers can help us in the morning". Another staff member said, "There are more staff but we could always do with more".

We observed breakfast and lunchtime meals. Mealtimes were unhurried and at a pace suitable to meet people's needs. Staff were available to support people individually and in various areas of the service. Staff spoke with people they were supporting, explaining what their meal was and engaged them in conversation. People responded positively to this approach.

Call bells were answered in a timely manner, meaning people were not having to wait for assistance when they needed it. Nurses said they had the time to carry out their roles. This demonstrated staffing levels were sufficient to allow the registered manager to respond to identified needs within the service and that the relevant regulation was no longer being breached.

During our observations we saw a nurse that had recently come into post was taking a long time to dispense medicines. We brought this to the attention of the registered manager who called upon a more experienced nurse to support them. The registered manager recognised the need to ensure the nurse had support until they were familiar with people's medicine requirements and stated this would be actioned with immediate effect.

Following the previous comprehensive inspection we received information of concern about whether equipment checks were taking place. The registered manager told us there were now weekly checks taking place for all clinical equipment being used by the service to ensure they were safe and fit for purpose. Records showed checks were being carried out by nurses weekly.

Is the service effective?

Our findings

At the comprehensive inspection on 15 October 2014 we found staff did not receive regular supervision or appraisal. Records of supervision meetings between managers and staff had not been completed for a six month period.

This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider sent us an action plan showing what they had done to meet this legal requirement. This included a revised supervision policy introduced recently which informed staff of the organisations commitment to provide individual supervision at least three times a year. The new system was just being adopted at the time of our inspection. A supervision record described how staff were informed about what the new process involved and how staff were given the opportunity to discuss their performance, concerns and career development opportunities. A staff member said, "I have had my first supervision. It was all about what training I might need and if I had any issues I wanted to discuss. I think it was useful".

Responsibility for carrying out staff supervision had been delegated to the senior staff team. Rotas showed protected time was allocated to help ensure staff had time to carry out supervision sessions. In addition to the formal supervision process the registered manager had introduced a 'drop in' weekly session. Staff had the opportunity to speak with the registered manager about any topic they felt necessary. The system had recently been introduced but staff said it was useful. "It's good to know we can have a say in things if we need to". These improvements demonstrated that the relevant regulation was no longer being breached.

Following the previous comprehensive inspection we received information of concern relating to nursing staff not having the knowledge and skills to use clinical equipment in an emergency. At this focused inspection we looked at what training nursing staff had received to ensure they were competent in operating equipment. Training records identified individual competences for equipment used by the service. There was evidence that all current nursing staff were competent to operate the clinical equipment used by the service. This training was verified by the organisations clinical lead to ensure competency could be assured.

Is the service responsive?

Our findings

At the comprehensive inspection on 15 October 2014 we found people did not have access to a range of activities suitable to meet their individual needs. For example, the service did not provide planned activities to people, most of whom required activities designed for people living with dementia.

This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2010, which corresponds to Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan showing what action they were taking to meet this legal requirement. This included taking into account national good practice guidance for planning activities for people living in residential care services and specifically for people living with dementia. In order to implement this guidance a designated activity coordinator had a dedicated time period to focus on group and individual activities. The member of staff said, "I have only recently been doing this role and it's taking time to follow the guidance". The development plan reported the role was to be introduced

in May 2015. The evidence seen during this inspection showed improvements had been made and the activity programme was currently being developed and monitored by the registered manager.

There was a record of daily activities taking place including watching films, board games, sing along and visiting entertainers. Visitors told us a recent harpist had entertained people and it had been well received. One person said, "It had such a calming effect and people really listened to the music. I would love them to come again it was a great success". However, a baking session planned for the day of the inspection was not taking place due to the member of catering staff not being available to carry out the activity. The registered manager acknowledged improvements in implementing the activity programme were required but that the system was being monitored and regular changes were being made to help ensure the programme was fully operational by the end of May 2015 as agreed in the services development plan.

This showed the registered manager was taking positive action to meet the breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, at the time of this inspection there was not enough evidence of implementation to demonstrate the breach had been fully met.

Is the service well-led?

Our findings

At the comprehensive inspection on 15 October 2014 we found that the registered person was not seeking the views of people using the service or persons acting on their behalf.

This was a breach of Regulation 10(2) (e) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2010, which corresponds to regulation 17(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan showing what action they were taking to meet this legal requirement. This included encouraging relatives and advocates to be involved in the development and review of care planning. Three relatives told us they had been encouraged to take part in the development and review of their relative's care planning but had chosen not to. However they did tell us they were kept informed of any changes in their relatives conditions and were told if additional health support was required.

During the inspection of October 2014 we found relatives had limited access to meetings about the service. The registered manager had introduced meetings, held every three months, which encouraged relatives to attend and discuss any issues they might feel necessary to share. The meetings were also an opportunity to provide information to relatives about operational issues and staffing issues. A relative said, "I went to the last meeting and felt we were being listened to. It's a good move".

By introducing weekly staff 'drop in' sessions the registered manager was able to listen and act on points raised by staff members. A member of staff said, "It's given us more confidence to say things we don't always get the chance to say".

The registered manager had made 'have your say' cards more visible in the entrance of the service. They had also taken the opportunity at a recent relatives meeting to inform them about the cards and why they were important. This demonstrated the service was giving people the opportunity to raise any issues and that the relevant regulation was no longer being breached.

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 9 HSCA (RA) Regulations 2014 Person-centred care We found that the registered person had not ensured people had access to a range of activities suitable to meet their individual needs. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.