

Cornwallis Care Services Ltd

# Trecarrel Care Home

## Inspection report

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Date of inspection visit:  
14 October 2022

Date of publication:  
30 November 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Good** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Trecarrel Care Home is a residential care home providing personal care to up to 44 people, some of whom are living with dementia. At the time of our inspection there were 37 people using the service.

People's experience of using this service and what we found

Many people living at Trecarrel were unable to fully express their views of living there due to their cognitive impairment. However, we observed how people spent their time and how staff interacted with them. We found people were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff responded quickly when people requested assistance. Staff were caring and spent time chatting with people. Some people were able to comment, "Permanent staff are brilliant, including the night staff" and "I still love this place. I love the staff; they will do anything for you."

Prior to the inspection we had received some concerns about the security of the premises. Security arrangements had been reviewed and some alterations to the premises had been made to strengthen the security of the home.

Prior to the inspection we had received anonymous concerns regarding the number of changes of manager at the service and how this impacted on people's care, and the oversight of the service. At the time of the inspection, there was no manager registered with the Care Quality Commission (CQC). The provider acknowledged that this had impacted on the service and a new manager had been recruited. Following the inspection, the manager was no longer in post and a new recruitment campaign was in process.

The provider and the service governance team had, prior to the inspection, identified issues in respect of lack of consistent management and oversight of the service. The provider had identified issues with medicines systems due to the number of errors. They had put in place action plans to address these issues and shared them with us. However, this was still in the early days of implementation and further time to embed this was needed.

People expressed mixed views about the food and drinks available. We have made a recommendation about this that the provider engages with people in a review of the quality of food provision. There were staff vacancies at the time of this inspection. Regular in-house bank staff were being used to cover these absences whilst a recruitment campaign was on going. Duty rotas confirmed that there was a mix of permanent and in house bank staff on duty so that people were supported by members of staff that were familiar to them on each shift.

People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were quickly answered.

People were complimentary about the staff. Comments included "Staff know what they're doing. They have lots of training. They support me with my care, bathing, getting around talking to me, they are gentle and

explain things" and "Staff and domestic support staff are very good and dedicated, I just hope they stay."

Staff supported people to have choice and control in their everyday lives. Their ability to do this had been impacted by staffing shortages which meant people were not always able to have their care needs met at a time that suited them.

All necessary recruitments checks had been completed. New staff completed an induction.

The provider had effective safeguarding systems in place and core staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.

Information about people's care needs, and any changes to those needs, were individualised, informative and shared effectively within the staff team. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access healthcare services, core staff recognised changes in people's health, and sought professional advice appropriately. Health care professionals told us staff knew people well and contacted them if they had any concerns or queries and took on board any advice provided to ensure the person was cared for effectively.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection.

The premises were clean and reasonably well decorated. There was a plan to update and refurbish parts of the service, such as laying new carpets. Where faults and repairs to the premises were identified these were reported and actioned in a timely manner. Fire safety procedures and checks, as well as appropriate training for staff were in place.

We were assured that risks in relation to the COVID pandemic had been managed appropriately. Staff had access to appropriate PPE and hand washing facilities, which they used effectively and safely.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Last rating and update

The last rating for this service was good. (Report published on 8 October 2021).

#### Why we inspected

We were prompted to carry out this inspection due to concerns we received about staffing levels, management and impact on care of people. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found one breach in relation to there being inconsistent leadership which had impacted on staff support and some aspects of the operational delivery of the service.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not entirely effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Trecarrel Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

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.

#### Service and service type

Trecarrel Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We spoke with the Local Authorities safeguarding and quality assurance teams and the Police.

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. The provider was not asked to complete a provider information

return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people living at Trecarrel and one visitor. We looked around the premises and observed staff interacting with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with six staff, two domestic staff, two catering staff, the administrator, two quality assurance staff, two maintenance staff the manager and nominated individual. We spoke with two visiting health and social care professionals.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training records and fire safety checks were reviewed. After the inspection visit, we continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- Prior to the inspection we had received some concerns about the security of the premises. Some people were aware of this and told us they did not always feel safe. Security arrangements had been reviewed and some alterations to the premises had been made to strengthen the security of the home.
- A relative told us they were confident their family member was well cared for and was safe.
- The provider had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- The provider was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and well managed. Each person's care records included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- We observed staff being aware of people's safety. For example, a person was walking in an unsafe manner leaning over their walking frame. A staff member said "You worry me walking like that have you tried a gutter frame? I think we will get you re assessed for another walking aid. I think we need to get you some different slippers as these are a bit loose." This demonstrated that staff took action to ensure people safety when risks were identified.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Staffing and recruitment

- Prior to the inspection we had received concerns about staffing levels at the service. The provider and interim managers had identified that at times there were insufficient numbers of permanent staff to cover all shifts. Cornwallis Care have their own in-house agency to cover shortfalls, and this had been used. This ensured shifts were covered by consistent staff.
- Staff were responsive to requests for assistance and recognised when people needed support. Staffing levels could fluctuate due to staff sickness and due to the impact of the COVID-19 pandemic. However, safe



staffing levels had been consistently achieved.

- People's feedback in relation to staffing was variable and recognised there had been staffing challenges. One person told us, "I was recently left waiting until 1pm for my first cup of tea, the tea trolley seems not to be in service. I did have juice, but I think staffing is an issue." Other people commented that staff responded promptly when they called for assistance and monitored their wellbeing regularly; 'I have no problems with meds (medicines), sometimes there a bit late, but hourly checks are made by staff, which I'm happy with, especially since I have had a few falls of late."
- Staff recognised that at times staffing levels did have an impact on people's routine. For example, staff told us on the morning of our inspection, a staff member had phoned in sick. The consequence was that people were still being offered breakfast at 10:45am.
- The staff rota was planned monthly, and the number of staff assessed as needed to be on duty in the day was six care staff, one senior, plus management support, catering and domestic staff. The services safe levels were for four care staff. Rotas showed that staffing did not go below four care staff.
- The provider had satisfactory recruitment practices and staff records confirmed appropriate checks were undertaken before they supported people in the service.

#### Using medicines safely

- Prior to the inspection the interim manager had introduced the Electronic Medicine Administration Records (EMARR) too early and without sufficient training. This resulted in some medicine errors. Due to this they ceased using the EMARR system. Senior staff, who were trained in medicines administration, had reverted to paper Medicine Administration Records (MAR) to record people's medicines, and when these should be administered. The paper records were reviewed and were completed appropriately.
- People received their medicines as prescribed by their doctor and on time.
- Staff had completed medicines training and felt confident to administer medicines.
- Some people were prescribed medicines to be taken when required. People's care plans included specific protocols detailing the circumstances in which these medicines should be used.
- Some people were assessed as needing to have their medicines disguised in food, known as covert medicines. When this was assessed as needed this had been agreed via the best interest process with the involvement of medical professionals and family.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

#### Preventing and controlling infection including the cleanliness of premises

Prior to the inspection the service had a COVID-19 outbreak. The staff at the service ensured they followed national guidance so that people and staff remained safe and received appropriate care.

- 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.

#### Visiting in care homes.

The service was supporting visits from families and friends. Systems were in place using current COVID-19

guidance to support these visits

Learning lessons when things go wrong

- The providers quality assurance team visited the service monthly. This supported the manager to maintain an effective oversight of the service. For example, reviewing and analysing incidents that occurred at the service which was used to identify areas of learning and improvement.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet;

- The majority of people raised concerns about the quality of food. Comments included, "I'm a vegetarian, I'm made to feel like an odd ball. I have a small choice of food, which means everything comes with a Jacket potato", "The food is abysmal, it's made off site, everything comes with crumble. I like kippers and the chef got me some once." We tasted the food and found it to be not very appetising. However, one person said "It's nice food. I like the roast dinner, its hot and tasty. The provider told us they would work with its principal food provider, to enhance the nutritional experience and choice at Trecarrel.

We recommend the provider seeks guidance from reputable sources on how to engage people in a review of the quality of food provision.

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank.
- Some people had specific guidelines in place to support them in this area. The cook was aware of people's individual dietary needs and catered for them. Staff were able to describe the support people needed and understood why this was important.
- Some people's food and fluids were being monitored to ensure they were eating well and hydrated. The majority of the food and fluid charts were completed on a consistent basis. District nurses confirmed they were monitoring these charts alongside the care staff and where they had concerns about a person's diet action was taken to support them with this, for example the prescribing of food supplements.
- People's weight was regularly checked to ensure that their health needs were monitored. Hot and cold drinks were served regularly throughout the day to prevent dehydration.

Staff support, training, skills and experience

- Staff told us that due to the impact of the changes in leadership and staffing vacancies it had been difficult to attend supervision. Supervision matrixes showed there were some gaps in this provision. The provider and interim manager acknowledged that due to the changes in management at the service, and the staffing vacancies that this had impacted on staff support. This is discussed further in the well led section of the report.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

- Care staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them.
- People told us that they received effective care and treatment from skilled staff. Comments included "Staff know what they're doing. They have lots of training. They support me with my care, bathing, getting around talking to me, they are gentle and explain things."
- People and relatives were complimentary about the staff, comments included, "Staff and domestic support staff are very good and dedicated, I just hope they stay."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the home.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed, and staff engaged with external healthcare professionals including GP's, district nurses, community psychiatric nurses and dementia liaison nurse.
- The district nurses told us that staff knew people well. Staff contacted them if they had any concerns or queries and took on board any advice provided to ensure the person was cared for effectively.
- People told us that staff contacted relevant health professionals if they felt unwell.
- Relatives felt that staff were quick to identify any health issues and act appropriately.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There was a garden which people could access and use safely.
- Access to the building was suitable for people with reduced mobility and wheelchairs. There was choice of access to the upper floor through stairs and passenger lift.
- The home had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- The provider invested in the building and had planned the replacement of carpets in the corridors for the week following the inspection. The maintenance team were aware of what works needed to be completed in the service, such as repairs and told us that redecoration of the premises was sourced externally.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 MCA 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Records were held showing which people had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service has not had a registered manager in post since July 2019. The provider had recruited five interim managers since 2019, but they had not remained at the service. Staff told us they felt that due to the absence of consistent management they had been "leadership less."
- Another new manager had started at Trecarrel in September 2022. Following the inspection, this manager was no longer in post and a new recruitment campaign for a permanent manager was again underway.
- The lack of consistent leadership and oversight had impacted on the quality of support and supervision that staff received, and on the operation of the service. The provider was acutely aware of the lack of continuity and stability that the service had endured through the failure to appoint a manager that would bring such continuity. The provider told us they wanted to establish stability and acknowledged the potential consequences of any further change.
- Health and social care professionals raised concerns about the inconsistent leadership and its impact on the operations of the service. Comments included, "Staff are very caring. They just need a strong manager that will stay."
- Staff told us, as did people and relatives, that they had not had the opportunity to share their views with the manager of the service due to the consistent changes in leadership.
- The lack of leadership had impacted on the quality of care people received. For example, monitoring charts and the difficulties with the introduction of the EMARR system too early and without sufficient training. The provider and operations team had identified these issues during monthly visits and put together an action plan to address the shortfalls. However, the inconsistent leadership in the service meant some of the actions were not able to be addressed or followed through and monitored.

Inconsistent leadership had impacted on staff support and operational delivery which contributed to a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People appeared relaxed with staff and had developed caring relationships. People were complimentary

about the staff and how they cared for them. Comments included "I still love this place. I love the staff, they will do anything for you."

- Staff were committed to their roles and had built positive and caring relationships with people.
- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The provider took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.
- The provider had notified CQC of any incidents in line with the regulations.

Continuous learning and improving care

- The provider had a governance system which ensured all incidents/accidents/complaints were monitored, assessed and reviewed.
- The provider had appropriate procedures in place to monitor the service's performance. Issues had been identified prior to the inspection and action plans developed to address and resolve these issues. However, the lack of consistent leadership in the service meant some identified actions had not been completed.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Health and social care professionals were positive in how the service worked with them. They confirmed when staff had identified changes in people's needs or conditions, staff acted promptly and made appropriate referrals for their advice and support.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Inconsistent leadership had impacted on staff support and operational delivery which contributed to a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.