

Cornwallis Care Services Ltd

# Trecarrel Care Home

## Inspection report

Castle Dore Road  
Tywardreath  
Cornwall  
PL24 2TR

Tel: 01726813588

Date of inspection visit:  
03 October 2018

Date of publication:  
01 November 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

Trecarrel is a care home which offers care and support for up to 44 predominately older people. At the time of the inspection 27 people were living at the service. Some of these people were living with dementia.

The service was last inspected in July 2018 and was rated as Inadequate. In July 2018 we received serious concerns from health and social care professionals about the care that people received. The concerns were in relation to, personal care needs not being met, care plans and risk assessments were not in place for some people, medication, nutrition, staffing levels, staff culture, staff training, moving and handling concerns, infection control practices, lack of confidence in record keeping, and concerns regarding leadership of the service. Due to the service being rated inadequate it was placed in 'special measures.' Due to this, we imposed conditions on the providers registration to provide us with a monthly audit to provide assurance in how the service would address its shortcomings.

This comprehensive inspection took place on 3 October 2018 and was unannounced. Two inspectors and a Specialist Advisor with an Expert by Experience visited the service. We had received from the provider regular audits which outlined what action they had taken since the last inspection in July 2018.

The findings of this inspection demonstrated that the provider and management team had worked in an open and transparent manner. The provider had complied with four breaches of regulation. This included in the areas of ensuring care plans and risk assessments were in place, nutritional needs had been met, mental capacity procedures were being followed, staff were receiving the appropriate induction, supervision and training, infection control processes were more robust, and repairs had been undertaken to the premises to ensure people's safety.

The provider acknowledged that further work needed to be undertaken to ensure that new systems and process were imbedded. For example, at this inspection we still found that some records were not consistently being completed, such as monitoring records. Some records would benefit from expansion to ensure they captured the persons physical, emotional and social needs, for example care plans and food and fluid charts. We also did not see any activities provided during the inspection, and feedback from relatives and people was that they wished there was more to do to occupy their time. There was no evidence people's preferences were taken into account when organising their routines. We have identified a repeated breach of regulation in this respect.

The provider had commissioned an independent consultancy company to provide an overview of the auditing systems in all of their services. They have commissioned this work as an ongoing project as the provider wanted to ensure that effective auditing systems were in place to be proactive in identifying any future short comings in the service at a much earlier stage.

During the inspection we spoke with staff, people and relatives. All spoke of the need for change at Trecarrel Care Home and were positive in how the senior managers had approached this, and all felt that as a result

the care of people had "improved significantly." Staff said they felt more supported. All agreed that this remains "early days" and that the changes needed to be imbedded in all aspects of the service.

In discussion with health and social care professionals all spoke of the improvement to peoples care at the service. They also commented about the improvements in the staff team, "The atmosphere is heads up not eyes down now. The senior carers are working much better now too" and "I have a lot of faith in the staff that they want to make a difference."

This inspection identified that there was an issue regarding the staff deployment around the service. This meant that there were substantial periods of time when people were isolated in communal areas and not supported by staff. We spent time in the two lounges and were concerned that staff contact with people was when they had a task to perform, for example providing meals, drinks or medicines. We were also concerned that people were not able to access the call bell facility independently to request assistance when needed in the communal areas. In discussion with the provider, he agreed to review the staffing deployment around the service to ensure that sufficient staff were deployed to meet people's care needs at all times. We have identified a repeated breach of regulation in this regard.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. Following the July 2018, the clinical lead director for the organisation oversaw the management of the service. They appointed a new manager on the 14 September 2018 to oversee the management of the service. The manager has not yet submitted a registered manager application to the CQC.

We acknowledge that the care for people had improved and that people were at less risk. However, the changes made have been made quickly and have not had time to instil to ensure long term significant change. The imposed conditions on the providers registration remain in place to ensure that the focus of the changes needed and the progress made continues. Two repeated breaches of regulation have been identified. Therefore, the overall rating of this service has improved from inadequate to requires improvement.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 not always safe.

The deployment of staff must be reviewed to ensure that it meets people's current care needs.

People were protected against the risk of abuse or mistreatment because staff had received recent training in this area.

Risks to people were being adequately assessed or addressed to keep people safe.

Systems in place for the storage and administration of medicines were being monitored.

Infection control procedures were in place.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff were supported by a system of induction, training and supervision.

The service met the requirements of Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. However, we saw examples where consent made not have been sought in line with MCA legislation.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

**Requires Improvement** ●

### Is the service caring?

The service was not yet consistently caring.

People's privacy and dignity was respected

We saw examples of people being left isolated by staff in

**Requires Improvement** ●

communal areas.

Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

### **Is the service responsive?**

The service was not always responsive.

People's care plans did not encompass people's preferences and choices in how they wished their care to be provided. This meant people did not always receive support in the way they needed it.

People had limited access to activities within the service.

There was an organisational system in place for receiving and investigating complaints.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well led.

The absence of effective staffing deployment or monitoring systems had not identified the concerns we observed during the inception.

Records relating to the management and running of the service and people's care were not consistently or adequately maintained.

There was no registered manager in post. A registered manager must be employed and registered with the CQC to manage the service.

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided.

**Inadequate** ●

# 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 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.

The service was last inspected in July 2018 and was rated as Inadequate. We received serious concerns from health and social care professionals about the care that some people received. The concerns were in relation to, personal care needs not being met, care plans and risk assessments were not in place for some people, medication, nutrition, staffing levels, staff culture, staff training, moving and handling concerns, infection control practices, lack of confidence in record keeping, and concerns regarding leadership of the service. The service was placed in special measures. We undertook enforcement action and imposed conditions on the services registration.

This comprehensive inspection took place on 3 October 2018 and was unannounced. At that time 27 people were living at the service. Two adult social care inspectors and a Specialist Advisor visited the service on the 3 October 2018, along with an Expert by Experience. An expert by experience is a person who has experience of using, or of caring for a person who has used this type of service.

Before visiting the service, we reviewed information we kept about the service such as previous inspection reports and notifications of incidents. A notification is information about important events which the service is required to send us by law. We also spoke with four health and social care professionals to gain their views on the service. This enabled us to ensure we were addressing potential areas of concern.

During the inspection, we looked around the premises. We observed the lunchtime experience and interactions between people and staff. We spoke with 11 people who lived at the service and observed others who could not communicate their wishes and feelings verbally. We also spoke with seven relatives, 10 members of staff and two visiting health and social care professionals.

We looked at seven records relating to people's individual care, Medicine Administration Records (MAR), training records for all staff, staff personnel files, policies and procedures and a range of further documents

relating to the running of the service.

# Is the service safe?

## Our findings

At the previous inspection we had identified concerns in relation to, personal care needs not being met, care plans and risk assessments were not in place for some people, medication, staffing levels, moving and handling concerns and infection control practices. Therefore, the safe section of this report was rated as inadequate. We reviewed the actions taken by the provider since the last inspection and found that improvements had been made as detailed below. Due to this, the rating of this section of the report had improved from Inadequate to Requires Improvement.

People and relatives told us that there had been improvements to the care they received. People told us "I haven't felt anything other than safe" and "I always do feel safe. They call me to make sure I'm OK. They'd know if I fell. They'd be there quick".

Since the inspection in July 2018 there had been many changes to the service to ensure that people's care was safe. Staff had attended safeguarding training. Staff could explain to us the safeguarding processes so they were able to protect people who may be at risk of abuse. They were now aware of who to contact if they had any concerns about people's safety.

Care plans had been reviewed by the new manager and reflected people's current health care needs. However, the manager was new to the service and it was acknowledged that due to this they had not got to know the people personally and therefore there was limited personal information on people's care plans. For example, some people could become anxious or distressed leading them to behave in a way which could be difficult for staff to manage. The care plans did not have sufficient guidance for staff on how to support people during these times. This meant staff may have been inconsistent in their approach to people which could have resulted in them becoming increasingly confused and anxious.

Risk assessments are important when identifying the appropriate measures to be put in place to minimise risks to people whilst continuing to support and promote independence. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. We saw that staff had referred people to relevant health care professionals to ensure that risks were assessed. For example, where people were at risk of choking on food, Speech and Language Therapists had assessed the person and provided guidance for staff in how to support the person safely. This was then incorporated in a risk assessment, and in the person's care plan. We also saw that people were being presented foods and drinks in line with the guidance provided. We therefore found that risk assessments had been updated and now specified what actions needed to be taken to minimise future risks for people.

Following the July 2018 inspection, an effective system had been put in place to support people to manage their finances. Some people managed their own money with support from the manager. Advocates were appointed for some people. The service held small amounts of money for people so that they were able to make purchases for personal items. An auditing system was in place to ensure that people's monies were effectively monitored and kept secure.



At the July 2018 inspection, the temperature of water coming from some areas in the service were too hot and people were at risk of scalding. Immediately following the inspection, at the request of the provider, a maintenance contractor ensured that all water outlets in the service were set at the correct temperatures and we were sent documentary evidence to assure us this had been resolved.

At the July 2018 inspection, we identified the accident record file was last completed in December 2017. We reviewed the accident folder during this inspection and saw that all accidents/ incidents at the service were now being recorded. The manager noted that a person had an increase in falls and referred the person to the falls clinic to reassess them. This meant the management team had a better oversight to assist them to act to protect people from risk. The management team acknowledged that their auditing process for monitoring falls to identify any trends or patterns remained in the early stages of development.

Following the July 2018 inspection, staff had attended training to gain a more in-depth understanding of infection control practice, such as when to wear aprons and the appropriate use of hand gel. Throughout the inspection we saw staff wearing appropriate personal protective equipment and washing their hands. People now had their own slings when any moving and handling transfers were needed. Staff were also able to tell us about the importance of infection control. Health and social care professionals commented "The cleanliness around the home is much better, staff do wear gloves and aprons.'. The environment had been cleaned to ensure that any infection control risks were minimised. These examples demonstrated that the cross-infection risk was minimised.

At the July 2018 inspection, concerns were identified about the safe administration of medicines at the service. For example, there were some gaps in Medicine Administration Records (MAR) charts. There was no guidance for staff in when to administer 'as required' medicines for pain relief. Medicines were not always given at the prescribed times and one person had been administered more medicines than prescribed.

Following this the provider had changed the arrangements for the management of medicines. The deputy manager had been given the responsibility for overseeing and administering medicines. When they were not present, a senior member of staff administered medicines. From reviewing medicine records we found each person had a MAR sheet. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. However, if a person declined their medicines this was not noted as to the reason why.

We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

The service was waiting for a new fridge to store medicines in. Some people had been prescribed creams and the majority of these had been dated upon opening, however we found a small number of examples where this had not been completed. This needs to be completed to ensure staff were aware of the expiration of the item when the cream would no longer be safe to use in accordance with the manufacturers guidance. Recording of the administrations of creams were not consistently recorded on people's daily charts. This needs to occur so that staff could be confident that creams had been applied as prescribed. These shortfalls were identified to the provider.

Some people's level of dementia was such that the need for pain relief could not be communicated. The service did not have any guidance or pain charts that they could refer to. However, we saw that when a person said they had a headache that pain relief was administered. We recommended that the provider seeks guidance and advice to possibly deploying a pain scale which could benefit the people in the service.

We found that some recording of information needed continued improvement as demonstrated above. Whilst it was acknowledged that this had no direct impact on people's wellbeing it was an issue in respect of maintaining accurate records. We have made a breach of regulation in this regard in the Well Led section of the report.

Due to the action taken by the provider, they had complied with the breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the July 2018 inspection the service had recruited more staff. We found that new staff had the relevant pre-employment checks completed before starting work. For example, there were sufficient appropriate references taken. In all but one staff had the Disclosure and Barring System (DBS) checks gained before commencing work. Managers told us the staff member who had not received their full DBS clearance was not providing personal care to people on their own and were additional staff to that of the rota. However, from the rotas we were not assured that this member of staff was supernumerary or was shadowing staff. We shared this concern with the Operations Director. Following the inspection they confirmed that the staff members DBS clearance had now been received and they were able to work unsupervised.

We reviewed staffing levels at this inspection. Due to a successful recruitment campaign there was less reliance on agency staff at the service. Five carers, one senior and a deputy were on duty to provide care and support to 27 people, with the assistance of staff from housekeeping, catering and manager also on duty. The manager had completed a dependency tool to ensure that they had sufficient staff to meet people's needs. However, the service layout was spread out and the two lounges are positioned at each end of the building and are the last rooms of each wing. We sat in the lounges and found staff were absent for long periods of time. We were therefore concerned about the deployment of staff in the service, this is discussed further in the caring section of the report.

In addition, there was no call bell in the lounge that was accessible for people to use, it was located on the wall but people had to be mobile to activate it. Due to this, an inspector on three separate occasions had to find staff to ask for assistance as people were wanting support with their personal care, and one person was complaining of feeling unwell. Staff responded quickly to the inspector's request. Staff admitted that people in the lounges were not able to access the call bell independently. We found that in four people's rooms, there was no call bell lead attached to the alarm. However, we tested the alarms in people's rooms and found that staff responded within three minutes to calls.

We shared our findings about the deployment of staff with the management team. They agreed to review this. However due to the concerns in this regard we are repeating the breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

### Our findings

At the previous inspection we had identified concerns in relation to nutrition, staff training and support, and lack of mental capacity assessment process being followed. Therefore, the effective section of this report was rated as inadequate. We reviewed the actions taken by the provider since the last inspection and found that improvements had been made as detailed below. Due to this, the rating of this section of the report had improved from Inadequate to Requires Improvement.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty (DoLS) to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff had completed training in this area.

Following the July 2018 inspection, the management team had reviewed all people they supported and identified 21 people who met the criteria for requiring a mental capacity assessment for a specific decision. Six people had a formal assessment through the DoLS team and other people were awaiting review. Two people had conditions attached to their DoLS authorisation and these conditions were now being met to ensure a person received care in the manner agreed.

The service had recorded in people's records that family members had consented to elements of their care. However, there was no confirmation in what areas of care the representative held a lasting power of attorney (LPA) for and if therefore they had the appropriate authority to make such decisions. This was raised with the provider who advised they will take the appropriate action.

Due to the action taken by the provider they had complied with the breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection we evidenced staff had not received an induction, supervision or training to ensure that they received effective support to undertake their role. Following the inspection 17 staff received an induction, to ensure they were aware of the provider's policies and procedures. From reviewing staff files, it was evident that staff were now in receipt of supervision and training. Staff told us that they found the new management team "approachable" and that they felt "listened to". Staff confirmed they had recently attended training in areas such as safeguarding, infection control, first aid, medicines and moving and handling. During the inspection, a Stoma nurse was providing training and was positive in how staff wanted to learn and taken on board advice given.

At the July 2018 inspection we had received concerns about people's dietary and hydration needs and that people's fluid and food intake had not been recorded accurately. There were also concerns people's weights had not been monitored in recent months. We found that people were now being weighed regularly. When it

was identified that there was a change in weight, referrals were made to relevant health and social care professionals. From this their advice was incorporated into the persons care plan and if needed a risk assessment would be implemented. For example, the risk assessments included how foods should be presented to people who had swallowing difficulties.

People were complimentary about the quality and quantity of food. Comments included "The food is lovely here", "The food is very good – there's a lot of it" and "You get what you want. If you want something you like, they get it for you." A relative said "I did have concerns with regards to the food, meals are much better, things have perked up since the summer." We saw that the two main meals were plated up and shown to the person so they could see the meals and make a choice. A person said "There's plenty of food. If I don't like the choices I can tell the chef and he will change it for something I like." We saw people had access to drinks and snacks throughout the day and staff continually promoted people to drink to ensure hydration needs were met.

The cook was aware of people's dietary needs. The handover sheet between staff specified how meals should be presented to people, for example a soft mashed diet. A food and fluid chart for care staff to record people's dietary and fluid intake was in place. However, people's food and fluid intake was not always being recorded consistently by staff. Therefore, it was difficult to ascertain people's on-going food and fluid intake.

Previously the service was being prescribed two types of food thickener, which needed to be added to foods in different ways. The manager had liaised with health professionals to get one type of food thickener prescribed to prevent errors in the mixing up of the food supplement. This meant that the risk for people would be reduced in the preparation of their food and drinks.

As at the previous inspection we saw at lunch that people who were on pureed diets had their food presented in small pudding size bowls which limited the portion size. The cook stated that more food was available and we saw on this inspection the difference in that staff asked people if they wanted more food. Some people were able and wanted to eat their meal independently. We discussed with the provider previously the benefit of providing specialist crockery, such as plate guards, to assist people with their meals. However, this was still not in place.

People told us "They [staff] get the doctor if I need one. My GP was here the other day." We saw from people's care records that they had access to a range of health care professionals including GPs, speech and language therapists, district nurses, and chiropodists. Health and social care professionals were positive about the changes at the service. They commented "There is a lot of support from a variety of healthcare professionals e.g. SALT, Community Nurses and GPs'. The Community nurses have reduced their supportive visits, back to routine visits, if the staff have any concerns they will ring the community nurses" and "I have no concerns regarding any service users or the care being provided by the staff."

At the July 2018 inspection the premises were not meeting people's needs. One of the lounges had been closed as it required deep cleaning and redecorating and some areas of the service needed attention. At this inspection both lounges were open and people had more space and ability to move around the premises freely. Some bedrooms were in the process of being redecorated and refurbished. The flooring in the dining room had been repaired and was now safe to walk on. Lounges and dining areas had also been cleaned and 'had a fresh lick of paint". A planned maintenance programme to improve the environment was now in place and being actioned.

Therefore, the provider was now compliant with the breach of regulation 15 of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014.

## Is the service caring?

### Our findings

At the previous inspection we had identified concerns in relation to how staff approached people to ensure that their privacy and dignity was respected. People's confidential information was not stored securely. Therefore, the caring section of this report was rated as Inadequate. We reviewed the actions taken since the last inspection and found that improvements had been made as detailed below. Due to this, the rating of this section of the report had improved from Inadequate to Requires Improvement.

People's confidential information was now stored securely. People told us that they were satisfied with how staff provided their care. People confirmed that consent was sought before care commenced and said, "They always ask if I'm ready" and "They always knock before entering my room and then ask to come in." We saw there was a calm, relaxed and friendly atmosphere in the service. We observed that when staff interacted with people this was done in a caring and compassionate manner. People had developed positive and caring relationships with the staff that supported them.

Relatives were positive about the care their family members received from staff. Comments included "They got rid of some staff, who needed to go. The ones that are here now are good. I know Mum is being looked after now by staff who really care, it's not about money for them, they care." Health and social care professionals also commented on the caring nature of staff and how the atmosphere at the service had "Improved, it's so much better now, more relaxed and calm."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Several relatives visited the service during our inspection. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

Health and social care professionals were positive about how staff were providing care to people. Comments included "The atmosphere is heads up not eyes down now. The senior carers are working much better now too" and "I have a lot of faith in the staff that they want to make a difference."

Staff told us "Staff morale has gone up" and "Some staff needed to leave so that we could make the changes needed. I love it here and I love the people here." Some people's ability to communicate was affected by their disability but the staff were able to understand them and provided for their needs effectively. We saw staff providing reassurance to people, and providing appropriate comfort and reassurance verbally and physically. For example, by stroking a person's hand or cheek and sitting with a person.

We spent time in the two lounges and were concerned that staff contact with people was when they had a task to perform, for example providing meals, drinks or medicines. During an observation in the Poppy lounge, a minimum of four people were in the lounge at any one time and staff did not enter the room for 90 minutes. In the Sunshine lounge, between four and six people were in the lounge area and one person kept walking in and out of the lounge. In two and a half hours the only contact people had with staff was when they needed to provide a care task. On three occasions we needed to find staff to ask for their assistance as people were needing support. Staff came quickly and provided effective caring support when requested.

There was a contrast in the mealtime experience for some people. We observed 18 people ate their meal in the dining area, where staff were present throughout. The staff were supporting people and engaging in banter, spontaneously getting down to people's level and providing encouragement with their meals. People were responding to this positively and were eating their meals. However, in the Sunshine lounge people's meals were placed on their lap tables and staff then left. It was 27 minutes before staff returned, people had not commenced their meal and it was no longer hot. Staff then provided encouragement and people started to eat their meals. We also saw one person sat in the reception area, staff had placed food in front of the person who showed no interest to start their meal. Approximately 20 minutes later staff then returned and asked the person if they wanted to eat their meal. The person then ate their meal with prompting. This again demonstrated concerns regarding the deployment of staff around the service as discussed in the safe section of this report.

Due to the action taken by the provider, they had complied with the breach of regulation 10 regarding people's privacy and dignity. However, the provider remains in breach of regulation 18 in respect of staff deployment to meet people's needs.

## Is the service responsive?

### Our findings

At the previous inspection we had identified concerns in relation to, personal care needs not being met, care plans and risk assessments were not in place or accurately reflected people current health needs. We reviewed the actions taken since the last inspection and found that improvements had been made as detailed below. Due to this, the rating of this section of the report had improved from Inadequate to Requires Improvement.

We reviewed the actions taken since the last inspection. Whilst it is acknowledged that the manager was new to the service, they did not know the people they supported well. Every person now had a care plan which should provide information, direction and guidance for staff in how to support a person when providing care. People's care plans, had been reviewed by the manager but they were in relation to basic health and care needs. This meant that the care plans were not personalised to the individual, for example stating what preferences the person had in how they wished their care to be provided.

Monitoring records were in the main completed. However we noted that one person was to be checked in their room every 15 minutes, when we looked at the records at 11.20am these had not been completed. When we returned to the room at 2pm they had been retrospectively completed. It is of concern that records were not completed when care tasks had been undertaken and did not evidence if and when care took place. We spoke with the relative who stated they believed the checks did occur, but the evidence to substantiate this was not robust. This matter was raised with the provider for appropriate action to be taken.

Some people needed to have their food and fluids monitored due to their health needs. Food and fluid charts were completed with little detail of quantities of food eaten or total urine output recorded, making the whole recording process of little value. It is important to demonstrate that someone who had a health need was drinking well to enable the equipment used to work effectively for the persons health and wellbeing.

A handover sheet had been developed to provide staff with specific information in how the person needed support and what monitoring was required to be undertaken. As the senior management team were getting to know people, and due to a lack of information in people's care records, they acknowledged that the handover sheet remained "in progress" as they got to understand people's care needs.

The service provided end of life care to one person during the inspection. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable and reduce anxiety. Where appropriate, people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan.

The service had a Health and Wellbeing coordinator who organised activities. On the day of inspection, the Health and Wellbeing Coordinator was not on duty. The manager told us that the activities that day would be "spontaneous" by staff. However, we did not see or hear any activities take place by staff. People in the



Sunshine lounge had the same TV station on all day, no one appeared to be watching it, and when the TV turned itself off automatically, staff came into the room and turned it back on. In the Poppy lounge, a TV radio station was being played. Visitors came to the service and socialised with people but this was the only activity. Some people told us they had gone out on trips in the past and had cared for a mini garden that was in a raised flower bed. Relatives commented that they wished people could go out, use the garden and have more things to occupy them.

Since August 2016, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use care services. The standard applies to people with a disability, impairment or sensory loss. Care plans provided some information on whether people required reading glasses and any support they might need to understand information. However, we were informed by staff that two people had 'misplaced' their hearing aids and were trying to find them.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives said if they had any concerns or complaints, they felt that they would now be listened to, which had not happened previously. A relative told us they had recently raised a concern about how their family member felt isolated in their bedroom. This had been listened to, appropriate people were consulted and the person moved to a bedroom which was in a busier part of the service. The relatives felt this had benefited their family member. People we spoke with did not think they would now be subject to discrimination, harassment or disadvantage if they made a complaint.

Where complaints had been raised the manager had responded in accordance with the organisations protocol. Responses seen were open and transparent and following complaints they were reviewed to identify any areas where lessons could be learnt.

It is acknowledged that there have been some positive changes for people since the previous inspection. However, care plans remain in progress and concerns remain around the inconsistency of record keeping and lack of activities. Due to the concerns in this regard we are repeating the breach of regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

### Our findings

At the previous inspection we had identified concerns in relation to a lack of oversight of the service, ineffective auditing, lack of confidence in record keeping, and concerns regarding leadership of the service. Therefore, the well led section of this report was rated as inadequate.

Trecarrel is owned by Cornwallis Care Services Limited who run a number of services within Cornwall. There is a clearly defined management structure and regular oversight and input from senior management. However, the July 2018 demonstrated that the provider had failed to have effective oversight of the service to recognise the failings others quickly identified. The communications systems between management had also failed to be effective. Due to this we imposed conditions on the providers registration to provide us with a monthly audit to provide assurance in how the service would address its shortcomings and make the necessary improvements.

We reviewed the actions taken since the last inspection. The service is required to have a registered manager. At the time of our inspection the service did not have a registered manager in post. Management changes occurred following the systemic safeguarding concerns being identified in July 2018 at Trecarrel care home. The operational manager clinical lead oversaw the management of the service until the 14 September 2018 when a new manager commenced this post. The manager stated he aims to submit his registered managers application by the end of October 2018 and become formally registered with the Care Quality Commission (CQC).

People, relatives and staff were positive about the appointment of the new manager. Comments included from people "He's a good chap – any trouble and he fixes that up". Relatives said; "[Manager's name] seems to listen, and the bigger management team now listen, I feel more reassured now." Staff commented; "[Managers name] superb, firm but fair, stays calm, very approachable, leadership is really good, moral 100% better, much better, it's upbeat, people get on well and have a good relationship with everybody, he gets on with everybody" and "The atmosphere is definitely getting better here".

The provider had worked positively with health and social care professionals, commissioners and the CQC since the previous inspection. They implemented an action plan to identify how they would address the failings highlighted at the inspection in July 2018. The action plans were sent to us so that an update of actions taken could be shared and discussed. In addition to this, the provider had commissioned an independent consultancy company to provide an overview of the auditing systems in all of their services. The provider has commissioned this work as an ongoing project as he is wanting to ensure that effective auditing systems are in place to be proactive in identifying any future short comings in the service at a much earlier stage.

The findings of this inspection demonstrated that the provider and management team have worked in an open and transparent manner. There had complied with four breaches of regulation since the last inspection, such as in the areas of ensuring care plans and risk assessments were in place, nutritional needs have been met, mental capacity procedures were being followed and staff were receiving the appropriate

induction, supervision and training.

The provider acknowledged that further work needs to be undertaken to ensure that new systems and process are imbedded. For example, at this inspection we still found that some records were not consistently being completed, such as monitoring records. This continues to place some people at the service at risk. Some records would benefit from expansion to ensure they captured the persons physical, emotional and social needs. People were also currently at risk due to the current staffing deployment in communal lounge areas.

The provider's vision and strategy was to deliver 'high quality care and support', however because of the gaps in the provider's overarching governance arrangements, the vision was not yet embedded within the service.

The provider had held a relative meeting to discuss the recent concerns about the service and what actions they intended to take. Relatives told us this meeting was productive and was an opportunity to air their concerns and they told us they felt listened to. They felt that actions from the meeting were now occurring, for example the home was having repairs carried out and staff changes were viewed positively.

During the inspection, we spoke with staff, people and relatives. All spoke of the need for change at Trecarrel Care Home and were positive in how the senior managers have approached this, and all felt that as a result the care of people had "improved significantly." Staff said they felt more supported. All though agreed that this remains "early days" and that the changes needed to be imbedded in all aspects of the service.

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

Services are required to notify the CQC of various events and incidents to allow us to monitor the service. The service was now notifying CQC of any incidents as required, for example when incidents occurred at the home, such as falls that required treatment. The previous rating awarded by the CQC was displayed.

We therefore concluded that the care for people had improved and that people were at less risk. However, the changes made have been made quickly and have not had time to instil to ensure long term significant change. Therefore, the well led section will remain Inadequate as time is needed to ensure that changes are imbedded for the long-term benefit for the people they care for, and that staff receive the support needed to undertake their role.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not have effective systems in place to regularly assess and monitor the quality of the service provided and identify, assess and manage risk relating to the health, welfare and safety of the people who use the service. Accurate records were not maintained for all people.

**The enforcement action we took:**

Imposed condition on providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of suitably qualified, competent, skilled and experienced personal must be deployed to meet the needs of the people they support.

**The enforcement action we took:**

Imposed a condition on the providers registration.