

Cornwallis Care Services Ltd

Trecarrel Care Home

Inspection report

Castle Dore Road
Tywardreath
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Tel: 01726813588

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Trecarrel is a residential care home that provides care and accommodation for up to 44 older people, some of whom are living with dementia. At the time of the inspection there were 39 people living in 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, "Staff have been wonderful", "They are perfect" and "Staff are all good."

We also observed people having their lunch in one of the communal lounges. While the way staff interacted with people was caring and considerate, we found some staff, working in that lounge, were unaware when people needed support eating or cutting up their food. This resulted in a delay in people being helped until other staff were available to offer support. We have made a recommendation about staff training in relation to person-centred care.

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 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.

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.

The premises were clean, reasonably well decorated and there were no malodours. 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. When faults were identified, for example if fire doors did not close, these were repaired in a timely manner.

Management assessed staffing levels based on the needs of the people living at the service. On the day of our visit the assessed number of care staff were on duty. The rotas for the rest of the week also had the correct number of staff booked to work. In the four weeks prior to the inspection there had been some occasions when staffing levels had been lower due to annual leave and staff sickness. The service had staff vacancies and recruitment to these posts was on-going.

Staff had received appropriate training and support to enable them to carry out their role safely and effectively. Some training and one-to-one supervision meetings had fallen behind, because they were postponed in August 2021 due to low staffing levels. However, training sessions and supervision meetings had been booked for September 2021.

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.

The medicines system was well organised, and staff received suitable training. People received their medicines on time.

There were effective assessing and auditing systems in place to monitor the quality of the service provided. The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good. (Report published on 7 January 2021).

Why we inspected

We received concerns in relation to staffing levels, fire safety measures, maintenance of the premises, medicines, infection control, staff training and how care was being provided. As a result, we carried out a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trecarrel Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 effective

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was well-Led

Details are in our Well-Led findings below.

Good ●

Trecarrel Care Home

Detailed findings

Background to this inspection

The 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

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.

During the inspection

We spoke with five people living at Trecarrel. 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, the manager and deputy managers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

We reviewed this key question because we received concerns in relation to staffing levels, fire safety measures, maintenance of the premises, staff knowledge about manual handling, medicines and infection control procedures.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence as much as was possible.
- Where people had been identified as being at risk of falls appropriate measures had been put in place to help mitigate these risks. This included the use of pressure mats, to alert staff when people moved around, and discreet observations by staff.
- The premises were well maintained and any repairs or faults were reported and acted upon, this helped to ensure the environment was safe. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Appropriate fire safety checks were carried out, such as fire alarm checks, fire drills and fire equipment checks. When these checks raised concerns, such as fire doors not closing correctly during a drill, appropriate repairs had been carried out. Staff were trained in and understood the fire safety procedures.
- Staff had been appropriately trained in the use of manual handling equipment. One of the deputy managers was the home's manual handling trainer and was able to work alongside staff to ensure practice was safe and consistent.

Staffing and recruitment

- On the day of the inspection there were eight care staff on duty. As well as the manager, deputy manager, administrator, well-being co-ordinator, kitchen, laundry and housekeeping staff. Staffing levels, on the day of our visit, and for that week, were in line with the provider's assessed levels.
- We found there had been five days when staffing levels were lower, due to staff absences, over the previous four weeks. However, the manager told us as the number of staff on leave decreased and new staff were recruited the pressure on filling shifts would ease.
- During our inspection we saw staff were responsive to requests for assistance and call bells were promptly answered.
- The provider's recruitment practices were robust and staff confirmed appropriate checks were undertaken before they supported people living at the service.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed living at Trecarrel and told us they felt safe.
- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.
- Staff knew how to report and escalate any safeguarding concerns. Staff received appropriate safeguarding training as part of their initial induction and this was regularly updated.

Preventing and controlling infection

- 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.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Appropriate action was taken following any incidents to minimise the risk of adverse events reoccurring. For example, additional support for people was sought when needed.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

We reviewed this key question because we received concerns in relation to staff training and how care was being provided.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff received regular training, suitable for their roles. 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.
- Staff had regular one-to-one supervision meetings and an annual appraisal. This gave staff the opportunity to discuss their individual work and development needs.
- Some training and supervisions had fallen behind, because they were postponed in August 2021 due to low staffing levels. However, training sessions and supervision meetings had been booked for September 2021.
- New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. Staff were supplied with tunics and were advised about the correct footwear and trousers to wear, to protect them and the people they cared for. The provider's induction programme reflected best practice recommendations.

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

- People were offered a range of healthy meal choices. People told us, and we observed, they enjoyed the food provided.
- Some people needed support from staff to eat their meals and assistance was provided in a kind and dignified way. Mostly this was provided in a timely manner. However, as reported in the Well-Led section, some staff were unaware when people needed support eating or cutting up their food.
- Staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Nutrition and hydration care plans were in place and covered people's dietary needs and detailed if assistance from staff was needed. When people's food and fluid intake needed to be monitored records were consistently completed and acted upon if necessary.
- Where required people were regularly weighed to help ensure their nutritional needs were met. This information was also used to make any necessary adjustments to pressure relieving mattresses to ensure

these were always set correctly for the person's needs.

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

- People's health conditions were well-managed and staff engaged with external healthcare professionals such as community nurses and GPs as needed to help provide consistent care.
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.
- Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care.

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

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- 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.

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

- The environment was reasonably well decorated. Some re-painting work, identified as needing to be done, had been delayed due to staff leave over the summer. However, there were plans to complete these works in the days following our inspection.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were pleasant gardens and patio areas for people to use.
- Bedroom doors had people's names, and pictures of their choice, displayed to help them identify their own rooms. There was pictorial signage on the toilets/bathrooms. Contrasting coloured handrails had been installed to help people to move around the premises independently. This helped people, living with dementia, to identify their surroundings more easily.

- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

We reviewed this key question because concerns had been raised about the quality of the care provided and how care and risk were being monitored.

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

- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures. 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.
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- People, who were able to express their views, told us they were happy living at the service and with the staff who cared for them. Comments from people included, "Staff have been wonderful", "They are perfect" and "Staff are all good."
- We observed that staff had good relationships with people and interactions between people and staff were caring and considerate. However, we found some staff, working in one of the lounges at lunchtime, were unaware when people needed support eating or cutting up their food. This resulted in a delay in people being helped to eat their meal, until other staff were available to offer support.

We recommend the provider sources training for staff, based on current best practice, in relation to person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The current manager was not registered with the Care Quality Commission (CQC). However, at the time of the inspection an application was in the process of being submitted.
- Roles and responsibilities were clearly defined and understood. The manager was supported by a deputy manager, senior care workers and the provider.
- Some people were able to tell us they thought the service was well managed and management and staff were approachable. Comments included, "No complaints" and "I've had an excellent service."
- Staff spoke positively about the management and the way the service was run. They told us they felt valued and were well supported. The service had been short staffed over the summer months, particularly during August. However, staff said they had worked well as a team and management had covered shifts. As

one member of staff told us, "We have been short staffed, but we have all pulled together."

- The management team carried out regular audits of care plans, incident/accidents, weight loss, medicines and observations of staff practice. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- Important information about changes in people's care needs was communicated at staff daily handover meetings and updated, as they occurred, in the electronic care records system.

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 registered provider understood their responsibilities under the duty of candour. Families were kept informed of any changes to people's needs and any updates in relation to the running of the service.
- The provider had notified CQC of any incidents in line with the regulations.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in the service and asked for feedback on the service's performance through informal conversations and meetings. In addition, annual questionnaires were given to staff, people and families.
- Communication between staff and management was good. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon. There were also weekly newsletters emailed to staff, and available in hard copy, about changes to residents needs and any operational changes in the service.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care

- Electronic systems had been introduced to record details of people's care and these systems were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- People's needs and preferences were assessed prior to a person moving into the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.