

Sharob Care (Bude) Ltd

Trelana

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 4 February 2016. Trelana provides nursing care for up to 50 older people. At the time of our inspection 42 people were living there. This is this service's first comprehensive inspection since the provider took over running the service in April 2015.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Trelana had recently been bought by a new provider and the registered manager had been in post for four months. The registered manager explained how they had both worked hard to ensure people received a good quality service that was reflective of their needs. Most of the staff team were new and had been trained to reflect this ethos in their work; and people and relatives felt the changes had improved the care people received. The registered manager told us of their vision and the plans for further changes they intended to make, which included more regular ways of seeking people's views and opinions of the service.

People and their relatives spoke highly of the care and support people received. Care and support focussed on the person, their individual needs, their likes, dislikes and the routines that were important to them. When people's needs changed staff reacted promptly, involving other social and health care professionals if needed.

People were provided with adequate food and fluids to maintain their nutritional health. Staff supported people as needed. Where concerns were raised action was taken. People chose the meals they wished to eat and decided where to eat them. Special diets were available for people with particular dietary needs. People who were at risk of choking had their meals prepared in line with their care plan to reduce the risk.

People told us they felt safe. All staff had undertaken training on safeguarding vulnerable adults from abuse. They demonstrated good knowledge of how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People had their medicines managed safely. People received their medicines as prescribed and on time. Staff supported people to understand what their medicines were for.

Relatives and friends were always made to feel welcome by staff who treated them with respect. People and those who mattered to them knew how to raise concerns and make complaints.

New staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

Staff described the management as supportive and approachable. Staff talked positively about their jobs. Comments included: "I love it, every day is different."

The registered manager and staff understood their role with regards to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe living at the service.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Is the service effective?

Good ●

The service was effective. People were looked after by staff who were trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required.

Staff received a comprehensive induction and regular training to ensure the care they provided was based on current best practice.

People's nutritional and hydration needs were met.

Is the service caring?

Good ●

The service was caring. People were looked after by staff who treated them with kindness and respect. Staff spoke about the people they were looking after with fondness.

People and visitors spoke highly of staff and said they were treated with respect.

People were supported by staff who understood how to protect their dignity.

People's end of life wishes were respected.

Is the service responsive?

Good ●

The service was responsive. People had care plans in place to reflect their current needs. Care was centred on the person.

Activities were provided that took into account people's interests and abilities.

People and their relatives knew how to complain. Complaints were dealt with in line with the organisations policy. The complaint was only closed once the person confirmed they were happy with the outcome.

Is the service well-led?

The service was well-led. People, relatives and staff said the service was well-led.

There was clear evidence of the provider ensuring the quality of the service. The registered manager had audits in place to ensure the quality and safety of the service.

People and staff felt the registered manager was approachable and had developed a culture which was open and inclusive.

Good ●

Trelana

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 unannounced inspection took place on 4 February 2016 and was undertaken by two inspectors and a specialist nurse in older people services.

Prior to the inspection we reviewed information we held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who lived at Trelana, six relatives, the registered manager, nine members of staff and a member of staff from a care agency. We looked around the premises and observed how staff interacted with people.

We looked at seven records related to people's individual care needs and four people's records related to the administration of their medicines. We viewed six staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

After the inspection we contacted four health professionals who had supported people within the service.

Is the service safe?

Our findings

People told us they felt safe, saying, "Safe here? Oh yes!" Staff and relatives confirmed they felt people were safe living at Trelana, comments included, "Safe? Very much so. Definitely," and "People are as safe as possible here."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One member of staff commented, "I would go to my line manager or senior. I'd record and report." Staff were up to date with their safeguarding training and knew who to contact externally if they felt their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Records confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People and their relatives told us they felt there were always enough competent staff on duty to meet people's needs and keep them safe. Staff acted quickly to support people when requests were made and confirmed they also felt staffing levels enabled them to meet people's needs promptly.

People were supported by staff who understood and managed risk effectively. Risk assessments were linked to care plans and updated when people's needs changed. For example, one person, who was assessed as at risk of choking, had a risk assessment in place regarding eating. It included advice from the speech and language therapist and the person's GP and directed staff on how to ensure the person was as safe as possible whilst eating.

Records showed action had been taken when accidents or incidents had occurred and where necessary, changes had been made to reduce the risk of a similar incident occurring in the future. For example, one person had fallen so the registered manager had reassessed their needs and allocated one to one staffing to the person to reduce the likelihood of another fall.

Medicines were managed, stored and given to people as prescribed. People's medicines administration records (MARs) included a picture of the person, which reduced the likelihood of error; and outlined how each person took their medicine. There was no information to guide staff where to apply people's creams or how much to apply, but the registered manager told us they were aware of this and a new system was due to be implemented. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained.

Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff were knowledgeable with regards to people's individual medicines. For

example, one person took several medicines and asked the staff member what they were all for. The staff member responded with sufficient detail for the person about what each medicine was for, which reassured the person taking them. People had their medicines reviewed regularly by their GP to ensure they were taking the correct amounts for their health needs. Any changes were updated clearly in people's records.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. Relative's comments included, "The staff have been brilliant here," "The staff are amazing," and "We would definitely recommend this place." Staff members told us, "I am enjoying my job. I love this place. They are lovely clients and we're getting a good bunch of staff," and "I love it, every day is different."

New members of staff completed an induction programme, which included being taken through the home's policies and procedures plus training to develop their knowledge and skills. They also completed the new Care Certificate. The Care Certificate is a national induction tool which providers are required to implement, to ensure new staff work to the standards expected within the health and social care sector. Staff also shadowed experienced members of the team until both parties felt confident they could carry out their role competently. A new staff member confirmed, "I am doing on the job training this week, shadowing. I am not doing anything on my own yet." Support for new staff continued after the induction through senior carers who acted as mentors; comments included, "I feel very supported by the manager and the team."

On-going training was then planned to support staffs' continued learning and was updated when required. One staff member told us, "We're doing a lot of training. We've just done manual handling, mental health and DoLS (Deprivation of Liberty Safeguards)." Another explained, "The training is good. I can say what my weaknesses are, I get the right training and feel more confident." The registered manager had a training matrix which recorded which training staff had undertaken and highlighted when they needed to be renewed. This helped them plan courses and ensure staff's training remained up to date.

Staff were supported through one to one meetings, daily handovers and team meetings. One to one meetings were used to discuss staff performance and any ideas or concerns. For example, through one to one meetings, two staff members had suggested having dedicated staff for the area of the house where people were living with dementia. This was discussed at the next team meeting and staff were asked whether they would like to work in that area of the house. The staff team had been put in place and the registered manager told us, "People are benefitting from seeing familiar faces. They will hopefully build stronger relationships with the staff and receive better consistency of care. We will also provide specialist training for those staff members."

The registered manager had a good knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA). The 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 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's mental capacity was recorded in their care plans and as the registered manager and staff gained greater knowledge of people, detail about how they wanted to be supported to understand choices and to make daily decisions was being added. Staff showed a good understanding of the main principles of the MCA and how it related to the care they provided. The registered manager told us, "I always tell staff to assume people have capacity. If you would want to be asked what you would like to wear, the people you

are supporting probably do too!"

People can only be deprived of their liberty in order 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). The registered manager had reviewed the people living at the service and was in the process of completing DoLS applications for people who required them. These had been discussed with family or the person's representative where this was possible.

People were involved in decisions about what they would like to eat and drink. People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. Staff who worked in the kitchen told us they had spent several months learning about what people liked and disliked in order to produce a new menu. Now the menu was in use they still spent time in the dining room so people could give them feedback about any of the meals. They also prioritised speaking to people who were new to the home to discuss their likes and dislikes and ensure these were catered for.

People told us they enjoyed the food provided and confirmed their food choices were respected. The kitchen staff gave an example of two people that day who had not wanted what was on the menu. They had requested a ham salad and a bacon sandwich instead and this was provided without hesitation. Comments included, "If you've not had enough on the first course, they'll ask you if you want more. I'm a fussy eater and they pander to me!" and, "The food is very good. I've never had an unpleasant meal." Relatives told us their family member had often been awake at night and were always provided with whatever food and drink they asked for during this time.

Where people needed extra help with eating or drinking, specialist crockery and cutlery was available to help people maintain their independence. Where people needed support from staff, this was provided in a discreet and respectful way with plenty of encouragement. Information about people's health and dietary needs were shared with the kitchen staff to ensure they could cater effectively for each individual. For example, one person sometimes needed pureed food but at other times didn't. It was imperative that staff working with the person communicated with the kitchen staff about the person's level of need each day. This ensured the food they were given enabled them to maintain a healthy diet. One staff member told us, "We tell each other information directly if possible or we have a communication book for staff to write in. We try to keep the communication flowing." Staff were aware of how changes in people's appetite could indicate changes in their health needs. For example, we observed one person who ate very little. Staff confirmed the person had been unwell and that they were monitoring how much the person ate in case they required further advice from a healthcare professional.

Daily notes were used to record information about each person's day to aid communication between staff and promote consistency of care for each person. There was not a clear system however, to ensure any concerns recorded or required actions were followed through. For example, one person had run out of nightwear on two occasions. This had been recorded in the person's daily notes but no action had been recorded so it did not happen again. We discussed this with the registered manager. They immediately resolved this for the person and communicated to all staff that any concerns must be raised with a senior staff member so action could be taken as soon as possible.

Is the service caring?

Our findings

People were cared for by staff who were caring and sensitive to people's needs. Relatives consistently spoke highly of the staff and the quality of the care they delivered. Comments from relatives included, "Thank you so much for all the devoted love and care you have shown to our dear mum," "As a family we are relieved and happy to leave [...] in your care," and "I think the team of staff you have at the moment are all very caring." Relatives and staff described the calm and welcoming atmosphere of the home and how it benefitted people living there; especially people living with dementia. One relative's feedback said, "Congratulations on the pleasant atmosphere the team helps present."

Staff showed concern for people's wellbeing in a meaningful way. For example, we saw staff interact with people in a caring, supportive manner that showed people they mattered. We heard staff comment "You're looking very smart today," as they passed someone in the hallway; and saw another member of staff gently stroking someone's hair as they knew this helped the person relax. People received care at a pace that suited them and was not rushed. A member of ancillary staff confirmed, "Even the way staff talk to people, you know they're valued. People aren't just on a conveyor belt." In the part of the home where people were living with dementia, staff no longer wore uniforms as the registered manager felt this may create a barrier with the people living there. The registered manager told us, "We hope that by not wearing uniforms, the staff will be able to build better relationships with people and make it feel more homely for them, not like a hospital."

Relatives spoke positively of the relationships staff had with themselves and their family members saying, "I think it's wonderful, I really do. They have so much time for people. The way they look after my relative and they're so patient. I come in every other day and I talk to the care staff and they seem to take so much trouble," and, "Staff always address us politely and use words we can understand."

Meaningful relationships and concern for people's wellbeing were particularly important for people nearing the end of their life, and their relatives. People's end of life wishes were discussed with them and respected. One person was supported to retain their independence whilst receiving end of life care. It was important to them to go to the pub regularly and the staff and registered manager supported them to book a taxi whenever they wanted to go. A senior staff member told us, "We work with them to ensure they get what they want. That includes being flexible about when they have their medicines, co-ordinating with them when they are coming back so they still receive them on time." We heard staff talk compassionately with relatives who's loved one had passed away. Every staff member stopped to offer their sympathy and take time to remember the person with them. The relatives spoke highly of the support they had received from staff saying, "Even the night staff were great and came in to talk to us when we were here with our relative."

People's birthdays and special dates were always celebrated to ensure they felt valued as an important part of the home. The registered manager told us, "We always have a party, give the person presents and a cake. We also decorate the lounge and do some singing." Recently someone had celebrated their 100th birthday so the staff and registered manager had tried to make the day extra special for them. They invited the local mayor, MP and newspaper to the party and then produced a CD of photos of the day for the person and their

relatives. Feedback received from relatives included, "Thank you for everything you did for mum's birthday. It was a fantastic day."

Staff knew the people they cared for. They told us about individual's likes and dislikes, which matched what was recorded in people's care records. One staff member told us how their in depth knowledge of one person had resulted in improved skin integrity. They explained, "One person fiddles and scratches their hands a lot. I made them some knitted bands to wear with lots of different bits on they could twiddle with. They've stopped scratching now because they fiddle with the bands instead."

People's privacy and dignity were respected and they received explanations about what care they were receiving. We observed a staff member telling someone what they were doing whilst putting their shoes on for them and staff told us how they protected people's privacy saying, "You keep people covered as much as you can and the doors closed when providing personal care; and, always knock before you go into someone's room." Relatives confirmed, "Care staff always maintain our relative's dignity and provide personal care very discreetly."

Is the service responsive?

Our findings

People's care records were person-centred and reflected the care as the person wanted their care delivered. Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name, reflected how people wished to receive their care and were linked to people's risk assessments. Care plan summaries were kept in people's rooms describing what their likes and dislikes were and how they wanted to be supported. This meant staff had clear, easy to read information to refer to whilst supporting people. The registered manager told us, as they and the staff got to know people better they were updating care plans with more detail. For example, staff were learning about different ways people communicated with them, such as through their body language. This was being added to care plans so all staff could communicate effectively and consistently with people. People, where able, told us their needs were met by staff at Trelana. One person commented, "I wouldn't think of moving anywhere else. No, I am quite happy."

People's needs were carefully assessed when coming to live at the service. People and their loved ones were involved in identifying their needs. New people were encouraged to visit the service to ensure it was the right place for them. The registered manager advised they were careful to ensure they had the right staff with the right training to meet people's needs before they accepted them into the service. They also sought as much information of people's needs to ensure any initial care plan was able to respond to their needs.

Records showed staff responded to a range of needs as they arose. People said staff would act promptly if they were poorly or had a concern. Staff involved them in the decision making process about how they wanted support or their needs met. All relatives said they were kept up to date and staff would call if there was an issue they needed to know about.

People were provided with a range of opportunities to remain cognitively, physically and socially stimulated. There was a designated activities co-ordinator employed to provide a programme of events at the home aimed at supporting people to remain active. People's individual needs and interests were considered when planning activities and entertainment. For example, there were activities to celebrate the Chinese New Year and memory games to stimulate conversation. People were also encouraged to be involved in daily tasks such as dusting or folding napkins, if they wanted to be. Staff responsible for planning activities adapted them as they learnt more about each individual and what they enjoyed. They told us, "We are looking at altering some of the activities at the moment to suit people's level of dexterity." They also described plans to change the physical environment to be more engaging for people living with dementia. The registered manager told us they were acting on advice from a health care professional by creating smaller areas people could use to easily have a change of scenery. The registered manager was improving the system for recording which activities people enjoyed, so information from all staff could be shared and used effectively to plan with people how they would like to spend their time.

The service had a policy and procedure in place for dealing with people's concerns or complaints. Complaints had been recorded, dealt with to the satisfaction of the complainant and feedback given. Relatives confirmed, "If we have any problems we speak to staff and they sort it out," and "Any problems and

I have a word with the staff on duty and if they can't help they go to the manager. All the staff try to help if it's in their remit."

Is the service well-led?

Our findings

Trelana is owned and run by Sharob Care (Bude) Ltd. Sharob Care (Bude) Ltd took over running the service in April 2015. Since that time the provider has worked to remodel the service and its culture. This included changes in how the service is run, how people are cared for and changes in the staff team.

There was a registered manager employed to manage the service. The registered manager had been in post for four months. In that time, they had recruited the majority of staff and trained all staff to work within the changed culture. There were clear lines of responsibility and accountability within the management structure which were displayed in the office for all staff. The registered manager confirmed they received good support from the provider in order to carry out their role effectively saying, "I could ring them in the middle of the night and they'd give me an answer." The registered manager and provider had a clear vision for the future of the service and how they would learn from people in order to improve the quality of the service delivered.

The registered manager took an active role within the running of the home and demonstrated good knowledge of the staff and the people who lived at Trelana. They told us they had worked hard to create a service that delivered high quality care to people telling us, "I step in if we are short staffed. I have worked as a kitchen porter washing dishes and I've provided care too." Despite the challenges they faced they remained positive about their work commenting, "I love my job. I go home feeling happy." A relative confirmed this hard work had been effective saying, "Trelana now feels like a place I am very comfortable to come into." Other relatives also spoke highly of the registered manager telling us, "The manager seems to have everything on tap. They talk you through any problems and it seems to go very well indeed."

The registered manager exhibited a strong desire to provide people with quality, personalised care. They encouraged staff to constantly reflect on their practice saying, "I tell staff to think of people as their mum or dad and whether they would be happy with them receiving that care or treatment." They followed this through with observations of staff's work to ensure they met the desired standards of care. They told us, "I observe staff on a daily basis and question their practice if I think we can improve." One staff member confirmed, "The manager is hot! If they see us doing something wrong, they'll tell us there and then; but we still find them approachable

Staff found the registered manager to be open and approachable and felt comfortable raising ideas or concerns with them. Comments included, "The manager has always got time. You never get a negative answer. They will always think about things and then come back with reasons," and "The senior staff are pretty nice and approachable. If you've got any problems you can go ask any of them."

Staff meetings were regularly held to provide a forum for open communication and staff confirmed they found these meetings useful. The registered manager told us it was important to them that staff felt valued for their work. They had introduced a quarterly employee award for staff who had displayed particular dedication to their role. They listened to people's and staff's opinions in order to choose the staff member each quarter. They also showed concern for staff wellbeing. For example health questionnaires had been

used to check whether night shifts were having a negative impact on the health of the night staff.

The provider sought feedback from people and those who mattered to them in order to enhance their service. Meetings were conducted and questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. Recent feedback had resulted in a suggestion box being available in the entrance. Staff told us they thought this worked well and they used it, as well as team meetings, to raise ideas. Any concerns raised through meetings or questionnaires were dealt with immediately but actions were not always recorded and people or their relatives did not always receive feedback. The registered manager told us they would ensure this was implemented in the future.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures and the registered manager told us they regularly did spot checks around the building. Areas of concern had been identified and changes made so that quality of care was not compromised.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.