

Vivacare Limited

Tremanse House Care Home

Inspection report

Tremanse Care Home
Beacon Hill
Bodmin
Cornwall
PL31 1JA

Tel: 0120874717

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29 April 2019
30 April 2019

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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

About the service: Tremanse is a residential care home provides personal care to 23 people with mental health needs primarily under aged 65 years of age. There were 17 people using the service at the time of the inspection

People's experience of using this service:

The service had suitable safeguarding systems in place, and staff had received suitable training about recognising abuse.

Appropriate risk assessment procedures where in place so any risks to people, staff or visitors were minimised.

Staff were recruited appropriately. Staffing levels were satisfactory, and people received timely support from staff when this was required.

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

The buildings were clean, and there were appropriate procedures to ensure any infection control risks were minimised.

The manager was able to demonstrate the service learned from mistakes to minimise them happening again.

The service had suitable assessment and care planning systems to assist in ensuring people received effective and responsive care.

Staff received suitable induction, training and supervision to assist them to carry out their work. However record keeping for some staff could be improved.

People received enough to eat and drink. Some people were encouraged to cook for themselves to improve their independence skills. The service could develop further opportunities to enable people to develop skills and do more for themselves so they could become more independent.

Buildings were suitable to meet people's needs and maintained to a satisfactory standard.

People received suitable support from external health professionals, and were encouraged to live healthier lives.

Staff encouraged people to have choices about how they lived in line with legal guidance.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People had the opportunity to participate in activities and to spend time with the wider community

People felt confident raising any concerns or complaints. Records showed these had been responded to appropriately.

The service was managed effectively. People and staff had confidence in the manager.

The service had suitable systems to monitor service delivery and bring about improvement when necessary.

The team worked well together and had the shared goal of providing a good service to people who lived at the home.

The service worked well with external professionals, and other organisations to provide good quality care.

Rating at last inspection: Rating at last inspection: 'Requires improvement.' (published on 10 May 2018.)
The service was last rated 'Good' in the report dated 5 May 2017.

Following the last inspection, asked the provider to complete an action plan to show what they would do and by when to make improvements to the service.

Why we inspected: We completed this inspection to check whether suitable action had been taken following the last inspection.

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.

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

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 caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Tremanse House 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.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Tremanse is a care home for people with mental health needs. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a manager registered with the Care Quality Commission, however the current manager has submitted an application to be registered. Being registered means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. The inspection site visit activity started on 29 April 2019 and ended on 30 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details

about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During, or after the inspection we spoke with seven people to ask about their experience of the care provided. We spoke with three members of care staff and the regional manager.

We reviewed a range of records. This included three people's care records, and medicine records. We also looked at five staff files around staff recruitment. We also looked at other records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- The provider has appropriately used multi agency safeguarding procedures if they have had a safeguarding concern and CQC was informed by the provider as necessary.
- People we spoke with told us that if they didn't feel safe they would speak with a member of the care staff or the manager and felt sure they would help them solve the problem.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people and guidance was provided.
- The environment and equipment was safe and well maintained. Improvements had been made and the provider met the previous breach of the regulations in relation to ensuring there were appropriate health and safety checks in place. An external consultant was employed to complete a regular audit.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- Improvements had been made and the provider met the previous breach of the regulations in relation to staffing levels. There were enough staff to support people's needs. People and staff told us there were enough staff. Ancillary staff such as cooks and cleaners were employed to help ensure the service ran smoothly.
- When people needed assistance staff responded promptly on the days of our visit.
- Staff were recruited safely to ensure they were suitable to work with people. For example, in respect of staff who started to work at the service since the last inspection, a suitable recruitment procedure (including obtaining a Disclosure and Barring check, obtaining references) was completed.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe. Staff were trained and deemed competent before they administered medicines. Medicines were kept secure.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- When medicines were prescribed for use 'when required' there was sufficient information for staff to

administer these medicines effectively.

Preventing and controlling infection

- The service was clean
- Staff received suitable training about infection control and food hygiene. Throughout the inspection we observed staff carrying out suitable infection control measures for example wearing aprons and washing hands.

Learning lessons when things go wrong

- The manager said when there were accidents or incidents these were reviewed to see if any learning could come from what has happened to minimise the risk of it happening again. For example, questions are asked such as were care plans detailed enough, and subsequently were staff fully aware of people's needs so a person got the right support.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- The manager said she always went to meet the person to complete an assessment before the person moved to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.
- The manager said the person had the opportunity to visit the service before a decision was made whether the service could suitably meet their needs. For example, the person would come for a meal, and have an opportunity to meet other people who lived at the service.

Staff support: induction, training, skills and experience

- Most staff had records to demonstrate they had received appropriate induction and training. However, there were some gaps in records kept. This was discussed with the manager, and we were assured the staff identified would receive the appropriate training shortly. New staff who had not worked in the care sector previously were supported to complete the Care Certificate.
- Staff we spoke with said they had received appropriate training to carry out their roles so they could support people to a good standard.
- Staff told us they had received positive support through supervision. This enabled them to maintain their skills, knowledge and ongoing development.
- Staff who had been in post for a year or more received an annual appraisal.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary arrangements could be made to change the texture of foods to reduce the risk of choking.
- People we spoke with told us they liked the home cooked food, especially the lunches. They told us they were offered two choices for their lunchtime meal and that if they did not like either choice they could request something else. People told us, "Food is really nice, we receive two choices." The menu for the day was displayed in the dining room.
- Where necessary arrangements would be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration. Where necessary records were kept about what people ate and drank.

- People were supported to be independent. Some people were involved in shopping and preparing their own meals. There was however some scope to develop people's independence skills in these areas so people had the skills to budget, shop and cook their meals particularly if there was an objective for people to move on to independent or less supported living in the future.
- People ate at their own pace. Some people chose to eat their meals in the dining room. Food was served promptly so people did not have to wait too long. Where necessary people could receive suitable support to eat for example to have food cut up, or one to one support with eating.
- People were involved in planning the menu for example there were regular discussions about this at residents' meetings.

Staff working with other agencies to provide consistent, effective, timely care

- Staff responded to people's health care needs. People told us staff called their doctor if they felt unwell.
- People said they could see other health professionals such as dentists, opticians and chiropodists. Where necessary this support was recorded in people's files.
- The manager said the service received suitable support from the mental health team for example from the care co-ordinator, community psychiatric nurses, and consultant psychiatrists.
- Referrals had been made to a range of health care professionals when that area of support was required. For example, occupational therapists, speech and language therapists and physiotherapists.

Adapting service design, decoration to meet people's needs

- The service was divided into three parts: a care home, a second building which currently was not staffed and provided people with a greater degree of independent living, and a flat for one person which also provided a higher degree of independent living.
- The buildings were decorated and maintained to a satisfactory standard. Furnishings and carpets looked clean, and were well maintained. However some areas, for example toilets and bathrooms, were in need of some redecoration and refurbishment.
- Accommodation was on two floors, and the three parts of the service were all on one site. Facilities were accessible to people with physical disabilities and / or who were frail; for example there were specially adapted bathrooms and toilets which people could use.
- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets through the menu which was developed.
- Smoking was restricted to outside the building. If people wished to reduce or stop smoking they received encouragement and support to do so.
- People were encouraged to take regular exercise for example a trip to the local swimming pool was planned.
- People could either contact health professionals independently or received suitable support to do so.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The manager had applied for DoLS on behalf of people and kept clear records of which were awaiting authorisation and when they needed renewing.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

- Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.

- We saw care staff explaining to people what they were about to do. For example, when assisting people to move around during the day. We saw staff patiently explain to people that it was lunch time and they were going to help them get to the dining area.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated with kindness and were positive about staff attitudes. Improvements had been made and the provider met the previous breach of the regulations in relation to ensuring people were always treated with respect and dignity. We received feedback from people which supported this. People told us, "Staff are really nice," "Staff are very friendly and understanding," and , "(They are) lovely."
- We observed staff were kind and compassionate and showed they had formed strong relationships with people and knew them well.
- We observed positive interactions and comfort was provided when people appeared upset or anxious. One staff member said, "There is a friendly atmosphere between staff and residents. . . staff have residents interests at heart."
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine.
- People and /or their representatives said they had been involved in care planning and decisions about their future.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff spoken with were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them for example if people had friends or relatives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about people and their needs. Care plans contained relevant and up to date information about people's needs. For example, the person's diagnosis and what support staff needed to provide them with.
- Staff knew how to communicate with people and ensured they used their knowledge about people when supporting people to make choices.
- We saw people were engaged in activities. For example people were involved in a group quiz. Other people occupied themselves. For example the service was near the town centre so people could easily go to the shops, use other community facilities, and use the local bus service. Some trips out were offered. For example the manager said a group trip had recently been arranged to a coastal resort which people had enjoyed. People told us, " The staff take you out. For example there are trips out on Sundays."
- Records showed other group activities which had taken place included arts and crafts sessions and cooking sessions. People also took part in one to one activities with staff such as trips out for coffee and beauty sessions. Some people had work placements.
- The service was situated near local churches and chapels, so people could attend religious services if they wished.
- People could read and write, and did not have any sensory impairments. Currently people did not require information in other formats such as a pictorial form. This is a requirement by the Accessible Information Standard. We were told staff would read out or verbally inform people of relevant information if necessary (for example personal correspondence, menus, service information)

Improving care quality in response to complaints or concerns

- People who we spoke with said they all felt confident that if they did make a complaint it would be dealt with quickly.
- We saw that any written complaints had been investigated and addressed providing the complainant with a formal response.
- The complaints procedure was displayed in the home and this was also issued as part of the service user guide.

End of life care and support

- None of the people who lived at the service currently did not require end of life care. The manager said people regarded the service as their home and if any person for example had a terminal illness they would receive suitable support from the service and external professionals to remain at the service. Suitable support from district nurses, GP's and other external professionals would be sought.

Is the service well-led?

Our findings

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us they felt listened to and that the manager and provider were approachable, open and honest.
- Staff spoke positively about the manager and felt they were supportive. Staff members said, "She is definitely approachable. She is brilliant with the residents. Nothing is too much trouble," and "She is a very nice person. She listens and gives advice. She is very approachable."
- Staff told us and we saw records to show they had regular team meetings.

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

- The service did not have a registered manager. The current manager was in the process of submitting an application to be registered with the Care Quality Commission.
- We saw staff had daily handovers. A detailed handover sheet was produced which helped ensure good communication between the team and consistency of care.
- Staff felt involved in the running and improvement of the service. One staff member told us; "It is a brilliant team. People are well looked after and supported. Staff work well together."
- Improvements had been made and the provider met the previous breach of the regulations in relation to quality assurance procedures. There were effective systems in place to identify concerns with the quality and safety of care and the environment. The manager ensured that when any concerns were found action was taken to make improvements. The manager said she was in regular contact with the provider, who also visited the service on a regular basis.
- The provider and manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed at the service. The manager had notified us about events which happened in the home.

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

- There were notice boards in the hallway and dining room with a lot of information on display. For example, the activities programme, and photographs of staff who worked at the service.
- The service had a calm atmosphere and was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.

- People had regular meetings with staff. Minutes were kept of meetings held and demonstrated people had some involvement in decision making.
- Staff were also able to raise concerns and suggestions about the service. Staff said they had regular one to one supervision and staff meetings. All the staff we spoke with had confidence that the manager would take action on any issues raised.

Continuous learning and improving care

- The service had a comprehensive system of audits for example in respect of the management of the medicines system, cleanliness, accidents and incidents, and care planning.
- The manager positively encouraged feedback and acted on it to continuously improve the service, for example the day to day care received by people at the service.
- Staff told us that they felt able to raise issues with the manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had good links with statutory bodies such as the local authority and mental health trust. The local community and the provider worked in partnership to improve people's wellbeing.
- People had opportunities to maintain positive links with their community, families and friends.