

Cornwallis Care Services Ltd

Trecarrel Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Trecarrel provides accommodation with personal care for up to 44 people. There were 30 predominantly older people using the service at the time of our inspection.

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

Medicine systems and processes were improved. People had received their medicines as prescribed. There had been no missed doses of medicines since our last inspection.

There were sufficient numbers of staff to ensure people's needs were met. There were some vacancies but a consistent group of the providers own agency staff were supporting the vacant shifts.

Risk assessments were in the process of being fully reviewed by the new manager. They provided staff with sufficient guidance and direction to provide person-centred care and support.

Audits were carried out regularly to monitor the service provided. Actions from these audits were being completed to further improve the service. The latest report received from the service, in accordance with the conditions on their registration, showed an improving picture of clear management and governance in the areas of concern such as staff supervision and support.

Visiting healthcare professionals told us, "[Managers name] is a great asset to Trecarrel. They are doing well. There are still issues with communication. We arranged for special equipment to be delivered to use for a specific person. We found this had not been used and senior staff were not aware of it. The manager is aware now and so hopefully this will be sorted."

Rating at last inspection and update:

We carried out an unannounced comprehensive inspection of this service on 1 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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

Why we inspected: This focused inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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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 well-led?

The service was not always well-led
Details are in our well-Led findings below.

Requires Improvement 

Trecarrel Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

Trecarrel is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. A registered manager 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.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the last inspection report and feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with two people who used the service, four staff members, the administrator, the deputy manager and a visiting healthcare professional. The new manager was not present at this inspection, but we spoke

with them on the phone. We reviewed the staffing rotas, medication records for all the people who used the service, records of accidents, incidents, training records and quality assurance reports. 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.

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 inadequate. At this inspection this key question has now improved to Good.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made in relation to medicines management.

- Medicine administration and management systems and processes had been effectively reviewed and improved. There were sufficient stocks of medicines held at the service. There had been no missed doses of prescribed medicines since the last inspection. Regular audits were taking place.
- Body maps were now used to record where pain-relieving patches were applied. Details of the dates when each patch was due and where placed was also written on a white board in the medicines room. This helped ensure patches were not repeatedly applied on the same place to help reduce local skin reactions.
- Medicines that required stricter controls were regularly audited and when checked, balanced with the records held.
- The cold storage of medicines was assured. Records were kept of daily checks of the medicine's refrigerator.
- Medicines that were to be given as required (PRN) were clearly recorded in the medicine records. There were additional specific PRN care plans being put in place for each of these medicines. All PRN care plans were due to be completed by 14 July 2019.
- Details of people's prescribed medicines, including creams were now clearly recorded on the electronic care plans.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were effectively deployed. This contributed to the breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified concerns in the Effective section of the report relating to the training and supervision of staff. This was not reviewed at this focused inspection and will be reviewed at our next comprehensive inspection.

At this inspection some improvement had been made in relation to the deployment of staff.

- Staffing levels and deployment of staff had improved. Two new senior care staff had been recently appointed. There were staff present in both lounge areas throughout this inspection. The new manager was actively monitoring staff deployment throughout the service. Staff were now allocated specific people for

whom they provided all their care and support. Two distinct areas of the service were now being specifically staffed. This helped ensure people received timely care and support.

- There were staff vacancies at the time of this inspection. Staff, used to cover the vacant posts on the staffing rota, mostly came from the providers own bank of staff and were consistently the same people. This helped ensure a stable staff team.
- People had access to call bells to summon assistance when needed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- People told us they felt safe living at the service.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risk management was robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found improvements had been made.

- At this inspection there was a robust audit of risk assessments in process by the new manager to ensure sufficient person-centred guidance and direction was provided for staff to meet people's needs.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Preventing and controlling infection

- Infection control audit processes were in place at the time of this inspection. Weekly cleaning schedules had been put in place since the last inspection, which now included all furnishings and light switches. This is an improvement from the last inspection.
- The main communal areas of the service appeared clean and were free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. Visiting healthcare professionals told us that staff did not always wear aprons and gloves appropriately when providing personal care to people. This did not ensure the risk of cross infection was reduced. This had been raised to the manager who assured the healthcare professionals that this would be addressed urgently.

Learning lessons when things go wrong

- The new manager was aware of the concerns raised at the last inspection. They had begun a programme of improvements. The new manager had worked alongside all the staff at the service to get to know them and the people living at the service. To ensure staff were kept informed of new ways of working they had improved communication with staff by issuing weekly bulletins.
- There were two shared lounges, some distance from each other. It was not always easy to find staff quickly in the building. Walkie talkies had been ordered, to help communication between all staff and management throughout the building.
- Staff told us they felt Trecarrel was improving. Comments included, "[managers name] is a lovely person looking to make changes, we all are working really hard to improve things," "They [management team] are helping us to do the things we need to do, working alongside us a lot" and "We are getting a kick in the right direction, I feel proud to work here now."

- Issues raised by people or their families had been listened to and addressed. We were told they were no ongoing complaints at the time of this inspection.
- Information of concern had been passed by staff to the new manager. This had been robustly investigated and reported appropriately. This concern was being investigated by the safeguarding unit of Cornwall Council.
- The community nurses were working closely with the staff and new manager to achieve set goals. These goals were aimed at improving care and communication. The goals were being monitored by the community nurses at each visit. Comments included, "[managers name] is a great asset to Trecarrel. They are doing well. There are still issues with communication. We arranged for special equipment to be delivered to use for a specific person. We found told this had not been used and senior staff were not aware of it. The manager is aware now and so hopefully this will be sorted."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was not yet consistent. A new manager had been appointed for Trecarrel and had taken up this post shortly after the last inspection. We were assured by the provider they would begin the registration process immediately.

Although leaders were striving to improve the delivery of high-quality, person-centred care more time was required to ensure the changes recently made were embedded and sustained.

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; Continuous learning and improving care.

At our last inspection the provider had failed to ensure robust quality assurance processes. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found recent improvements had been made in this section of the report. However, there were breaches of this regulation in the Effective and Responsive section of the last report which was not reviewed at this inspection.

- Trecarrel is owned by Cornwallis Care Services Limited who have a clearly defined management structure and regular oversight and input from provider. There had been concerns at past inspections regarding the failure of the provider to have effective oversight of the service. We imposed a condition on the registration of Trecarrel which required the service to provide CQC with a monthly audit on how they were addressing the failings highlighted in previous inspections.
- The provider was changing the governance arrangements for the whole of Cornwallis Care. The provider was taking over the role of quality assurance and supporting the managers throughout the group. This new arrangement was not yet fully embedded and required a period of time before this new process could be evaluated.
- CQC have received regular audits from Trecarrel. At the last inspection we noted that some action completion dates had lapsed.
- A new manager was in post. We found the new manager had taken a robust approach to reviewing all aspects of the service. CQC received an audit on 1 July 2019 which stated many of the outstanding actions had now been implemented. Staff supervision and support had improved, with all staff having had a supervision since the new manager started at the service. Training updates were improved, with a set completion date for outstanding training to be completed by specific staff. The new manager had put in place robust processes which will help ensure care plans are updated appropriately.

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

- The manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- The manager was familiar with people's needs and preferences and worked alongside the care staff regularly.
- Detailed audits of many aspects of the service were taking place including infection control, care plans and medicines administration. These audits had been used to make improvements to the service. The processes implemented by the new manager required time to embed before evaluation could take place.

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

- People, staff and visitors were encouraged to raise any issues with the manager. We were told by staff, "Their door is always open, they listen and things happen."
- Staff told us the new manager and the deputy worked alongside all the staff groups regularly. One member of staff told us, "They roll up their sleeves and work in the kitchen, laundry as well as on the floor, whatever is needed." This helped ensure the manager had an understanding of the culture of the service.

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

- Communication between people, staff and families was improved. The manager was planning a 'meet and greet' gathering with families and friends of people who lived at the service, to get to know everyone and seek their views and experiences.
- A whole staff meeting had been held by the new manager to introduce themselves and to discuss the plans they had to improve the service.
- Staff felt the acting manager was very approachable and they could raise anything with them and it would be acted upon.

Continuous learning and improving care

- The manager had taken time to improve the training provided to staff. At the last inspection we found that some staff required updates. At this inspection we found progress had been made on the number of training updates that were required for staff. The manager had put a mandatory date of 12 July 2019 when all required training was to be completed.
- The manager had worked hard on the action plan submitted to CQC. Many of the outstanding actions, which had been found to have lapsed at the last inspection, had been addressed.

Working in partnership with others

- Care records held details of external healthcare professionals visiting people living at the service as needed.
- The community nurses visited people at the service regularly to support any nursing needs. They told us there had been improvements but there were still some issues around effective communication between staff to ensure consistent approaches to address some people's specific needs. This included people who needed medical devices to help meet their needs.