

Little Trefewha Limited

# Little Trefewha Care Home

## 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 

### Overall summary

Little Trefewha is a care home which provides accommodation for up to 21 older people who require accommodation and personal care. At the time of the inspection 18 people were using the service. Some people also had physical or sensory disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Little Trefewha Care Home on 17 and 18 November 2015. The inspection was unannounced. The

inspection date was brought forward as we received information about concerns in relation to the service. However our inspection found people were cared for, and the service was managed appropriately.

The service was last inspected in January 2014 and was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "It is very, very, very good. That is all I can say," "It is a home from home," and "It is lovely, brilliant; It couldn't be better." Staff were also positive about their experiences of working at the

# Summary of findings

service. For example we were told “(It is) the happiest I have ever been in a workplace...everyone pulls together,” and “We have a very good reputation. We work well together.”

According to records staff had received appropriate training, and had been suitably trained to recognise potential signs of abuse and subsequently take suitable action. Recruitment processes were satisfactory. For example there was a satisfactory recruitment process, pre-employment checks such as references had been obtained. A Disclosure and Barring Service (DBS) check had been obtained for all staff members to ensure there were no police or other public authority information to state the person was unsuitable to work in a caring capacity.

People said they received their medicines on time, and we judged the medicines system was well managed. People had access to a general practitioner, and other medical professionals such as a dentist, chiropodist and an optician. GP records were thorough but some records, for example, about input from dentists was variable. This made it difficult to check whether people wanted or needed to see practitioners such as a dentist.

Staffing levels were judged as satisfactory. People, and most staff who worked at the service, said there were enough staff provided although some staff said at times staffing levels could be tight for example if some people were unwell.

People who used the service told us staff were caring, worked in a respectful manner and did not rush them. For example people said, “The carers are 100% day and night

“, and “(It is) wonderful I could not say anything else...they are happy staff and very obliging.” People said they could spend their time how they wanted, were provided with a range of choices, and were able to spend time in private if they wished. Activities were available for people and people said they enjoyed what was provided.

Care files contained suitable information such as a care plan, and these were comprehensive and were regularly reviewed. Suitable systems were in place for ensuring people’s capacity to consent to care and treatment was assessed in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People said they enjoyed the food. For example saying, “The food is marvellous.” There was not a formal choice of meals but people said staff would always arrange an alternative if people did not like what was on offer for the main meal. People had a choice of eating their meals in the lounge or their bedrooms. People said they were regularly offered a hot or cold drink throughout the day.

Nobody who we met raised any concerns about their care, and people we spoke with said there was nothing to complain about. Everyone we spoke with said if they did have concerns, they would feel confident discussing these with staff or with management. People said they were sure that staff and management would resolve any concerns or complaints appropriately.

People felt the home was well managed. For example we were told “The manager is wonderful,” and a relative told us the manager and staff had been, “Brilliant support for mum and me.”

# Summary of findings

## 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

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Good



### Is the service effective?

The service was effective.

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

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People had satisfactory access to doctors and other external medical support, although the quality of recording of some medical input was sometimes inconsistent.

Good



### Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be suitably addressed.

Activities were available and people told us they enjoyed what was provided.

Good



### Is the service well-led?

The service was well-led.

People and staff said management ran the home well, and were approachable and supportive.

There were suitable systems in place to monitor the quality of the service.

The home had a positive caring culture which put caring at the centre of the service's ethos.

Good



# Little Trefewha Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Little Trefewha on 17 and 18 November 2015. The inspection was carried out by one inspector. The inspection was unannounced

Before visiting the service we reviewed previous inspection reports and other information we held about the service and notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the two days we spoke with seven people who used the service. We spoke with four relatives. We also spoke with the registered manager, the general manager of the provider, and four members of staff. Before the inspection we had written contact with four health and social care professionals such as GP's, social workers and specialist nurses. We inspected the premises and observed care practices on both days of our visit. We looked at five records which related to people's individual care. We also looked at eight staff files and other records in relation to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe. Comments we received from people included; “Nobody is unpleasant,” and “No worries at all. I definitely feel safe.” A relative told us, “I visit the home daily and I have never found anything wrong.”

The service had a satisfactory safeguarding adult’s policy. All staff had a record of receiving training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations would be fully investigated and suitable action taken to ensure people were safe. Senior staff informed us there had been no safeguarding concerns since the last inspection. A member of staff told us, “I have never come across any concerns. No-one (other staff) is not respectful.”

Satisfactory risk assessments were in place for each person. For example to prevent falls, pressure sores and poor nutrition. Risk assessments were reviewed and updated as necessary. Staff were observed suitably assisting people with their mobility for example helping people to go to lunch and to go to the toilet. Suitable equipment was provided, such as stand aids, hoists and a stair lift. Staff confirmed to us they had the correct training and equipment to assist people to move in and around the service, and there was subsequently very limited risk of causing injury to the person or to staff. When people’s needs changed people and their relatives, and staff members told us managers took suitable action to ensure people’s needs were met. Care plans and risk assessments were also changed accordingly. When someone’s mobility needs changed a relative told us the manager “moved heaven and earth to get the right equipment,” to meet the person’s needs.

Incidents and accidents which took place were recorded by staff in people’s records. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks. Staff liaised with relevant external professionals if individuals had repeated falls, a person’s health needs had changed, or additional equipment was required.

Suitable systems were in place to handle any monies or personal possessions on behalf of people. We checked the

monies, receipts, and financial records for three people. Records were accurate, and monies tallied with what had been recorded. The registered manager said there were currently no valuables kept on behalf of people.

People said there were enough staff to meet their needs and they told us staff would come promptly if they needed assistance. Staff told us staffing levels were generally satisfactory for example, “There are enough staff to do the job” although we were also told, “We could sometimes do with more staff....it can be stretched when we are providing palliative care, but we do our best with the resources given.” Overall we judged there were sufficient staff on duty to meet people’s needs. For example rotas showed three care staff on duty during the morning shift, two staff in the afternoon and evening, and two staff on waking duty overnight. Ancillary staff such as; kitchen, maintenance and cleaning staff were also employed.

Recruitment checks were in place and demonstrated people employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. However of the eight records of staff checked, four of these records each contained one reference. The registered manager said she had no concerns regarding the integrity of these staff.

People told us call bells were answered “as quick as possible,” and staff were always attentive to people’s needs.

People said their medicine was always on time. Medicines were stored and administered safely by care staff. Where people self-administered their own medicine suitable processes were in place. Medicines were stored in locked cabinets in the office. Medicine Administration Records (MAR) were completed correctly. A suitable system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received suitable training and staff we spoke with said they felt competent to carry out the administration of medicines. The pharmacist had checked the system, and their report said its operation was satisfactory.

## Is the service safe?

The environment was clean and well maintained. Suitable cleaning schedules were in place. Suitable laundry procedures were in place, for example there was a satisfactory system to deal with heavily soiled laundry. A satisfactory number of cleaning staff were employed.

The boiler, electrical systems and water supply had been tested to ensure they were safe to use. There were records that showed the stair lift and manual handling equipment had been serviced. There was a system of health and safety risk assessment. There was a policy, and system in place to

minimise the risk of Legionnaires' disease which included monitoring of the risk by an external contractor. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. Several requirements were made when the fire officer visited in October 2015. The General Manager (nominated individual) of the service said suitable action had been taken to meet these required actions.

# Is the service effective?

## Our findings

People told us the service met their needs. We were told, “It is like being in a hotel...people will pop in and check that I am ok...they are in and out all day,” and another person said “they (the staff) provide brilliant support.”

We observed staff working in a professional manner. The registered persons ensured staff were equipped with appropriate introductory training and had the skills to look after people. New staff had a full induction to introduce them to their role. When staff began working at the service, they worked alongside more experienced staff members. A member of staff told us they shadowed existing staff for a period of one month. They also said the manager went through policies and procedures with them, and said there were suitable opportunities to ask questions if they had any worries. A record of each staff member’s induction was kept in their file. The general manager of the service (nominated individual) was currently looking at ways to incorporate national guidance about the Care Certificate induction framework, into the organisation’s induction processes. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff new to working in care have the same introductory skills, knowledge and behaviours to provide necessary care and support.

Staff mostly had received suitable training to carry out their roles. For example people had received the training required by the service. These included manual handling, food hygiene, infection control, safeguarding, medicine administration and first aid. However there were only a limited number of first aiders. Staff had also received training to assist people with specific care needs for example; dementia, diabetes and Parkinson’s Disease. Most staff had completed a diploma or a National Vocational Qualification (NVQ’s) in care at level two or three.

Staff files showed staff had received some individual supervision with a manager, although records showed there were some long gaps between scheduled meetings. However all staff, who we spoke with, said they found the registered manager and the deputy supportive. Staff said they felt confident approaching senior staff if they had any

query or any concern. The General Manager said the organisation was going to provide more time for the Registered Manager and deputy to complete supervision sessions with staff.

People told us there were no restrictions imposed upon them living at the service. For example one person said, “I can please myself as long as we don’t annoy others.” People’s capacity to consent to care and treatment was assessed in line with legislation and guidance. People said they felt involved in making choices about how they wanted to live their life and spend their time. For example people told us staff involved them in how people wanted their personal care and they were able to choose when they got up and went to bed.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A service needs to consider the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment.

The registered manager said none of the people who currently lived at the service lacked mental capacity to make decisions for themselves. The registered manager demonstrated she knew what action to take if it was necessary to make a referral to deprive somebody of their liberty. The staff we spoke with demonstrated a basic awareness of the legislation. Records showed that there was limited formal training for staff about mental capacity and deprivation of liberty.

People told us they liked the meals, and said there was always enough to eat and drink. Comments received about the meals included, “it is like a restaurant” and “the food is marvellous.” We were told there was no choice of meals, but “if you don’t like what is on offer, you tell the staff...they are very accommodating.” People said everyone received suitable support with eating or drinking for example if people needed their food cut up.

## Is the service effective?

People told us they could see a GP if necessary. People also told us they could see a chiropodist, dentist or an optician when they needed. GP consultation notes were comprehensive and showed that where there had been a concern about someone's health, staff took appropriate action such as liaising with the district nurse, contacting the GP and/or asking the GP to see the person. Where there had been a concern about an aspect of someone's health, for example if a person had a urinary infection, records showed that staff and management had taken appropriate action. This ensured the person had received suitable treatment and medical advice had been followed. Records about other professional visits, such as by a dentist or an optician were not always kept, and it was not clear if this was in error, or if the person did not want or need to see these practitioners.

We received very positive feedback from other external medical professionals. Healthcare professionals told us, "The service they provide has always been safe and the

residents always appear to be happy and settled," "I have been impressed by the individual and personalised approach to care. The team appear to know their clients well," and "the care is good, the staff are friendly and helpful. I have no concerns."

The service had appropriate adaptations for people with physical disabilities such as hand rails, mobile hoists, and bath and stair lifts. Staff said they had received suitable training, and had suitable equipment to assist people who had mobility difficulties. One person said bathing facilities were adequate although it would be good if there was a shower facility in one of the bathrooms.

People said they could choose to spend time either in their bedrooms or in one of the lounges, and they could go out into the garden if they wanted. The external door was not locked from the inside so people did not need to ask if they wanted to go outside. There was seating in the garden if people wanted to sit outside.



# Is the service caring?

## Our findings

People were very positive about the care they received from staff. We were told “They are good and willing...they will notice if there is a problem,” “(It is) wonderful I could not say anything else...they are happy staff and very obliging,” and (the staff are) “Helpful, sympathetic and thoughtful.” A relative told us, “The home is lovely, I am very impressed,” and another relative said, “Everything is absolutely fine, mum is happy and staff are exemplary.” Comments from staff were also very positive. For example “It is all good, everyone gets a warm welcome, everyone is happy and the staff are good,” and “It is very good...We have a good reputation, we work well together.”

People told us care was provided in a kind, patient and caring manner. For example, “The carers are 100% day and night “ and “Staff are helpful, sympathetic and thoughtful. ” An external professional said “I have worked closely with the team who I found to be professional and supportive towards myself, the clients and their family too.” Another external professional said about the staff, “They are not simply professional but show that they do actually care for their residents.”

Care plans contained suitable information to enable staff to provide people with appropriate care and to understand people’s likes, dislikes and needs. We were told by the registered manager that, where possible, care plans were

completed and explained to people and their representatives. People told us staff involved them in day to day decisions such as when to get up, how they wanted to spend their day or what to eat.

We observed staff working with people in a friendly and caring manner. For example staff were seen informally chatting and joking with people. When people were provided with assistance, staff talked with them and, where necessary, explained what they were doing. People told us that they did not feel rushed, and staff would encourage them to do what they could for themselves. This enabled people to maintain as much independence as possible. The people we met were all well dressed and looked well cared for.

People said their privacy was respected for example staff always knocked on their doors before entering their rooms, and people did not believe their care was discussed in front of others. People told us their bedroom doors were always shut when care was being provided. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments.

One of the relatives said “I can come at anytime,” and said they were always made to feel welcome. Another visitor said they were regularly offered lunch and were always offered a drink. People could choose where they met with their visitors for example in one of the lounges or in their rooms.

# Is the service responsive?

## Our findings

People told us the service met their needs. For example, “I can please myself as long as we don’t annoy others”, and “I think I am very lucky...I get a good service from the carers, the food is reasonable and the atmosphere is good.”

Before moving into the home the registered manager told us she went out to assess people to check the service could meet the person’s needs. For example, on the first day of the inspection, the manager had to go to the local hospital to assess a person. People, and or their relatives, were also able to visit the service before admission. For example we met someone who was being shown around by a member of staff, who was looking for care for a relative. Copies of pre admission assessments on people’s files were comprehensive and helped staff to develop a care plan for the person. The registered manager would also, where possible, obtain copies of assessments from GP’s and social workers to help staff to get to know the person.

Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained appropriate information to help staff provide the person with suitable care. People’s care files contained a document called “All about me” which was completed by the person, or their relative. This document asked questions about the person’s life and the person’s likes and dislikes. Such documents are helpful to staff so they can get to know the person.

Care plans also contained suitable assessments for example about the person’s diet, continence, physical health, and behaviour. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person’s needs. All staff we spoke with were aware of each individual’s care plan, and told us they could read care files at any time.

We had no concerns about the care we observed throughout the two days of the inspection. Staff worked in a supportive manner and did not appear to be rushed. All the people we spoke with said they felt their needs were

met and did not raise any concerns or shortfalls about the care they received. People who spent the majority of their time, in their bedrooms, told us staff would regularly visit them to offer any support they needed and to check that they were okay.

People told us there were regular activities available. For example one person said, “There is some entertainment available in the afternoons. There are singers and musicians who will visit three to four times a week.” The registered manager told us a range of outside entertainers visited the service. These included singers, a guitar player and a person who played the clarinet. We were told there were also other external entertainers. For example someone organised a tea dance for people. There was a person who carried out a reminiscence workshop. Staff also organised activities such as quizzes, guessing games and bingo. We were told there were occasional outings. For example a trip was being arranged to see the Christmas lights in Mousehole and Penzance.

The registered manager told us there were staff meetings. According to the records we were shown, the last meetings were in September 2015 and July 2015. There was a staff handover each day which helped staff to discuss any concerns about people’s welfare and to ensure staff worked consistently. The registered manager said there were also meetings with people who used the service. These gave people the opportunity to state what they thought of the service and any improvements they felt were required. However, according to records we were shown, the last of these meetings was in May 2015.

People we spoke with said they were very happy with the service they received and they had no complaints. For example we were told, “there is nothing obvious (that is wrong)...I am very happy,” “No complaints whatsoever. The staff are absolutely brilliant,” and “I have no concerns. You won’t find anything to complain about.” People said if they did have any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident suitable action would be taken if they raised a concern. We were told there were no formal complaints on record.

# Is the service well-led?

## Our findings

People, their relatives, and the staff had confidence in the management and senior staff at the service. We were told the service was, “Well managed,” “the manager is wonderful,” and “The manager is ever so good.” A relative said, “The manager always has time for you. Brilliant. She is first and foremost for the residents.” Another relative said the service had been, “Brilliant support for mum and me.” Staff told us that the manager and deputy were, “Very approachable”, “Understanding” and “Caring.” People said if they had any concerns they could ask to speak with senior staff or management, and they felt certain the matter would be resolved.

People and staff said there was a positive culture at the service. One person said the service was, “Wonderful, I couldn’t say anything else.” Staff were also positive for example, “(We have a) good reputation. We work well together.”

There was a clear management structure. Staff told us management were approachable. The General Manager of the organisation’s group of services was based in a neighbouring property. The registered manager and deputy manager were based in the service. The registered manager said there was always a senior member of staff in the office who could deal with the telephone, or any face to face enquiries from visitors, staff or people who used the service.

From our observations the registered manager worked professionally and in a friendly manner with staff members. Staff members, who we spoke with, said morale was good within the team. Most of the staff had worked at the service for many years and felt committed to it. Staff turnover was low. The staff we spoke with said if they had any small concerns they would feel confident in discussing these with colleagues. They also said they were sure the management would appropriately address any major concerns if they were to arise.

The registered manager monitored the quality of the service by completing regular audits such as of accidents, falls and regarding the operation of the medicines system. The registered manager said she was currently completing a survey to ascertain the views of people, their relatives and others who worked with the service. Satisfaction in areas such as ‘care and treatment,’ ‘food,’ ‘living arrangements,’ and ‘management of the home’ had been above 90% according to the results of annual surveys completed since 2012.

A registered manager had been in post for several years. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, had been reported to CQC.