

Mrs Janet Brewer

# Trezela House

## Inspection report

Trezela House  
23 Egloshayle Road  
Wadebridge  
Cornwall  
PL27 6AD

Tel: 01208813756  
Website: [www.trezelahouse.co.uk](http://www.trezelahouse.co.uk)

Date of inspection visit:  
28 February 2017

Date of publication:  
20 March 2017

### 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

Trezela House is a small care home that can accommodate up to eight people who have mental health needs. The service is situated close to the centre of Wadebridge within walking distance of shops and amenities. At the time of our inspection there were eight people living at the service.

We carried out this unannounced inspection on 28 February 2017. At the last inspection, in January 2015, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living at Trezela House and with the staff who supported them. People told us, "I am happy here" and "I like it here, this is my home." Relatives said, "[Persons' name] is very happy living at Trezela House", "Brilliant it's like a home from home" and "It's an incredible place."

Care and support was provided by a consistent staff team, who knew people well and understood their needs. People were supported to access the local community and take part in a range of activities of their choice. Staff arranged regular holidays and day trips for either the whole group or a smaller group depending on the type of holidays and outings people wanted to go on.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported to eat and drink enough and maintain a balanced diet and were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. People who received care, or their advocates, were involved in decisions about their support and consented to the care provided. Risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

Where people did not have the capacity to make certain decisions staff acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. The registered manager and owner were visible in the service, regularly working alongside staff to provide care and support for people. There was a positive culture within the staff team and staff said they were supported by the registered

manager and owner.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families were involved in the running of the service and were regularly asked for their views through on-going conversations with staff and surveys.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Trezela House

## 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.

This unannounced inspection took place on 28 February 2017. The inspection was conducted by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and 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 living at the service, the registered manager, the provider and two care staff. We looked around the premises and observed care practices on the day of our visit.

We looked at four records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. After the inspection we spoke with another care worker, two relatives and one healthcare professional.

# Is the service safe?

## Our findings

People told us they felt safe living at Trezela House and with the staff who supported them. People told us, "I am happy here" and "I like it here, this is my home." Relatives said, "[Persons' name] is very happy living at Trezela House", "Brilliant it's like a home from home" and "It's an incredible place."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were effective systems in place to support people to manage their finances. Most people living at the service managed their own money. The service acted as advocate for some people and appropriate arrangements had been put in place to formalise this. For some other people the service held small amounts of money for them to make purchases for personal items and pay for outings.

Care records included risk assessments which provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. People were supported to understand the risks in their daily living and agree ways of minimising risks without comprising their independence. For example, some people went out independently and the service regularly discussed any potential risks with each person and agreed with them how they should protect themselves from harm.

New staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. There were enough skilled and experienced staff on duty to ensure the safety of people who lived at Trezela House. The number of staff on duty depended on what activities people living at the service were doing. The numbers of staff allocated for these activities was appropriate for people's needs and the assessed risks of the activity.

Incidents and accidents were recorded and appropriate action had been taken to manage areas of increased risk.

Medicines were managed safely. Medicines had been checked on receipt into the service, given as prescribed and stored and disposed of correctly. Some people managed their own medicines and they had been provided with a secure method for storing their medicines. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted.

The environment was clean and well maintained. The owner carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There was a system of health and safety risk assessment and there were smoke detectors and fire extinguishers fitted throughout the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

# Is the service effective?

## Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. Staff spoke knowledgeably about the people living at the service and knew how to meet each individual person's needs.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which gives care staff, who are new to working in care, an understanding of good working practices. A newly recruited member of staff told us, "The manager has been really helpful, I shadowed different shifts so I got to know people's routines at different times of the day. I am meeting my assessor next week to start my diploma and I have started the care certificate."

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments. On the day of the inspection two people went to see their GP on their own. We saw staff reminded them of their appointment and helped them plan their day to ensure they went to the appointment on time.

People were supported to eat and drink enough and maintain a balanced diet. A weekly menu was in place and this was agreed with people at regular menu planning meetings. Menu planning was done in a way which combined healthy eating with the choices people made about their food. Staff prepared meals for most people. Some people liked to prepare their own meals and they were supported by staff to do this.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One application for a DoLS authorisation had been made to the local authority appropriately.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf; the decision had been made in their best interest at a meeting involving key professionals and their family. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The design, layout and decoration of the building met people's individual needs. People could access the kitchen to make their own snacks and help staff with preparing meals and washing up. People's rooms had been personalised with their belongings and decorated in a style of their choosing.



## Is the service caring?

### Our findings

On the day of our inspection there was a relaxed, calm and friendly atmosphere at the service. We observed people had good relationships with staff and staff interacted with people in a kind and respectful manner. The staff team had developed caring and supportive relationships with people using the service. Relatives comments about staff included, "Every member of staff is kind and helpful. Nothing is too much trouble" and "[Person's name] is the happiest I have very seen them since moving into Trezela."

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with people. Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people by their preferred name.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about their daily routines and we observed that people had the confidence to make their own choices. People moved freely around the premises choosing to spend time in the lounge, dining room or their own room. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. On the day of the inspection one person helped staff to wash up after lunch and they told us they liked to do this every day. This meant people were able to maintain independence in their daily living.

The registered manager had supported some people to access advocacy services when they needed independent guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits home to their families and regular telephone calls. Relatives told us they had regular contact with people, were always made welcome in the service and were able to visit at any time. People and their families had the opportunity to be involved in decisions about their care and the running of the service. We saw notes of regular 'residents meetings', where people had discussed activities, outings, menus and holidays.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs because staff had been provided with detailed information about each person's individual needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care records were up to date, had been regularly reviewed and accurately reflected people's care and support needs. Details of how people wished to be supported with their care needs were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support.

Each person was allocated a key worker, who supported people to organise their daily living and update their care plan. At monthly care plan reviews people were encouraged to set goals and objectives. These goals and objectives were discussed with the person at each review to decide if these had been met, needed to be reviewed or were still in process. Examples of the goals people wanted to achieve were, losing weight, book some training courses, cleaning teeth twice a day and arrange health appointments independently.

People were able to take part in activities of their choice and staff supported people to access the local community. Each person had activities they took part in every week and these included going out to places of their choosing and voluntary work. On the day of the inspection we saw some people went out independently to the shops and other people went out with staff to their planned activities. People told us, "I went to Tai Chi and the coffee club today"; "I go out every day for a coffee. I don't get fed up with Wadebridge" and "I like going to the gardening group."

Staff arranged regular holidays for either the whole group or a smaller group depending on the type of holidays people wanted to go on. People spoke with us about holidays they had been on with staff last year and where they were planning to go this year. There were also regular trips to local attractions, shopping, the cinema and going out for meals.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. Notes of a recent 'resident's meeting' showed there had been a discussion about how people could raise a complaint. Relatives told us they knew how to raise a concern and said they would be comfortable doing so because the management and staff were very approachable.

## Is the service well-led?

### Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

The registered manager was supported in the running of the service by the owner and a senior care worker. Staff had a good understanding of their roles and responsibilities. There was a stable staff team and many staff had worked in the service for a number of years. When new staff were recruited the registered manager worked closely with them to help ensure they adopted and understood the culture and ethos of the service. There was a positive culture within the staff team with an emphasis on providing a good service for people. Staff told us morale was good and staff worked well together as a team. Staff said they felt supported by the management commenting, "I love working here" and "The manager is great, we get all the help we need."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager audited care plans and the senior care worker had overall responsibility for people's medicines and carried out weekly audits. The registered manager and owner worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff meetings were held monthly to discuss each person's needs and support the staff team when the care provided for some people could be challenging. Notes from a recent meeting showed that the registered manager had invited a palliative care nurse to attend the meeting to discuss the end of life care staff had provided to one person. Staff told us this was really helpful as providing this care had been emotionally difficult and it had helped to understand if there were any lessons to learn from this care provision.

People and their families were involved in decisions about the running of the service, as well as their care, through on-going conversations with staff and management. There were regular 'residents meetings' so people living at the service could share their views and discuss subjects such as events outings and menus.

The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes. For example, some people had asked for a water cooler machine as they wanted to have access to drinks of cold water and this had been purchased and installed. Comments from these surveys included, "Staff have a really good rapport with clients", "Excellent work with our service" and "Impressed by the compassionate nature of staff."

