

Vivacare Limited

# Tremanse House Care Home

## Inspection report

Tremanse Care Home  
Beacon Hill  
Bodmin  
Cornwall  
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Tel: 0120874717

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Tremanse House Care Home is a residential care home providing personal care to up to 23 people with mental health needs. The service provides support to older people and people living with dementia. At the time of our inspection there were 22 people using the service. The service was made up of two buildings. The main house, where people were offered additional support, and the annexe, where people required less support and were preparing to move out to live independently.

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

Tremanse was fully staffed. There were enough staff to meet people's needs and ensure their safety. Staff were happy and told us they were well supported by the management team.

Recruitment processes were effective. However, we have made a recommendation in the safe section of this report regarding ensuring that start and end dates of previous employment were recorded and checked against their references. New staff were provided with induction and support prior to working alone with people.

There was a robust audit programme in place to help identify any areas of the service that may require improvement. The manager, deputy manager and the provider had effective oversight of the service, with the exception of staff training which was not accessible, via the electronic system, at the time of this inspection. Staff had attended a variety of training however we were unable to evidence when updates may be due. We have made a recommendation about this in the effective section of this report.

People received their medicines as prescribed. An electronic medicines management system was being used by staff. Regular audits were taking place.

We toured the premises and found the service to be clean and decorated to a good standard. People were involved in decisions to change furniture or décor.

The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked within the principles of the Mental Capacity Act and respected people's decisions. Guidance in care plans helped staff to help build independence wherever possible. Some people were being supported to live independently with a view to leaving the service to live with minimal support.

Identified risks were assessed and monitored. Care plans contained guidance and direction for staff on how to support people well. Some people smoked cigarettes inside the service. The risks associated with this had been identified and assessed and steps were being taken to reduce potential risks further.

Food was cooked on the premises and was well received by people and staff. Some people worked alongside the cook when preparing meals. Staff were able to enjoy a meal when on shift.

People were free to come and go from the service as they wished. People were happy living at Tremanse and were positive about the staff and management.

People and staff had regular meetings with management, at which information was shared and the management team could seek their views.

The manager understood their responsibilities under the duty of candour. Notifications were sent to CQC appropriately.

The manager and staff worked closely with local health and social care professionals to support people's needs.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (14 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

Tremanse House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This 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.

At the time of our inspection there was not a manager registered with CQC. However, the manager was in the process of registering at the time of this inspection.

### Notice of inspection

We gave the service one days' notice of the inspection. This was because some people left the service during the day and we needed to be sure that appropriate staff would be available to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. We used information sent to us by the provider in their PIR. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

### During the inspection

We reviewed 3 people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. Most people were out and about enjoying the lovely weather. We spoke with 3 people who lived at Tremanse, 4 staff, the manager and the deputy. We contacted five healthcare professionals by email but received no response.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We reviewed new staff recruitment. Processes included completing pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were sought and received. However, the provider was not always ensuring the manager recorded the start and end dates of previous employment and then verified these with the references received.

We recommend that the provider take advice and guidance from a reputable source regarding thorough recruitment processes.

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive when people needed support. Staff told us there could be times when they were short of staff but any gaps were filled in by other members of the staff team. One staff member told us "We are now quite well staffed. We rarely have agency, we cover any gaps in the rota ourselves mostly."
- Staff told us they worked well as a team. Comments included, "I love it here, it is relaxed, and we encourage people to do things for themselves, so they are hopefully able to increase their independence" and "I'm really happy here, I am part of the place having been here so many years. It's like home from home for me. We are the family for a lot of our residents who don't have anyone."

### Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. One person told us, "This place has much improved since these managers got here" and "It is a safe place for me."
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns they had to the management team.
- Some people had their personal money held by the management team. We checked the money held for 2 people and it tallied with the records. Money held was audited regularly by the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

### Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. Some people smoked

cigarettes on the premises. The risks of this activity had been assessed and fire-retardant materials were being used. There was a plan to further reduce the potential fire risk from people smoking alone and unsupervised.

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.
- Risk assessments were detailed and up to date which meant staff had guidance in how to support people safely. 4 people living in the annexe and 1 person living in a separate flat, were being supported to develop their independent living skills, such as managing their own care, finances, shopping, making meals, housework and laundry, prior to moving out to live independently.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Equipment and utilities were regularly checked to ensure they were safe to use.

#### Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Some people were self-administering their own medicines. Appropriate storage and risk assessments were in place to ensure the person remained safe to do this.
- Staff recorded medicines following administration on an electronic management system. Medicines that required stricter controls were regularly audited. There were some medicines recorded as held, when they had been returned to pharmacy as no longer required. The manager amended these records immediately. We were assured that returned medicines would be checked at each audit to ensure the tally was showing as zero.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely.
- External creams and lotions to maintain people's skin integrity were applied during personal care. These creams were dated when opened.

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The service had no restrictions in place to any visiting.

#### Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The manager told us they would be aware of any complaints or concerns raised. No complaints were in process at this time.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant 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

- Care plans were held electronically, with a paper file holding all correspondence and specific financial arrangements for each person. We reviewed the electronic records and found no concerns with people's care records.
- People, along with any advocates and relevant health and social care professionals were all involved in creating the care plan which helped ensure that the person's needs were understood and could be met.
- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Needs assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.

Staff support, training, skills and experience

- People received effective care and support. Staff were provided with appropriate training. There was an electronic system that recorded all their training. Whilst we were able to view training completed by some staff, the electronic system was indicating a fault and could not generate a report providing the manager with an overview of all staff training and when updates were due. We were told this had always been available up until this time. The manager then collated a manual matrix which was sent to us to evidence all staff training.
- Staff told us, "We do a lot of training. The face-to-face training is back now and we really prefer it to online training. We did a course on challenging behaviour a few weeks ago and we have another training booked for next week."
- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident.
- Staff meetings took place. Staff felt they were well supported.
- Staff were provided with opportunities to discuss their individual work and development needs. Formal one to one meetings took place between staff and managers. The manager had an electronic record of meetings and appraisals. However, many informal chats and support took place which were not recorded. Staff told us that many matters were solved at the time and were not held until a supervision was booked. They told us that the managers were very available and keen to ensure staff were well supported and happy. The manager told us, "I prefer to talk with the staff whenever they need it. Any issues, we just sort it there and then."

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

- Food was cooked on the premises and meals were chosen by the people living at the service. Some people worked alongside the cook in the kitchen, preparing meals. People enjoyed the meals and staff were able to have a meal when on shift.
- People's preferences and dietary requirements were recorded in their support plan. Experienced staff knew people's needs well. One staff member told us about a person who had been very low in weight and chose not to eat. They told us how they had supported the person, over time, to enjoy food and that their weight had now increased.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. People had their weight checked regularly when there were concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff promptly referred people to other professionals when their needs changed. This helped ensure people could get support as required from health or social care professionals.
- Some people were living with long term health conditions. Whilst people were encouraged to manage their own health conditions staff from Tremanse and specialist professionals monitored people's health. For example, some people were living with insulin dependent diabetes and needed to have their blood sugar monitored regularly to keep them well.
- People were supported to attend medical appointments and keep healthy.

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 MCA 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.

- People were supported in accordance with the requirements of MCA. Staff supported people to stay safe and independent. They sought people's consent before they delivered support to them. If people declined their choices were respected at all times.
- Staff facilitated people to be as independent as possible with making decisions about their own care and support. Systems within the service supported any decisions made on people's behalf would be in the person's best interests.
- Capacity assessments were completed to assess if people were able to make specific decisions independently. Some people had the capacity to manage their own money but requested the manager held it securely on their behalf. Other people had formal appointeeship in place and the manager supported the person to access their money according to these arrangements.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- The manager had records of appropriate applications made to the DoLS team. There was 1 person who had authorised restrictions in place at the time of this inspection.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean and well-furnished environment which met

people's needs. The premises had a homely feel.

- People could choose to spend time where they wished. Some people chose to spend time in their rooms, others used as a large shared open plan living area and conservatory. People came and went from the service independently throughout the day.
- There was garden seating and some people enjoyed helping to maintain the outside space.
- The manager produced a regular report on the premises and there were plans to further improve the building. People were involved in choosing new furnishings and décor for their home.

# 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 our last inspection we rated this key question good. At this inspection we have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager and deputy knew people living at Tremanse very well. They were passionate about providing the best support for each person to increase their independence and well-being. They actively advocated for people where appropriate and this had been agreed with the person.
- The manager, deputy and provider had good quality monitoring systems in place. There was an action plan developed for any areas that needed improvement.
- There was an audit programme in place which was shared with the provider. Audits covered areas such as the premises, kitchen, care plans, accidents and incidents and fire safety. An overview of staff training was not available to the management team at the time of this inspection. This was due to a fault with the electronic system being used. The manager did not hold a hard copy of staff training updates required, but we were assured by the provider and the manager that this would be addressed and implemented in the future.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. Managers provided effective and supportive leadership to the staff team and their individual roles and responsibilities were well understood.
- Important information about changes in people's care needs was communicated at staff shift handover meetings.

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

- There was a positive culture within the staff team and staff told us they felt well supported by the management team. Staff consistently told us they felt the service was well led. Their comments included, "(Manager's name) is really good, they are always there if you need them" and "I feel really well supported."
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual support needs, and this helped to ensure people received support that promoted their well-being and increased their independence.
- People's care plans and risk assessments had been kept under regular review. There were sections in the care plans on people's medical history and past life experiences and stories. Staff recorded daily records detailing how each person was and how they spent their time.

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

- The manager understood their responsibilities under the duty of candour. The management team were supportive of the inspection visit. Required notifications had been sent to CQC appropriately.
- The ethos of the service was to be open, transparent and honest. Staff and people living at the service were encouraged to raise any concerns they may have. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- The service had systems in place to positively engage with people and staff. Regular meetings took place to share information, ideas and experiences. People had been closely involved in the choosing of new furniture and décor. Newsletters were provided to people each month with themed activities, quizzes and other useful information.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services or to access equipment.
- The management team had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.

Continuous learning and improving care; Working in partnership with others

- The manager and provider were committed to ensure a culture of continuous learning and improvement. The manager told us about their plans to increase staff knowledge and skills of specific mental health needs. Issues identified at this inspection were immediately addressed and implemented.
- The manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service. The provider met with the management team to discuss and programmes of improvement for the service such as décor or upgrading rooms.
- Staff told us they were able to share their views and that the manager's door was always open if they had to raise any issues.