

Tregolls Manor Homes Limited

# Tregolls Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Tregolls Manor is registered to provide accommodation with personal and nursing care for up to 25 people. There were 20 people using the service at the time of our inspection.

The service is a detached property that has accommodation over three floors. A lift enables people to access all parts of the service. Some bedrooms have ensuite facilities and people share communal lounges and have access to a garden. Tregolls Manor is located in the city of Truro in Cornwall.

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

At the previous inspection we made a recommendation as Medication Administration Records (MAR) when compared to the actual medicines in stock did not always tally. We found this remained the case. We identified further concerns in relation to medicines management. For example, administration instructions for people's medicines were not always confirmed when they moved in to the service. MAR records did not always record the administering directions as written on the persons medicine package. This led to confusion as to the timings and dosage of when medicines were to be administered which could potentially lead to a person being over or under medicated. When people had declined their medication for a number of days this had not been followed up or reported to the doctor to be reviewed. Some medicines were administered 'as required'. However, there was a lack of guidance in what circumstances this medicine for the individual should be offered or administered.

At the previous inspection we recommended the service ensured that when a risk had been identified for a person this was transferred to the person's care plan. We found that risks, whilst identified had still not always been updated on their care plan.

Care plans would benefit from expansion to provide staff with more detailed information. For example, information on events likely to cause people anxiety and advice on how to provide support at these times. Care plans were reviewed but when people's needs had changed, they were not always updated on the person's care plan. This placed people at risk of receiving inconsistent care. Some of the terminology used in daily records would benefit from review to ensure that they were more respectful towards people.

At the last two inspections we recommended that confidential information must be stored securely. This still had not been addressed. We continued to find people's care records were left in public areas and accessible to all who lived, worked or visited the service.

The registered manager had not notified CQC of incidents in line with the regulations. For example, they had not notified us of falls or when a person required medical attention. The provider was not open and transparent about incidents and how they would learn from them.

People using the service consistently told us they felt safe and that staff were caring and respectful.

Comments included; "I am so happy here" and "Staff are lovely and kind."

Relatives were complimentary about the quality of care that their family member received. Comments included; "Mum calls staff her friends, they make her laugh, they know what she likes, she and her room are always clean" and "We are so thankful for all that you did for not only my mother but also for [relatives names]. Everybody played their part in providing excellent professional care that made such a difference to my mother's quality of life over the last 4 years. We owe you a huge debt of gratitude and sometimes thank you doesn't seem to say it all but please know that it is said from the heart and we will never forget your kindness'."

We observed many kind and caring interactions between staff and people. Staff spent time chatting with people and knew the people they supported well.

There were some staff vacancies at the time of this inspection. Regular agency staff were being used to cover these absences whilst a recruitment campaign was on going. Duty rotas confirmed that there was always a mix of permanent and agency staff on duty so that people were supported by familiar staff. Staff told us "We are busy, but some days are better than others" and "We have agency staff to help out, they know the home and people well." People told us that staff respond in a timely manner when they called for assistance.

All necessary recruitments checks had been completed. New staff completed an induction and staff training was regularly updated.

The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.

The food provided by the service was enjoyed by people.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately

Staff were motivated and fully focused on ensuring people's needs were met.

Relatives were complimentary about the service and told us that the registered manager and staff communicated well with them and knew their family member well.

People and their relatives were involved in decisions about people's care and kept informed of any changes to the running of the service. Relatives and staff told us the registered manager and staff were approachable and listened when any concerns or ideas were raised.

Rating at last inspection and update: At the last inspection the service was rated as good (12 December 2019). We also undertook an inspection visit to look at infection control practices but did not rate the service at that time (published 29 January 2021).

#### Why we inspected

We undertook this focused inspection to check on specific concerns we had about the service. We received concerns in relation to staffing levels and the impact this had on the quality of care and support that was being provided. We also received some concerns about medicines and how issues were responded to by the management team. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tregolls Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified three breaches in relation to systems and processes, medicines and failure to notify us of incidents that occurred at the service. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an updated action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Tregolls Manor

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by two inspectors.

#### Service and service type

Tregolls Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 is required to have a manager registered with the Care Quality Commission and there was a registered manager in post. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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 information that we held about the service including

information shared by people, relatives and/or staff. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and spoke with four staff, the registered manager, and senior carer. We observed staff providing care and support to people during our visit from a socially distanced position.

We reviewed a range of records. This included three people's care records and a sample of medicine records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service which included audits.

#### After the inspection

Following the inspection, we spoke with three people's relatives via telephone about the service people received. We invited the staff team to contact us to share their experience of working at Tregolls Manor. We received one email from staff. We contacted health and social care professionals for their views 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 the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

The purpose of this inspection was to check specific concerns we had about medicine management and staffing levels. We also looked at whether risk assessments and care plans had been updated.

### Using medicines safely

- At the previous inspection we made a recommendation as Medication Administration Records (MARs) when compared to the actual medicines in stock did not always tally. We found at this inspection that medicines stock did not always tally with MARs.
- On admission to the service people's medicines regimes were not recorded or checked that they were accurate. For example, a person on arrival to the home informed staff their medicine needed to be administered two hourly. However, information on the medication boxes contradicted this. Staff stated the person had some confusion. The accuracy of the person's medicine regime had not been verified with health colleagues and therefore the service was reliant on the persons instructions only.
- MARs did not always record the administering directions as written on the persons medicine package. This led to confusion as to the timings and dosage of when medicines were to be administered which could potentially lead to a person being over or under medicated. We found the service had the same medicine but in two packages for an individual which gave differing instructions. One stated take one tablet four times a day and the other package stated take one or two capsules daily. Two boxes of another medicine stated administer a quarter to a half tablet each day, and the second box stated one tablet daily. The senior carer immediately contacted the GP to request clarification as to the amount of and timings of when medicines should be administered for a person. However, it took the service three days to get this clarity which could have placed the person at risk of not being administered the correct dosage of medicines at appropriate times.
- When people had declined their medication for a number of days this had not been followed up or reported to the doctor to be reviewed. This meant the person was not being monitored appropriately when medicines were declined.
- Some medicines were administered 'as required'. However, there was a lack of guidance in what circumstances this medicine should be offered or administered. There was no record to explain why an 'as required' medicines were needed to be administered.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us their medicines were mostly administered on time
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.

#### Assessing risk, safety monitoring and management

- At the previous inspection we recommended the service ensured that when a risk had been identified for a person this was recorded in the persons care plan. We found that risks, whilst identified had still not always been updated in care plans. For example, guidance provided by health care professionals in respect of how to support a person with their dietary needs to ensure that risks were minimised was not updated on their care plan.
- Emergency plans were in place regarding how to evacuate the building in an emergency. As recommended at the previous inspection these need to be more person centred so that it is clear as to how each person would need to be supported to evacuate the service in an emergency. This remained the case.
- Some people needed support from staff to help them manage their emotions or anxiety. Care plans did not provide staff with information on events likely to cause people anxiety and advice on how to provide support at these times.

We found no evidence anyone had been harmed. However, the provider failed to consistently assess, monitor and improve the quality and safety of the services provided. This has contributed to a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. At the previous inspection staff were not always wearing correct PPE, which was addressed immediately. Staff were seen to be wearing correct PPE on this visit.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- 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 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's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Staffing and recruitment

- The inspection was prompted following concerns about staffing levels.
- The registered manager had identified there were insufficient numbers of permanent staff to cover all shifts. Therefore, they had arranged to block book specific agency staff members to cover the vacant shifts. This ensured shifts were covered by consistent staff.
- Staff rotas confirmed that sufficient staff were on duty at all times to meet people's current needs.
- People and relatives told us they felt there were sufficient staff on duty at all times. People told us that staff responded in a timely manner when they called for assistance.
- Staff told us "We are busy, but some days are better than others" and "We have agency staff to help out, they know the home and people well."

- The services recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

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

- People told us they were happy living at the service and felt safe. People were complimentary about the staff saying, "Staff are lovely and kind."
- Relatives said they were confident their family members were well cared for and were safe.
- Staff were aware of the processes to follow if they suspected people were at risk of abuse. They knew how to escalate their concerns if they felt they were not being taken seriously.
- The provider had safeguarding systems and complaints procedures in place.

#### Learning lessons when things go wrong

- The registered manager had not informed CQC of notifiable incidents in line with the regulations. The provider was not open and transparent about incidents and how they would learn from them.

The registered provider has failed to notify us without delay of incidents they are required legally to inform us of. This is a breach of regulation 18 of the Care Quality Commission (Registration) regulations.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed when they first moved into the service. The registered manager told us they considered how people's needs might impact on others when deciding if the service was suitable for them.
- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training and familiarisation with policies and procedures, organisational working practices and people's care needs. There was also a period of shadowing more experienced staff.
- Staff training was regularly updated. Training was provided across a wide range of subjects. Due to the pandemic most of the staff training had been completed online. However external trainers had been arranged to complete face to face training in the service.
- Staff told us they felt supported and were able to ask for additional support if needed.

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

- People were complimentary about the food and drinks available. Comments included, "Food very good. I had extra toast today as I was hungry. I can have extra if I want it."
- Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.

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

- People had access to GP's, dentists and other healthcare professionals.
- People were given information and support to encourage them to adopt a healthy lifestyle.
- A district nurse visited the service during the inspection and complimented staff on how well they were monitoring a person's skin integrity. Staff were responsive to the district nurse's advice to ensure the person received the best care.

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

- The premises had been adapted to provide people with privacy and support their independence.
- People were happy with their rooms which were decorated with personal belongings to ensure they felt comfortable with familiar items around them.
- A maintenance worker was employed to make sure any defects in the building could be addressed in a timely manner.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of and knew the principles of the Mental Capacity Act.
- People at the service had capacity and were able to make their own decisions about their care. Therefore, there were no DoLS authorisation in place when we inspected the service.

# 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 good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Records did not always reflect people's needs or accurately document the support people had received.
- Care plans were reviewed but when people's needs had changed, they were not updated on the persons care plan. This could lead to people receiving inconsistent care.
- Language used in people's records were not always respectful.
- There were a series of audits in place to monitor service delivery. These had failed to identify the issues in the management of and administration records for medicines.
- At the last two inspections we recommended that confidential information must be stored securely. This still has not been addressed. We continued to find people's care records in public areas and accessible to all.

We found no evidence anyone had been harmed. However, the failure to ensure records were accurate and up to date or stored in a confidential manner was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received positive feedback in relation to how the service was run, and our own observations supported this. One person said; "I am so happy here". A person who had stayed at the service wrote 'A BIG thank you for a most enjoyable stay with you all for two weeks, I miss you all.'
- Relatives were complimentary of the service. Comments included "Mum calls staff her friends, they make her laugh, they know what she likes, she and her room are always clean."
- We also saw written compliments, all of which were positive. A relative wrote, "We are so thankful for all that you did for not only my mother but also for [relatives names]. Everybody played their part in providing

excellent professional care that made such a difference to my mother's quality of life over the last 4 years. We owe you a huge debt of gratitude and sometimes thank you doesn't seem to say it all but please know that it is said from the heart and we will never forget your kindness'."

- A relative told us they had raised a concern about their family member becoming 'bored' at receiving the same breakfast each day. This was discussed with the person and the breakfast choices changed immediately. Relatives stated they felt able to raise concerns and felt they would be acted upon.
- Staff were motivated and fully focused on ensuring people's needs were met.
- Relatives were complimentary about the service and told us that the registered manager and staff communicated well with them and knew their family member well.

Working in partnership with others

- Records showed the service had worked collaboratively with health professionals to ensure people's needs were recognised and any issues resolved.
- The registered manager told us how they had worked alongside the local GP surgeries during the COVID-19 pandemic and the lockdowns.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider has failed to notify us without delay of incidents they are required legally to inform us of.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider must assess, monitor and improve the quality and safety of the services provided.  The provider must ensure that records were accurate and up to date and stored in a confidential manner