

CORMAC Solutions Limited

Trefula House

Inspection report

Trefula
St Day
Redruth
TR16 5ET

Tel: 01209615007
Website: www.cormacltd.co.uk

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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

Trefula is a care home that provides personal and nursing care and is currently registered for up to 44 primarily older people. The top floor of the building is no longer being used by the service and previously had 14 bedrooms. The provider is in the process of changing the number of beds the service is registered for, although the exact number is still under discussion. Some people living at the service were living with dementia and/or had other mental health issues. At the time of the inspection 17 people lived at the service. The service was divided into two units, one for people living with dementia and the other for people with a range of nursing and mental health needs.

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

Since the last inspection there had been management changes at the service. A new manager started in March 2021, shortly after the previous manager had left, and they had left a few weeks before our visit. An operations manager, who was already supporting the service, took over as the acting manager six weeks before this inspection. There were plans to advertise and recruit a new manager.

Systems to assess and monitor the quality and safety of the care provided had been developed since the last inspection. However, these systems were still being implemented and were not yet fully effective in assessing quality or identifying and driving improvement.

Since taking over the service the new provider had completed a consultation process with staff about shift patterns and working hours. The process concluded at the beginning of November 2021, and although it had taken up a lot of management and staff time, it had been necessary in order to move forward with the running of the service and have rotas that fitted with people's needs. However, this had resulted in some staff leaving and while new staff had been recruited, it had been necessary to use agency care staff and nurses for several months.

We found there were enough permanent and agency staff on duty and rotas showed staffing levels were adequate. However, on the day of the inspection one person, who usually got up for part of the day, had stayed in bed because there was only one care worker available, in that unit, and the person needed two staff to hoist them out of bed. We observed that there were free staff in the other unit and they were not asked to help. Staff also told us there have been other days, especially at weekends, where some people have stayed in bed due to there not being enough staff working in a particular unit.

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and responded to calls for help from people in a timely manner. Staff knew how to keep people safe from harm.

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.

The premises were clean and there were no malodours. At the time of our inspection an extensive programme of work was taking place to replace fire doors, emergency lighting, door alarms and other general repairs to ensure the premises were safe and met fire regulations.

Information about people's care needs, and any changes to those needs, were individualised, informative and shared effectively within the staff team. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Staff were informed about people's changing needs through effective shift handovers and records of the daily care provided for people. People were offered a range of healthy meal choices.

Feedback from professionals and families were positive about staff and how well they cared for people. They also told us that improvements to the service had been made, commenting, "The home is better than what it was", "In all my dealing with the home I have found them to be fair and helpful", "Regular staff are good and really caring", "There seems to be more regular staff" and "I can see improvement and changes for the better."

Staff had received appropriate training and support to enable them to carry out their role safely and effectively. Some training and supervision had fallen behind. However, plans were in place to bring training, supervision and appraisals up to date.

We were assured that risks in relation to the COVID pandemic had been managed appropriately. Staff had access to appropriate PPE and hand washing facilities, which they used effectively and safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (report published on 1 October 2021) and there were two breaches of regulations. The provider completed an action plan after that inspection to show what they would do and by when to improve. We carried out a targeted infection control inspection on 23 March 2021 to check on one of the breaches in relation to infection control. Enough improvement had been made and that breach of the regulations was met.

Why we inspected

We carried out an unannounced inspection of this service on 11 January 2021. Breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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 report.

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

Enforcement

At this inspection we have identified breaches in relation to auditing and monitoring systems and how staff are deployed.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Trefula House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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 team consisted of two inspectors.

Service and service type

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

Notice of inspection

The inspection was unannounced.

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. These are events that happen in the service that the provider is required to tell us about. 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.

During the inspection

Most people were unable to tell us about their experiences of living at the service, so we observed how people spent their time and how staff interacted with them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, the nurse in charge, four care staff, the cook, a housekeeper and a visiting healthcare professional.

We reviewed a range of records. These included four people's care records and multiple medication records. We looked at three staff recruitment files. A variety of records relating to the management and monitoring of the service, including maintenance and fire safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the documents we had requested from the manager and obtained feedback from four healthcare professionals and two relatives. We had a video call with the manager and the clinical lead to provide feedback.

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 full inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- It was clear from the rotas reviewed, and from observations during the inspection, that there were enough staff on duty each day.
- On the day of the inspection two care staff phoned in sick. However, staffing levels were still adequate, as the manager was over staffing to people's dependency levels, to compensate for current sickness levels and agency use. There was a high level of agency staff being used, especially nurses, although regular agency staff were being booked wherever possible.
- However, on the day of the inspection one person, who usually got up for part of the day, had stayed in bed because there was only one care worker available, in that unit, and the person needed two staff to hoist them out of bed. We observed that there were free staff in the other unit and they were not asked to help.
- Staff also told us there have been other days, especially at weekends, where some people had stayed in bed due to staffing issues. This meant that how staff were deployed and managed, between the two units, resulted in occasions when some people's needs were not being met. However, the manager explained that a new senior care assistant role has been introduced and two staff had been appointed. We were advised that when these new staff started in the role this would provide the consistent leadership, co-ordination and organisation needed for each shift, ensuring staff were deployed effectively across both units.

The provider had failed to ensure there were sufficient staff available, in each unit, to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

- The provider's recruitment practices were robust and staff confirmed appropriate checks were undertaken before they supported people living at the service. Recruitment to vacant posts was on-going.

Preventing and controlling infection

At the inspection in January the provider had failed to ensure satisfactory infection control procedures, and to always take suitable action to mitigate risks is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the targeted inspection in March 2021 we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to protect people from known risks and reduce the risk of avoidable harm. For example, when people were at risk of choking, falling, needed to be hoisted or needed re-positioning.
- Some people had been assessed as needing pressure relieving mattresses to protect them from skin damage. There was a process in place to ensure such devices were always set correctly for the person using them, and in accordance with their current weight.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
- The environment was safe. At the time of our inspection an extensive programme of work was taking place to replace fire doors, emergency lighting, door alarms and other general repairs to ensure the premises were safe and met fire regulations. Equipment and utilities were regularly checked to ensure they were safe to use.
- 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.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Relatives told us they were happy with the care people received and believed it was a safe environment.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Information about how to report safeguarding concerns externally was displayed in the service.
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns.

Using medicines safely

- People received their medicines safely and in the way prescribed for them.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines

including those needing cold-storage and those needing extra security.

- If people needed their medicines given covertly, then we saw that mental capacity assessments, best interest decisions and advice on how to give each medicine were recorded.
- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give doses of these medicines.
- Directions and body maps were available to help staff apply people's creams and other external preparations in the way prescribed.
- A robust auditing system, to check medicines administration and stock, had been implemented following a review of medicines processes and an external audit. This meant any errors were quickly identified and could be rectified in a timely manner.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Appropriate action was taken following any incidents to minimise the risk of adverse events reoccurring. For example, additional support for people was sought when needed.

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.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff received regular training, suitable for their roles. There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Some refresher training was overdue and sessions had been booked.
- There was a programme for staff to have regular one-to-one supervision meetings and an annual appraisal. This gave staff the opportunity to discuss their individual work and development needs. Some supervisions had fallen behind and the new manager was catching up with these. Annual appraisals were planned for January 2022, when the new manager had had time to get to know staff.
- New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. The provider's induction programme reflected best practice recommendations.

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

- People were offered a range of healthy meal choices and were involved in menu planning. People told us, and we observed, they enjoyed the food provided.
- Staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking. Where people needed support from staff to eat their meals, assistance was provided in a kind and dignified way.
- 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.
- Nutrition and hydration care plans were in place and covered people's dietary needs and detailed if assistance from staff was needed. Everyone's food and fluid intake were routinely monitored, even though records showed some people were not losing weight or at risk of not eating or drinking enough. We discussed this with management who told us this system was under review and a new system was being introduced shortly. We were assured the new system would only monitor people's food and fluid intake where it was necessary to meet their assessed nutritional needs.

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

- People's health conditions were well-managed and staff engaged with external healthcare professionals such as GPs and specialist practitioners as needed to help provide consistent care.
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs

such as people's weight, nutrition and hydration, skin care and risk of falls.

- Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

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

- The premises provided people with choices about where they could spend their time. People could choose to personalise their bedrooms with photographs, televisions and other personal possessions.
- There was signage in place to help people living with dementia to identify their surroundings more easily.
- The service had been without a caretaker for some time. This meant some tasks such as decorating and putting pictures on the wall had fallen behind. The post had recently been filled and a new caretaker was due to start shortly. A plan of works for the caretaker to carry out was in place.
- Access to the building was suitable for people with reduced mobility and wheelchairs. Stair lifts were available for people to access the upper floors. There was an appropriate range of equipment and adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- 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.
- Records were held showing which people had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

Is the service well-led?

Our findings

Well-Led – this means 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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to establish satisfactory governance arrangements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The service is required to have a manager registered with the Care Quality Commission. The registered manager 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 this inspection the service had not had a registered manager since the beginning of February 2021.
- Since the last inspection there had been management changes at the service. A new manager started in March 2021, shortly after the previous manager had left, and they had left a few weeks before our visit. An operations manager, who was already supporting the service, took over as the acting manager six weeks before this inspection. While the provider planned to advertise and recruit a new manager, they had decided to delay this until early 2022 to give the service time to stabilise before a new manager started.
- Since taking over the service the new provider had completed a consultation process with staff about shift patterns and working hours. The process concluded at the beginning of November 2021, and although it had taken up a lot of management and staff time, it had been necessary in order to move forward with the running of the service and have rotas that fitted with people's needs. However, this had resulted in some staff leaving and while new staff had been recruited, it had been necessary to use agency care staff and nurses for several months.
- These changes had affected staff morale and the manager acknowledged that working with staff to develop a more positive approach was important as staff were not always confident to work together as a whole team across the two units. The negative impact, on people's care, of the staff team not working together was evidenced and reported in the safe section of this report.
- Staff we spoke with gave us mixed feedback about working at the service. Comments included, "I do enjoy this place. I know the residents. The work load is a bit too much, you have to juggle so much", "Some changes for the better, I can see some positives", "If you need to speak to the new manager they are more

than happy to help you sort it out", "I do think the manager is lovely, very pleasant with staff and resident" and "Staffing levels are a bit poor and morale is down."

- Systems to assess and monitor the quality and safety of the care provided had been developed since the last inspection. However, these systems were still being implemented and were not yet fully effective in monitoring the quality of the care provided. Management oversight had not been effective in ensuring people received safe care.

Governance systems were still being implemented and were not fully effective in assessing quality or identifying and driving improvement. The provider had failed to ensure people received safe care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

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

- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures. People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.
- Feedback from families was positive about staff and how well they cared for people, commenting, "In all my dealing with the home I have found them to be fair and helpful", "I have no concerns at all", "Regular staff are good and really caring" and "Staff were most helpful in sorting out how we could still visit my relative, when the home was closed due to some COVID cases, and we had travelled from a distance."
- Overall professionals were positive about the service and told us improvements were being made. Their comments included, "The home is better than what it was", "There seems to be more regular staff", "I can see improvement and changes for the better" and "We have a good working relationship and the current staff respond well to feedback."
- We observed that staff had good relationships with people and interactions between people and staff were caring and considerate.

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

- People and their relatives were involved in the service and asked for feedback on the service's performance through informal conversations and annual surveys.
- Staff were able to provide feedback through one-to-one supervision meetings with managers and regular staff meetings. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

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 and provider understood their responsibilities under the duty of candour. Families were kept informed of any changes to people's needs and any updates in relation to the running of the service.
- The provider had notified CQC of any incidents in line with the regulations.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Continuous learning and improving care.

- Following the last inspection more robust auditing systems had been introduced and these were still being implemented. The effectiveness of these systems were being continuously evaluated.
- Following a period where there had been a number of medicines errors the service had sought support from NHS commissioners. As a result of this, and by following the suggestions and guidance given, robust systems for how medicines were given and audited had been implemented. This had significantly reduced the number of errors and had supported agency nurses by providing them with clear processes to help ensure medicines were consistently managed.
- The provider had also been working closely with the local authority to bring about improvements. Most actions set, by the council's quality assurance team in July 2021, had completed and the remainder were due to be completed by 8 December 2021.

Working in partnership with others

- People's needs and preferences were assessed prior to a person moving into the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems were still being implemented and were not fully effective in assessing quality or identifying and driving improvement. The provider had failed to ensure people received safe care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure there were sufficient staff available, in each unit, to meet people's needs.