Cornwall Care Limited

Trengrouse

Inspection report

Trengrouse Way
Helston
Cornwall
TR13 8BA

Tel: 01326573382
Website: www.cornwallcare.org

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Trengrouse is a care service which provides accommodation for up to 41 people who require nursing care. At the time of the inspection 38 people were living at the service. People who live at Trengrouse require general nursing care due to physical and mental health needs. Most people were living with dementia. Trengrouse is a purpose built single storey building with a range of aids and adaptation in place to meet the needs of people living there.

We previously carried out a focused inspection on 30 June 2016. The previous inspection was carried out in response to anonymous concerns that the service was inadequately staffed and people's needs were not being met. We were not able to substantiate the concerns and found the service was meeting the requirements of the regulations. However, we could not improve the overall rating for the service from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

We carried out this focused inspection on 11 November 2016. This inspection was in response to further anonymous concerns received that the service was not adequately staffed and not always meeting people's continence needs. It was alleged that there were strong incontinence odours where people were not regularly provided with personal care.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trengrouse on our website at www.cqc.org.uk

At the time of this inspection the service did not employ sufficient numbers of staff to meet peoples' needs. However, we found the registered manager had used agency staff appropriately to cover these staff shortages. A targeted recruitment campaign had also been completed which had led to the appointment of eight additional staff. This meant that although the service was short staffed people's care needs had been met and appropriate action taken to address and resolve this issue. The registered manager told us they always ensure the rota was fully covered before leaving the service.

There were seven people who were required to have one to one care from individual staff and all had their own staff member present on the day of this inspection. The staff who covered the one to one shifts were from another agency. Many of these staff had worked at the service for a long period of time and were very familiar with the service and the people who lived there. This meant there was continuity of support for people from familiar faces.

Staff recorded when people were provided with personal care, including pads changes. We reviewed five people's records and found they had all been provided with regular personal care and pad changes.

We found there were concerns regarding the condition of some parts of the premises. For example, strong

incontinence odours pervaded some areas of the service. One bathroom had a broken toilet seat and where the door lock had been removed there was a hole in the bathroom door. Another bathroom was clearly marked with a pictorial sign of a bath, but no longer contained a bath as it had been removed. This bathroom was accessible by people living at the service and contained a bag of soiled laundry, a broken paper towel holder, a chair, a cushion and trailing water pipes. One person's bedroom had a blocked sink which was full of water. None of these issues had been reported to the manager or the maintenance person. This meant there was not a robust process for staff to report any faults to the maintenance person and such issues were not addressed in a timely manner.

Staff told us they were happy working for the service and felt well supported by the registered manager. There were staff meetings held to seek their views and experiences of the service provided and share information. Staff were provided with supervision and appraisals. The registered manager monitored staff training. This meant that any updates would be provided in a timely manner.

Accidents and incidents were recorded by staff and this information was audited by the registered manager and head office. This meant that any patterns or trends would be identified in a timely manner and action taken to help reduce the risk of any re occurrence.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mainly safe. There were sufficient numbers of staff to meet people's needs.

Risks to people and staff were identified, assessed and regularly reviewed to take account of any changes in people's needs.

Accidents and incidents were recorded and monitored.

Is the service effective?

Requires Improvement

The service was not entirely effective. There were incontinence odours in several areas of the service. Carpet cleaning had not been effective in addressing these issues. Defects in the premises had not been reported by staff to management or maintenance effectively. There were risks to some people using the service from a broken toilet seat and a blocked sink.

Wound care management was effective, with nurses having a clear process for reviewing people's wound care.

The service had a good understanding of the Mental Capacity Act 2005. People's rights were protected.

Is the service well-led?

Good

The service was well-led. The registered manager provided good support to the staff with supervision and appraisal and staff meetings.

Staff were provided with regular training and updates.

Regular audits helped ensure the registered manager was aware of any improvements needed in the service.

Trengrouse

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.

We undertook an unannounced focused inspection of Trengrouse on 11 November 2016. This inspection was in response to anonymous information of concern received by the Care Quality Commission. We inspected the service against three of the five questions we ask about services; is the service Safe? Is the service Effective? and is the service Well Led? This is because the concerns were in relation to these questions.

The inspection was carried out by two adult social care inspectors. Before our inspection we reviewed the information we held about the home. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke to the registered manager, the deputy manager,an Operations Project Director, four staff and a visiting healthcare professional. We reviewed four people's care plans, staff rosters, staff training and supervision records.

Requires Improvement

Is the service safe?

Our findings

Prior to this responsive focused inspection we received anonymous information alleging that the service did not have sufficient numbers of staff to meet people's needs. It was also alleged that incidents and accidents at the service were not managed well and some staff did not always move people in a safe manner.

At this focused inspection we found the service had sufficient numbers of staff on duty to meet peoples' needs. The service had been using large numbers of agency staff to cover the rota due to high numbers of staff vacancies. On the day of our inspection only four of the seven care staff on duty to support were employed by the service. The remaining three care staff had been provided by an agency. In order to address and resolve this issue the registered manger had recently completed a targeted recruitment programme which had led to the appointment of eight additional members of care staff. At the time of this inspection these new care staff were going through pre-employment checks prior to commencing their induction.

There were seven people who had been commissioned to have one to one care from individual staff. All of these people had their own staff member present on the day of this inspection.A total of 13 care staff were on duty on the day of this inspection. This led to an atmosphere at the service which was busy and noisy with a lot of people moving around at the same time. The staff who covered the one to one shifts were from one agency. Many of these staff had worked regularly at Trengrouse and were very familiar with the service and the people who lived there. Although not ideal, this meant there was some continuity of support from familiar agency staff who knew people well.

People's needs were being met by staff throughout our inspection visit. Staff told us they felt there were sufficient numbers of staff to meet people's needs. We checked the staff rota for the service. Each day had the agreed number of staff shown as allocated. The registered manager told us, "There is no night I go out of here when the rota is not covered."

There were a number of people living at Trengrouse who were independently mobile and living with dementia. Some people were seen to be verbally and physically aggressive to others including staff and they were not able to identify risks. There were incidents which took place between people living at the service in the presence of attentive staff which were dealt with effectively. Accidents and incidents that occurred at the service were recorded by staff in people's care files. The reports were then audited by the registered manager and sent to head office for further review. We noted a reduced number of incidents occurring at the service over the past three months.

Following an analysis of incidents one person had had the times when they received one to one support changed. The analysis had found that increased number of incidents involving the person had occurred later in the evening after the end of their one to one support. This had been raised by the registered manager with the dementia liaison nurse, family and commissioners and it was agreed to change the times when a one to one was provided to take account of the observed incident trend. Daily care records and subsequent incident reports showed the one to one support later in the day had helped reduce these events

taking place. This demonstrated the registered manager was monitoring events that took place at the service and had taken appropriate action to help reduce the risk of re occurrence.

Care plans contained information about risks to individuals such as falls, moving and handling and behaviour that may challenge other people. These risks had been assessed and provided information for staff on how to help reduce the identified risk. For example, how many staff should be present with the person at all times and what equipment should be used to move a person safely. Risk assessments were regularly reviewed to take account of any changes in a person's needs.

Staff assisted people to move by providing support and guidance and using equipment. We saw one piece of equipment being used by staff to move a person across a number of thresholds when the equipment was designed to be used to transfer people within a room space. This meant the person may not have been safe moving around the service on this piece of equipment. We discussed this with the registered manager and we were assured this would be raised with staff immediately. We saw staff assisting people to move around the service safely with patience and using clear verbal instructions and safe physical support. We did not see any member of staff lifting people under the arms in an unsafe manner.

Requires Improvement

Is the service effective?

Our findings

Prior to this responsive focused inspection we received anonymous information of concern that people were not always supported with their personal care needs and that some people were left to sit in their incontinence pads for long periods of time, leading to incontinence odours at the service.

During this inspection there were incontinence odours in some parts of the service. In one part of the service it was very strong. We were told this was due to a person who was inclined to place their soiled incontinence pads in their cupboards or wardrobe. There were carpets in some areas of the service, which despite regular cleaning, were malodourous. The floor under the carpets appeared to be contaminated and was difficult to clean. The registered manager assured us this concern was under review with the intention of taking up the carpets and sealing the concrete surface below before either relaying new carpet or laying laminated flooring. One staff member told us, "I must admit when you do walk in it (the smell) does sort of hit you."

There were some areas of the service which required attention. One bathroom had a broken toilet seat and the door lock had been removed leaving a hole in the bathroom door. Another bathroom which was clearly marked with a pictorial sign of a bath, no longer contained a bath as it had been removed. This bathroom was accessible by people living at the service and contained a bag of soiled laundry, a broken paper towel holder, a chair, a cushion and trailing water pipes. Two toilets in the service did not have any signage on the door to support people to use them independently. One person's bedroom had a blocked sink which was full of soapy water. The registered manager and the maintenance person were not aware of these issues raised at the inspection. This meant there was not a robust process for staff to report any faults to the maintenance person and therefore such issues were not addressed in a timely manner.

This was a breach of Regulation 15 of the Health and Social care act 2008 (regulated Activity) 2014.

There was clear signage throughout most of the service and bedroom doors had people's names and pictures on them to help people who needed additional information to help them to identify where they were in the service.

Staff regularly recorded when they provided personal care, including changing people's incontinence pads. We reviewed five people's records and found they had all been provided with regular personal care and pad changes. Staff told us that people were regularly changed especially after meals. We checked if anyone had experienced sore skin due to spending long periods of time in wet pads and found people had not experienced any impact from this issue. Two people living at the service required to have either cream or dressings applied to broken skin. These people had been thoroughly assessed by the nursing team and were being monitored regularly. We saw measurements had been taken of each skin area. These measurements were reviewed on each occasion that nurses provided care for the person. We saw both people's skin was improving. The nurses had an effective process for managing people's wound dressing requirements. The care plan contained a wound care plan, clearly guiding staff about which specific dressing was to be used and how often it was to be changed. A white board was used as a visible prompt in the nurses office to ensure the dressings were reviewed in a timely manner.

Staff were available to support people with their meals and drinks. People were regularly offered a choice of drinks throughout the day. Drinks were available in people's bedrooms as well as lounges and dining areas. Some people were at risk of losing weight due to a poor intake of food. People's weight was regularly recorded and monitored. Staff recorded people's food and drink intake for a period of time to help ensure they had sufficient intake. These records were signed by nursing staff when they had been reviewed. The service monitored people's intake for a short period of time before seeking advice how to ensure people ate sufficient amounts to maintain their weight. Some people were prescribed supplements which were provided by staff.

People living at Trengrouse had access to healthcare professionals as needed. For example, care plans contained records of GP's, dentist, audiology and dementia liaison nurses visiting them.

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's care plans contained mental capacity assessments and records of best interest decision making processes.

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. Records showed appropriate authorisations had been applied for but not yet assessed by the local authority at the time of this inspection.

People were offered choice regularly by staff who respected people's decisions. For example, people were able to chose whether or not they wanted to have a clothes protector over their clothing at a meal times.

Good

Is the service well-led?

Our findings

Staff told us they felt well supported by the registered manager. There were staff meetings held to seek the views of staff on the service provided, and to share information. Staff told us they felt they were listened to and that issues were dealt with effectively. Two staff told us they would not wait for a supervision if they had a concern or issue they wished to discuss, they could easily approach the registered manager and they would get the issue sorted out quickly. Staff reported being a good team with good morale. Some staff had worked for the service for several years and reported no concerns to inspectors.

The registered manager provided regular supervision and appraisal for staff. A matrix of when staff were due to have their next supervision was held by the manager for monitoring. Staff told us they received regular training updates. One told us, "They (management) are very hot on training we get updates regularly." The registered manager held a record of all the training that had been completed by all staff. This record clearly indicated when each member of staff was due to have a specific training updated. The provider's Head office also monitored the number of staff who were up to date with their training and sent regular reports to the registered manager for review.

Where concerns had been identified with specific staff performance the registered manager supported staff with training and mentorship to improve.

Families were invited to attend meetings held at the service so that their views and experiences of the service provided could be sought. A quality assurance survey had recently been sent out to all staff and the responses were being collated at the time of this inspection.

Regular audits were carried out by the registered manager on a variety of aspects of the service. For example, care records, monitoring charts and medicines management. Where issues had been identified the registered manager met with specific staff to help ensure changes were made to improve the service. The registered manager was very committed and motivated to continually improve the service and address any areas of concern.

A dementia project was about to start at Trengrouse supported by an Operations
Project Manager, looking at best practice dementia care and support of people who are mobile and living with dementia.

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 Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment All premises and equipment used by the service provider must be, clean, suitable for the purpose for which they are being used, and properly maintained. The registered person must in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.