Cornwall Care Limited

Trevarna

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection of Trevarna on 24 May and 7 June 2016. The previous focused inspection in January 2016 found there was a breach of regulations. This was because the service did not always have the necessary information to accurately monitor people's nutrition and hydration. At this inspection we found improvements had been made in this area and the service was now meeting the relevant requirements'.

Trevarna is a care home with nursing that provides residential care for up to 53 people. At the time of the inspection there were 49 people using the service. Most people who lived at Trevarna required general nursing care due to illness. Most people also had dementia, physical or sensory disabilities. .

The service is required to have a registered manager and at the time of our inspection a manager was progressing through the registration process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had reviewed and made changes to ensure monitoring of people's nutrition and hydration had improved. People were offered a choice of healthy and nutritious meals and staff were familiar with people's specific likes and dislikes. The cook had information about people's dietary needs and special diets. Staff supported people to eat meals where they needed help.

Systems were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

Procedures were in place to ensure medicines were managed safely. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Additional training had been delivered to senior care staff to support nurses when administering medicines. Medicines were safely kept and appropriate arrangements for storing were in place.

The service had reviewed the way it was staffed and had made changes to increase staffing levels at the busiest times of the day. This ensured there were enough staff on duty to respond to people's needs.

Staff working at the service understood the needs of people they supported so they could respond to them effectively. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. One staff member told us, "The training is really good here. I get reminded when my training needs updating."

The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of

Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Visitors reported good relationships with the staff and that the management team were approachable. Families told us, "They (staff) are so patient and caring, we couldn't ask for better care for (person's name)" and "I visit a lot and am always made to feel welcome."

Staff recruitment files contained the relevant recruitment checks, to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The recruitment process took account of the skills and knowledge required, to provide care to meet people's needs. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

People told us they knew how to complain and would be happy to speak with the manager if they had any concerns. One person said, "I am more than confident I would be listened to if I was not happy with anything."

There were systems in place to assess and monitor the quality of the service. Meetings and surveys had taken place and showed people were engaged with and listened to.

Service certificates were in place to make sure equipment and supply services including electricity, fire systems and gas were kept safe.

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. Risks associated with medicines management, infection control, cleanliness, and environment factors were assessed and responded to where necessary.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the service.

Recruitment procedures were safe

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Is the service effective?

Good

The service was effective. People were supported by staff who were sufficiently skilled and experienced to meet their needs.

People had access to healthcare professionals including doctors and healthcare specialists.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty, and these were put into practice.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Activities linked to people's abilities and interests were available.

People knew how to access the complaints process, and who to talk with if they wanted to raise a concern.

Is the service well-led?

Good

The service was well led. Systems and procedures were in place to monitor and assess the quality of their service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Staff were motivated to develop and provide quality care and told us they felt supported by managers.

Trevarna

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 24 May and 7 June 2016. The inspection team consisted of two inspectors on 24 May 2016 and one inspector on 7 June 2016.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people who were able to express their views about living at Trevarna and five family members. We spoke with ten staff members. We looked around the premises and observed care practices on the second day of our visit. Prior to and during our visit we requested information from five professionals involved with the service and a service commissioner.

We looked at five people's records of care, three staff files, records relating to training and supervision. We looked at recruitment procedures and checked staffing levels. We observed meal provision and records relating to the management of the service. We also looked at the medicine records of three people.

Good

Is the service safe?

Our findings

People using the service had limited verbal communication and therefore the comments were mainly made by friends and relatives. Families told us they felt their relatives were safe when supported with their care. Observations made during the inspection visit showed people were comfortable in the company of staff supporting them. Comments included, "There have been a lot of changes especially with the staff. They go over and above. Yes, I feel (person's name) is safe" and "Some people can get very agitated but there are always staff around to help them." A person using the service told us, "I never have to wait long for them (staff) if I need to call for them."

On the first day of the unannounced inspection the service was closed to admissions and visitors due to an outbreak of Norovirus. The service had reported the outbreak as required to Public Health and had also notified the Care Quality Commission (CQC). The registered manager was taking advice from Public Health. Due to the risk of infection, the first day of the inspection was spent looking at records in the front office. The service had infection control procedures in place to manage events such as infectious outbreaks. There were hand sanitisers throughout the service, however alcohol gel was not effective against Norovirus and the manager had been advised of the need for rigorous hand hygiene practice to try and prevent cross infection. The manager had plans in place for a 'deep clean' of the service once the virus had subsided. Domestic staff told us they had been provided with cleaning products required during the outbreak.

Procedures were in place for control of infection, which included the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing and hand washing. However we did observe a staff member walk through what appeared to be a dining area with clinical waste bags. We spoke with the manager about this, who agreed to take immediate action to reinforce to staff so they clearly understood the importance safe practice when disposing of clinical waste. Our observations found that the premises were clean and hygienic. The washing machines had a specified programme that met appropriate disinfection standards. The home had an appropriate sluicing facility that could be effectively used to dispose of soiled items.

The service had recently reviewed how it was staffed. By consulting with all levels of staff shift systems had changed. The effect of this was seen throughout the service. It meant staffing was consistent throughout the twenty-four hour period. Where more support was required at the busiest times, staff were available to support people. The dependency levels in each of the five areas varied. Each suite was staffed to respond to the level of need of the people living there. There were enough staff to support people who needed two staff to mobilise. One person asked to move from their wheelchair to a lounge chair. Two staff supported the person to move in a safe and caring way. Call bells were answered in a timely manner. However we witnessed a call bell being repeatedly used by a person. Staff said the person was a 'frequent user of the bell'. We discussed the importance of staff not becoming complacent when people used their call bell on a regular basis. The manager told us they frequently remind staff of this. Staff told us the staffing changes had improved the pace of meeting people's needs. They said, "It is a lot calmer now. We have more staff so we don't have to run around to catch up."

Medicines were stored securely and locked in the designated trolley when it was left unattended. All equipment and storage areas were clean and tidy and relevant checks had been completed and recorded. Medicines requiring stricter controls were stored in additional secure facilities which had recently been reviewed and found to be suitable during a recent audit by the local pharmacist. Documents showed there was a clear process of medicine ordering, receipt, recording and disposal.

Some people required administration of medicines in a disguised form. Where this occurred it had been assessed for and agreed by the person's doctor. Within the service medicine policy and procedure there were consent forms for the administration of medicines in a disguised form. It was yet to be updated to reflect amendments to current regulation. The manager said they would inform the organisation about this so that the policy would be updated.

Regular audits were taking place to ensure medicines were being managed safely. Records showed where issues had been identified by the senior nurse. For example, a second signature was missing and medicine being left in the delivery pack but signed for. Staff told us where issues had been identified staff responsible were spoken with. One staff member told us, "If we have made a mistake we have a meeting with the senior nurse and usually have more supervision or training." Additional training had been delivered to senior care staff to support nurses when administering medicines.

Staff files showed safe recruitment procedures were taking place. Records included references being verified and criminal record checks obtained from the Disclosure and Barring Service. The organisation verified professional registrations in order to practice. They told us they had a data system that prompted when nursing staff registration was due for renewal. This demonstrated the manager had oversight of each employee's current practice requirements and had recruited staff safely.

Regular reviews were taking place to minimise the risks of harm or injury to people. Risk assessments included the environment, bedrails, lighting, trips and falls. Records included action to manage risks as well as protocols to ensure control measures were sufficient.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited regularly. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced. The records directed staff on the actions to take to reduce risk. For example a recent fall resulting in an injury resulted in the care plan being updated to ensure the person was provided with more one to one support to minimise future risk of falls.

Information held within the service records showed that there were safe working practices for issues including moving and handling, fire safety, first aid and food hygiene, correct storage and preparation of food. Staff were provided with training and information to ensure they fully understood the risks associated with these practices.

Staff had a good awareness of the principles of protecting people from potential harm or abuse. Staff were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. One staff member told us, "If I ever saw anyone being disrespectful in any way, shape or form I would stop it and then report to the person in charge. I would have no concerns about making an issue out of it." Staff received safeguarding training as part of their initial induction and this was regularly updated.

Good

Is the service effective?

Our findings

Feedback from families was positive. They told us, "The staff are very good at what they do.", "I visit most days and there are always enough staff on duty, and when you need to speak with someone They are always very approachable and available.", "The meals always look very appetising and they (staff) know what everyone likes and doesn't like" and "(Persons name) has been living here for a few years and despite a general deterioration because of their condition they have kept to in good health. It's all down to all the staff here. I have no complaints or
grumbles."

During the inspection of January 2016 we found the service had improved how it monitored people's nutrition and hydration where records were required. However, one person's monitoring could not be explained in the records available. During this inspection records showed where monitoring was taking place and there was evidence the care plan identified the reason for monitoring, as well as keeping staff updated through the daily handover record. Staff were able to tell us why the person's nutrition and hydration was being monitored.

People's care plans identified specific support they may need with eating and drinking. For example. "Assistance needed with food, (person's name) uses a spoon" and "Assistance with eating required."

The chef was passionate about providing meals that met people's preferences. To achieve this, the chef met people and their family on admission and discussed the person's dietary needs and preferences. The conversation took into consideration peoples' culture, diversity and religious needs. This information was recorded in people's notes and shared with the staff and nursing team. The chef told us, "This is the person's home. They should be able to eat what they want to when they want to." There was an example of the chef preparing food for a person who they told us, "likes picky food they can eat with their fingers". The chef was preparing a special dish for the person because the menu of the day, chicken in cream sauce and lasagne, could not be eaten with fingers. Another person who we were told, "ate well" was given double portions of a moulded diet (pureed food set in a mould reflecting the type of food being presented) to meet their requirements. The assistant chef had developed moulded food diets and was teaching other cooks within the organisation about its benefits.

The chef felt it was important to pay attention to how the food looked and was ensuring the food was presented in a nice way for people. There was a varied menu and food was available throughout the day. The chef also pointed out that sandwiches and other light snacks were available at night for people who wanted to eat at night. There was fresh water and juices available to people throughout the day.

Staff files showed supervisions and appraisals to support staff in their roles were taking place on a regular basis. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. Both processes were a two-way discussion about staff attitude, communication, timekeeping, personal care and further training. A staff member told us, "We have regular supervision. We get the chance to talk about any problems and how I'm doing. I find it really useful."

There was a comprehensive staff training programme to support staff to achieve formal care qualifications, as well as engage in training which supported them to deliver care and support to meet people's specific needs. For example, dementia care nutritional support and medicine administration. Staff told us they thought the level of training was good. Comments included, "I think the training here is very good" and "We are expected to do the training. We get reminded when it's due." A number of care staff had completed Health Care Assistant (HCA) level 3 training. This meant they were competent to take more responsibility for example medicine administration and carry out had over between shifts. A member of staff working at HCA level 3 told us, "It has been a really good thing for me. The training was really good and it's given me a lot more confidence."

Staff worked with other healthcare services to monitor people's physical and mental health, in order to support their ongoing needs. Records were regularly updated and identified concerns and what action was taken. For example, staff referred complex issues to GPs, social workers, specialist hospital services and the local pharmacist. Relatives told us they were kept up-to-date with any changes in health or support needs. One relative said, "The manager and nurses keep me up to scratch with what's going on."

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

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

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible. At the time of the inspection most people living at the service had their liberty restricted in some way. Applications had been made to the local authority for authorisation. At the time of the inspection five had been authorised and two were under review for renewal. The service had complied with the conditions of each authorisation.

People's needs and preferences were taken into account when the premises were adapted or decorated. During the course of the inspection a discussion took place between the manager and the estates team about a room that was being prepared for a person to move into. We were told that due to the person lacking capacity to make their own choices, the family had been involved in choosing the colours for painting the room and the carpets."

There were a range of aids and adaptations for people who had limited mobility, including hand rails and a range of hoists. There were a range of specialist bath and shower facilities designed for people requiring support with personal care. The maintenance of the service was ongoing. There were various enclosed courtyard gardens within the service. People were using these areas as it was a nice day. One person in particular was enjoying looking at the plants and sitting in the garden area. Staff told us the person had always liked gardening and staff encouraged them to use the outdoor area.

Good

Is the service caring?

Our findings

People told us the staff and management team were caring. One person said, "Very good and patient." Another person added, "They (staff) always have the time for me." Families told us, "[Persons name] is very well looked after and cared for" and "Every time I come here I see what a good job they (staff) do. They are very kind to people they are caring for."

Staff welcomed friends and relatives when they visited people who lived at the service. For example, they engaged in conversation and offered drinks. Friends and relatives were encouraged to visit at any time and to support individuals whenever they wished. There was a focus on encouraging people to retain their important relationships and this was communicated with families. Staff told us by encouraging regular conversation with families it helped them to gain more information about the person's life events which helped influence how they conversed with people.

There was a "This is me" booklet attached to a person's care file which provided staff with an overview of the persons specific likes and preferences. This included details of what the person liked to do for fun, information about family and friends, likes and dislikes, what the person liked or did not like to talk about, signs of agitation, what helped keep the person calm, physical issues, night time issues, personal care, eating and drinking preferences and communication. The booklet gave a very clear idea of who the person was, thereby helping any carer looking after the persons to deliver person-centred care. Staff told us the information was really helpful and supported them to provide individual care to the person.

People were cared for by attentive and respectful staff. We saw staff showing patience and providing encouragement when supporting people. People's choices were respected and staff were sensitive and caring. Staff spoke in a reassuring way when talking with people. People were not left on their own in any part of the service for any length of time. Some people were on one to one care meaning a member of staff was with them for specific periods of time. People were able to walk around without restriction. Where people were upset staff spoke with them in a reassuring and caring manner. When staff spoke with people they sat down with them and faced them so there was a positive engagement. Where people requested assistance with personal care, staff responded discreetly and quickly.

Families told us said they were involved in supporting decisions about their relatives care and treatment. Care records showed where people and their relatives had been involved. Two relatives told us they were kept updated about their relatives care and treatment. One relative said, "The nurse lets me know if there are any changes and asks if I have any questions or queries" and "I am always asked for my opinion but I am confident they (staff) know what the best course of action is."

We observed staff maintained people's privacy and dignity throughout the inspection. For example, knocking on people's doors and waiting for a response before entering. One person who lived at the service told us, "The staff are very kind and considerate."

Daily records described the support people received and activities they had been involved with. The records were informative and helped us to identify how the registered manager and staff supported people with their daily routines.

Staffing levels ensured that staff could spend quality time with people, for example, staff had time to sit with people in the lounge areas. Staff were mindful of people's wellbeing within their environment. We observed staff regularly checked on people who were cared for in their own rooms.

Staff were motivated and told us people were well cared for. They said, "A lot of things have changed in the time I've worked here, but at the end of the day I work here because I love what I get out of it. Residents are very well cared for" and "We have more time to spend with people and its quality time rather than rushing from one thing to another."

Staff told us that they respected information given by people in confidence, and handled information about people in accordance with the service's procedures. On speaking with staff, it was clear that they knew when information given to them in confidence must be shared, for example, if allegations of abuse were made.

Good

Is the service responsive?

Our findings

People told us that the care they or their relatives received was delivered in accordance with individual needs and wishes. Comments included, "(Person name) gets all the care and treatment they need. I like the way staff understand just what (person name) likes and how they like things done in a certain way" and "If I need anything the staff are never far away to help me." A relative told us they were confident that the staff were following the guidelines set in the person's care plan. They felt this had resulted in their relative experiencing a good quality of life whilst living at the service.

The manager and staff were knowledgeable about people's needs and how to respond to them. People's care planning and review records supported this. For example, where a pressure ulcer was recorded in a care plan a healthcare specialist was requested to review the plan of treatment. Once the condition of the ulcer had been reviewed by the specialist their comments and recommendations for further treatment were included in the care plan.

There were clear examples of how the transfer of care between healthcare providers was managed in co-ordination with other services. For example, the registered manager discussed the transfer of a person from hospital to the service. Clear discussions had taken place with a physiotherapist who had visited the service to provide specific manual handling training. This was in preparation for caring for the person once transferred to the service. There were transfer information sheets available for use in the event that a person needed to be admitted to hospital. These information sheets enabled other services to be able to respond more effectively to a person's needs.

Care records showed people's needs had been assessed and staff were familiar with the information in order to respond to their needs. This was supported by the use of a daily handover sheet. All senior staff had a copy of this information and there was a copy in each of the five areas of the service. Staff told us the handover information was updated each day. A staff member said, "They are really useful at a glance you can see if resident's have a Deprivation of Liberty (DoLS) order in place or if there have been any changes, for example their medicine."

Care records had been developed where possible with the person or family, identifying what support they required and how it would be delivered. People we spoke with confirmed they had been consulted about support that was provided for them. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. They were reviewed monthly or as people's needs changed.

The service had a broad range of activities available to people. We observed staff making cakes which were baked in the main kitchen and would be decorated later. A staff member was arranging fresh flowers with two people. It generated a meaningful conversation and people were clearly enjoying the activities. Plans were in place for a tea party to celebrate the queen's birthday. A lot of talk and preparation was ongoing during the inspection including buntings being put in place. Some people were having one to one support, for example, one person was having a hand massage. They were engaging with the staff member

throughout. Another person wanted to walk in the garden area and was supported to do this with a staff member. Staff told us there was no fixed routine for activities and choices were made on a daily basis. They told us everybody has the opportunity to take part but respected peoples choices. There were some external entertainers who visited the service. A recent entertainer had been an Elvis Presley tribute. The photographs showed people had enjoyed this event.

People and their families were given information about how to make a complaint. Details of the complaints procedure were displayed at the entrance to the service and comment cards were available if people wanted to complete one. Relatives told us, "If I am not happy about something I talk with the manager who talks things through with me. I have never had to make a formal complaint but I know I can do." There had been three complaints reported since the last inspection in January 2016. All had been responded to and action taken where necessary.

Good

Is the service well-led?

Our findings

Comments received from staff members, relatives and people who used the service were positive about the organisation and leadership. People told us they had no issues or worries about how the service was run. For example a relative said, "I have no worries about the management of this home and the manager, nurses and staff are available and always willing to chat about anything when we come here." Another family member told us, "Lots of changes have happened but we have been told about it all along the way. We are always asked about our views. It makes us feel part of the home."

There was good visible leadership shown by the management team. They had a good knowledge of staff roles and responsibilities. The manager had a caring and supportive approach with all stakeholders of the service.

The management structure within the organisation provided clear lines of responsibility and accountability. The manager had overall responsibility for the service location, reporting to the organisation. Staff members said morale was good within the team. There were other senior staff, including a senior nurse overseeing all clinical and nursing support in the service. The manager was supported by clinical leads and care staff. The service was regularly monitored by members of the organisations.

Staff told us they felt the manager and the organisation directed the service well. They said the management team had been supportive during recent changes in shift patterns and they were provided with opportunities to develop in their roles. One staff member said, "I think we are really well supported, can't fault the management here." A nurse told us if the management team worked closely with them and respected their knowledge to make clinical decisions.

The manager sought people's views in a variety of ways. The manager and senior staff regularly spent time in all areas of the service so they could engage informally with staff, people using the service and their families. People told us the manager and senior staff were, 'always around'. Families told us they were confident the service was well led. They said, "Always available. The managers are very visible" and "We are very satisfied with the way Trevarna is run."

The auditing process had been reviewed and changes made. The provider had devolved responsibility to the manager to carry out their own monthly audits and submit them. This information was reviewed by senior staff to ensure monthly tasks had been met. Audit tasks included care plan reviews, notifiable incidents and medicines. The changes had given managers more responsibility for their own service's performance.

The manager supported people and their representatives to comment about the quality of their care through regular informal discussions and satisfaction questionnaires. These covered areas including Staff and care, home and comforts, choice and having a say as well as quality of life. The most recent results were from 2015. The twenty five responses received showed that people's overall feedback was and that people were satisfied with the standard of care provided. There had been an organisational survey to gauge the

views of staff. The manager told us this was a 'benchmark' survey by which the results would be used to improve engagement. There had been a recent staff awards event which staff told us had made them feel valued. One staff member said, "It was for all of us at every level. It really was a good boost to morale."

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Staff worked in partnership with other organisations such as the local authority, which also carried out quality assurance inspections of the service. The service also shared information and good practice between the homes within the organisation.

Policies and procedures were in place for all aspects of service delivery and were reviewed annually or when guidance changed. They reflected current legislation and best practice.