

Blakeshields Limited

# Trewiston Lodge Nursing Home

## Inspection report

St Minver  
Wadebridge  
Cornwall  
PL27 6PU

Tel: 01208863488

Date of inspection visit:  
30 September 2021

Date of publication:  
18 October 2021

## 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

### About the service

Trewiston Lodge Nursing Home is a care home which offers care and support for up to 32 predominantly older people. At the time of the inspection there were 28 people living at the service. Some of these people were living with dementia. The service occupies a detached house over two floors.

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

People and their relatives told us they were happy with the care they received, and people said they felt safe living there. A relative said; "They know her well and are respectful." One person said; "Staff are nice." People looked happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

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.

People were supported by staff who completed an induction and were supervised. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activities with staff. Staff knew how to keep people safe from harm.

Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and dementia training.

The environment was safe, with upgrades ongoing and people had access to equipment where needed.

Nurses supported people to take their medicines safely and as prescribed. We recommended that additional information about how people liked to take their medicines should be recorded in people's care plans.

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

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people also had end of life wishes explored and recorded.

People were involved in menu planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices. Special diets were catered for.

People were supported by a service that was well managed. Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service.

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last full inspection took place on 5 June 2018 when the service was meeting the legal requirements (published 28 June 2018). The service was rated as Good at that time. Following this inspection, the service continues to be rated as Good.

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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

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

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Trewiston Lodge Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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

Two inspectors and a pharmacist inspector carried out this inspection

#### Service and service type

Trewiston Lodge Nursing home 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 had a manager registered with the Care Quality Commission. 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

We gave a short period notice of the inspection to ensure the service was no longer in isolation following a recent COVID-19 outbreak.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with the clinical lead, two registered nurses and four members of staff as well as the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 reviewed a range of records. This included seven people's care records and seven medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data.

# 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 now remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk had been identified, assessed, monitored and reviewed. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm. For example, contingency plans were in place on how to support people during an outbreak of COVID-19.
- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments supported staff with information on how to support and protect people whilst minimising any restrictions placed upon them. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Where people experienced periods of distress or anxiety due to living with dementia, staff knew how to respond effectively. Care plans documented information for staff on people's mental health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.

### Using medicines safely

- Medicines were ordered, stored and disposed of safely and securely; including refrigerated medicines and controlled drugs.
- Nurses recorded medicines administration appropriately and the clinical lead checked records to make sure people received their medicines as prescribed. These checks had identified that some improvements were needed to how medicines were recorded.
- People told us they were happy about how they took their medicines.
- Nurses knew people well and administered these medicines safely. However, additional guidance was not always available to help nurses make consistent decisions. For example, there were no records of where to apply medical patches to prevent them irritating people's skin.
- Some people were prescribed medicines to be taken 'when required', but there was little information about how to recognise when people might need these medicines.

We recommend the service reviews their medicines governance processes to make sure staff administer people's medicines consistently.

### Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People who were able to, and staff told us there were enough staff on duty to meet people's needs.
- The staff covered additional hours, so people had staff they knew and trusted. This was to support

appointments or staff absences. Agency staff were used, however these were regular staff employed at this service and who knew the service well.

- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.

Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse. One person, when asked, said they felt safe. A staff member said; "People are safe and have a good life."
- Staff had undertaken updated safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse. People and relatives confirmed people were safe. A relative said; "I have nothing to worry about."

Preventing and controlling infection

- 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. However, there were no foot operated bins available for safe disposal of PPE. This was actioned immediately by the registered manger with the purchase of suitable bins.
- 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.

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 accidents and incidents to minimise the risk of adverse events reoccurring.



# 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.
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. Training sessions were currently online.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings to enable them to raise any issues and share ideas. Staff told us they were well supported by the registered manager.
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff supported people to see external healthcare professionals regularly, such as GPs and dentists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

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.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of the liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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

- Management and staff worked with external healthcare professionals to deliver care in line with best practice. During the recent outbreak and throughout the pandemic the registered manager said the local healthcare team had been very supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in. Each new admission had to receive a negative COVID-19 test before admission and then was isolated within the service.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed.

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

- People were provided with healthy meals which they enjoyed. People told us; "Roast chicken is my favourite" and another said, "I get a choice."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks taken to them and these were refreshed throughout the day.

Adapting service, design, decoration to meet people's

- The physical environment was continuously being reviewed, updated and improved. However, we did find a small tear in a bedroom carpet and a carpet join coming apart. The nominated individual contacted the maintenance department immediately to fix these issues.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed and happy atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People said; "Staff are friendly" and "staff are nice and helpful." A relative said; "Friendly staff. They know her well and are respectful."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make as many decisions as possible about their daily living. People who were able to, said they could speak with staff about anything they wished to discuss.
- People were able to choose how they spent their time. Some people chose to spend time in their own rooms, while others preferred one of the two shared lounge areas.
- Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff clearly understood the importance of protecting people's privacy, dignity and independence and we observed staff these throughout the inspection. For example, ensuring that doors were closed when providing personal care.
- People were supported to maintain and develop relationships with those close to them. Records showed family members had been updated when changes in people's needs were identified.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships which were important to them, with friends and relatives. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic.
- The service employed an activities co-ordinator to provide and arrange suitable activities for people. These were either one to one or group activities. Pictures displayed showed a variety of activities had taken place and a planned 'Cheese and Wine' afternoon the following week.
- There was a programme of activities arranged based on people's known preferences and choices as not all people were able to say what activities they wished to partake in. Activities were designed to be person centred and encouraged social interaction, provided mental stimulation and promoted people's well-being.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were individualised, covered people's specific needs and held information about people's preferences and personalities. This guided staff to support people in the way they wished to be supported.
- Care records were in place covering a range of areas including mobility, nutrition and behaviours. These were regularly reviewed to ensure they were an accurate reflection of people's needs.
- Daily records provided a record of the care people had received, how they had spent their time and their health and emotional well-being.
- The service was responsive to any changes in people's needs. People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records outlined any communication needs and documents could be provided in other formats if required.
- Information had been provided to some people in an easy read format to help aid their understanding. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

#### End of life care and support

- The service provided end of life care to people, supporting family members and friends at this time as well. During the COVID-19 outbreaks relatives were supported to safely visit people who were receiving end of life care.
- People were supported to make decisions and plans about their preferences for end of life care. People's health was reviewed regularly to identify those people who were very poorly, so their advanced care plans could be implemented, and people received the care they wanted in their final days, supported by staff who knew them well.
- Staff were skilled and experienced in end of life care and understood people's needs. There were positive links with external professionals, such as GPs and community nurses when needed.

#### Improving care quality in response to complaints or concerns

- Complaints were documented, and action taken to address them. There were no ongoing complaints at the time of the inspection.
- People's concerns and complaints were listened and responded to.

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

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

- 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. One staff member said; "Good place to work."
- The registered manager had an oversight of what was happening in the service, was very visible in the service and took an active role in the running of the service.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff said they felt respected, valued and supported and were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "A lot of support from X and X (the registered manager and nominated individual), good teamwork."
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated to staff.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the last year of the pandemic and the COVID-19 outbreak they had at the service.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the district nurse team and the local authority during their COVID-19 outbreak.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this.
- People, staff and a relative were very complimentary of the service and the registered manager. One staff member said; "Get a lot of support."
- There was a warm, friendly and family atmosphere in the service.
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "Good communication with staff."
- Staff put people at the centre of the service and reflected the provider's values.

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 registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good.
- Staff told us the service was well managed and they felt valued. Staff told us the registered manager was very approachable and always available for advice and support. One staff member said; "Friendly open house."

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during a COVID-19 outbreak in the service. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.