

# Cornwall Council

# Tregarne

## Inspection report

North Street St Austell PL25 5QE  
Tel: 01726 72429  
Website: [www.cornwall.gov.uk](http://www.cornwall.gov.uk)

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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 

### Overall summary

This was an unannounced inspection, carried out on 1 October 2015. As the service provides respite support to people we checked in advance to ensure the service was open on the planned day of our visit. We gave the provider 24 hours' notice of our inspection. The service was last inspected on 28 August 2013 when it was found to meet regulations.

Tregarne is a respite service that provides care and support for people who have a learning disability. Tregarne can accommodate up to 10 people although due to the nature of the service this fluctuates on a daily basis. The service is owned and operated by Cornwall Council.

People using the service had a range of learning, sensory and physical disabilities and there were a range of aids and adaptations in place which met those needs. These included a sensory room.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There were two people using the service during the inspection visit. They told us they liked using the service

# Summary of findings

and that they had short breaks every week. Comments included, “I’ve been coming here for ages. I like it here” and “[staff names] are very kind, they are making me my favourite tea”.

We observed that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service.

We walked around the service and saw it was comfortable and personalised to reflect people’s individual tastes. People were treated with kindness, compassion and respect. Staff demonstrated they had an excellent knowledge of the people they supported and were able to appropriately support people without limiting their independence. We saw many positive interactions and people enjoyed talking to and interacting with staff. One staff member said, “I have worked here for a long time, it’s a very rewarding place to work”. People told us that staff supported them to maintain their independence and we saw evidence of this within the care documentation we viewed.

Staff were trained and competent to provide the support individuals required. They were supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of people that used the respite service.

We found people and others who were important to them, were involved in the planning of their care and documentation was written in person centred way.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks chosen by themselves, which we saw they enjoyed. People had a daily choice of meals which varied due to the various day care facilities people used. Some people were involved in meal preparation. The two kitchens had been designed to accommodate people using wheelchairs, or those who required seating to prepare meals, by lowering work surfaces and cupboards.

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse and the staff we spoke with were knowledgeable of the action to take if they had concerns in this area.

There were arrangements in place to ensure people received their medicines safely and staff were knowledgeable of these.

People knew how to complain and we saw people had the opportunity to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy with the service they received. One relative told us, “[The person] has been going for a long time, they do a good job and If I wasn’t happy about something I would know who to go to”.

We saw evidence that comprehensive quality assurance processes were regularly undertaken to ensure the service was being monitored. This ensured a service culture which was open to challenge and learned from issues affecting the quality of the service if they arose.

# Summary of findings

## 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 safe.

There were systems in place to ensure safeguarding concerns could be reported appropriately and staff were knowledgeable of these.

There were arrangements in place to ensure people received medicines in a safe way.

Staffing levels met the present care and support needs of the people that used the respite service. The staffing provision was arranged in advance to ensure people were supported by sufficient numbers of suitably qualified staff.

Good



### Is the service effective?

The service was effective.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs.

People experienced a level of care and support that meant they received the support they needed that promoted their wellbeing.

The service met the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

Good



### Is the service caring?

The service was caring.

Staff were able to describe the likes, dislikes and preferences of people who used the respite services and care and support was individualised to meet people's needs.

People who used the service and their relatives told us staff were caring.

We saw staff provided support in a kind and respectful way.

Good



### Is the service responsive?

The service was responsive.

There was an effective complaints procedure in place to enable people to make complaints and seek improvements to the service provided.

Peoples' interests and social activities were clearly documented and people were supported to engage in activities that were meaningful to them.

Care plans were detailed and informative and regularly updated.

Good



### Is the service well-led?

The service was well led.

There was an open and relaxed atmosphere at the service. The culture of the service was transparent, clear and positive about how it supported people.

Good



# Summary of findings

The staff team were positive about how they were supported by the registered manager and the organisation generally.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

# Tregarne

## 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 inspection took place on 1 October 2015 and was announced. The inspection was carried out by one inspector. Before the inspection we reviewed previous

inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with and spent time with two people who were using the respite service at Tregarne. We also received feedback from one relative and three external professionals who had experience of the service. We looked around the premises and observed care practices on the day of our visit.

We spoke with two support staff and the registered manager. We looked at records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

People and a relative told us they felt safe at the service. We were told, “I like it here very much, and yes I feel safe”. A relative of a person who used the respite services at Tregarne told us, “We do appreciate everything they do. When we go on holiday we know [the person] is safe”.

Staff were competent and had the skills to develop positive and meaningful relationships with people. The management of the service understood the importance of ensuring that people were supported by staff they felt comfortable with and who understood their needs. We saw a number of examples of this on the day of inspection. Staff were able to reassure people who displayed anxiety in a way that was comfortable for them.

People told us they were happy with the number of staff available to support them. One [person said, “They [staff] take me out sometimes but they are always here”. Staffing ratios were based upon the numbers of people using the respite service at any one time. Staff told us staffing levels had improved recently, as previously there had been times when some activities, for example going out had been curtailed. The registered manager demonstrated there had been a recruitment drive and there was just one remaining vacancy. On the day of the inspection visit we saw people were supported on a one to one basis so staff had the time to support people to take part in activities of their choice.

People using the service had different support levels and this was reflected in the service staffing rota. There was a mix of staff skills and experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. Staff commented, “There are agency staff if we are struggling but this had become less frequent as more staff have started” and “We work well together even though there have been changes in staffing. It’s about sharing experiences”. The service used a pool of regular staff from another service if there were shortfalls. Records showed agency staff had been used but this was as a last resort and when this occurred the same staff were requested to ensure continuity and least disruption for people using the service.

We inspected two care records and saw individual risk assessments were carried out as required. When risks were identified these were documented and safe measures were

put in place to ensure the risk of harm was minimised. The risk assessments informed staff of the actions to take to support people and maintain their independence safely. For example, whilst accessing the community, cooking, mobilising and receiving personal care.

Staff were able to explain the purpose of the risk assessments in place and how these enabled risks to be minimised. Staff told us that if they had any concerns they would discuss them with both the person and the registered manager to ensure people’s safety was maintained. This demonstrated to us that there were systems in place which staff were familiar with to ensure people were supported safely.

The service had a safeguarding procedure in place and numbers for the local safeguarding authority were available to staff. The procedures helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary. Staff were able to tell us what action they would take should any form of abuse be suspected. Easy read pictorial information sheets were on order to reflect changes in the care act. This would help people with a learning disability to understand the details more effectively.

We looked at the arrangements for the management of people’s medicines. As this was a respite service people brought medicines with them for their short stay. These medicines were signed in and when people left their medicines were signed out with them. This was also part of the auditing process to ensure medicines were being managed safely. There were secure and dedicated storage facilities for medicines brought into the service. We looked at a sample of Medicine and Administration Records (MAR). Records were accurate and up to date. There were facilities for the safe storage of medicines requiring stricter controls. However nobody was prescribed these types of medicines at the time of the inspection visit. Training records showed staff had received updated medicines training. Staff on duty told us they had a lot of experience in administering medicines and felt confident to raise any issues with the registered manager if they felt they needed to.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. In

## Is the service safe?

In addition there were personal emergency evacuation plans (PEEPS). These plans ensured people would be safe in any incident within the service which required an evacuation. Staff were made familiar with the plans in order to be able to act on them if necessary.

People using the service brought their own finances with them for their stay. There were safe procedures in place to ensure all monies were recorded in and out. Any expenditure was recorded with receipts and this information was regularly audited. Safe storage facilities were also available. Some people had the capacity and ability to manage their own money and this is clearly recorded on individual care plans.

There was a thorough recruitment process to help ensure new employees had the appropriate skills and knowledge required to meet people's needs. We looked at the most recent recruitment files and found they contained all the relevant recruitment checks including DBS check and suitable references to show people were safe to work in a care environment.

We saw safety checks were carried out to ensure equipment and facilities remained safe. We saw evidence that regular monitoring took place and this included mobility equipment, fire safety equipment and health and safety checks on the electrical system. These measures helped to keep people safe and free from harm.

# Is the service effective?

## Our findings

The feedback we received from people who used the service and their family members was positive. People told us staff supported them in the way they wanted but that they were encouraged to do things for themselves. One person told us, "I look forward to my visits here. They [staff] know what I like." A relative told us, "They understand what [my family member] needs and that's very important".

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably. This demonstrated a depth of understanding about people's specific support needs and backgrounds. A key worker system operated and this helped staff to have the current knowledge of people's individual needs and any changes which might affect the level of care and support people needed. For example where a person's mobility had changed there had been a meeting between the person, registered manager, staff member and a relative. This ensured all parties were aware of how to effectively make the necessary changes to support the person.

Care records contained detailed instruction for staff on how to support people in order to meet specific needs, although some care plans were more in-depth than others. A relative confirmed the service supported their family member effectively. They told us their [the person] had used the service for many years but felt staff understood the person's needs and this made them feel at ease. We were told, "I am confident [my family member] gets all the care and support they need. They [the person] doesn't say much so I rely on what I am told". Staff told us, "I enjoy working here. I've been doing it for a long time. I have seen some changes but some guests have been coming here for years" and "It's a very rewarding job especially when you are helping people to get the most out of life". A professional we spoke with told us they had observed staff being supportive with people using the service. However, they felt staff would benefit from more training in communication techniques, specifically sign language and use of visual aids to support people with special needs. We shared this with the registered manager who told us people with specific communication needs were supported by professionals and staff provided with guidance on ways to communicate effectively. There was evidence of some

staff with training in Makaton. This is a system to support people to communicate with signs and symbols. Training was effective and where necessary specific training was accessed.

We asked staff what training they had received to carry out their roles. Staff on duty had worked at the service for a number of years. They were able to tell us about the range of training and support available to them. This included, practical and theory based training in areas such as moving and handling, food hygiene, safeguarding and first aid. Staff also told us that further training was provided, to enable people to be supported by skilled and knowledgeable staff. For example where people may display behaviour which may challenge. There was a course planned to support staff to learn best practice in 'de-escalation techniques'. Staff training was regularly reviewed to ensure all staff were up to date with current good practice and guidance. This helped ensure people received effective care that met their individual needs. The new induction process had been introduced to support new employees new to working in a caring role to undertake the Care Certificate within the first 12 weeks of employment.

Staff were being supported in regular meetings (called supervision) with their manager, where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. One staff member told us, "There have been some management changes but supervision gives me an opportunity to reflect on what I do".

People were supported to eat and drink enough and maintain a balanced diet. Daily logs were kept of individual's food and drink intake to enable the service to monitor that each person was receiving a healthy, balanced diet. Some people required specialist diets including gluten free and diabetic options. Staff had clear instructions about



## Is the service effective?

these special diets and ingredients were available to respond to special diets. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. There were no current DoLS authorisations in place for people using the service at the time of the inspection visit.

The design, layout and decoration of the service met people's individual needs. The individual rooms were not personalised due to them being used on a respite basis.

However people were encouraged to bring personal items with them. For example, people had brought some of their favourite personal items for their short stay at Tregarne. There were a wide range of facilities for people with a range of mobility needs. This included specialist baths, hoists and lifting equipment. In addition there was a sensory room available to people. However this could only be used by people without the need for mobility aids such as a wheelchair as the room could not accommodate this. In addition there was no ceiling hoist which would have enabled people who required this level of support to be able to use the facility. One staff member said, "It's great but can't be used for people in wheelchairs because of the carpet. It's a shame because they are the ones who would benefit most". Some people liked to be involved in baking and preparing their meals. They were enabled to do this where they might be in wheelchairs or require a lower working service because the two kitchens had been designed to accommodate lower work surfaces and cupboards.

# Is the service caring?

## Our findings

Because this was a respite service people stayed at various times of the week. During the week most people arrived at the service after daytime activities such as day care facilities or work placements. Staff said week-ends were the busiest times when the service was often full. Only two people were using the service during the inspection visit. We spent time in communal areas, observing interactions between staff and people who were using the service that day. Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter. People told us they felt very happy and wouldn't like to go anywhere else. One person said, "I like coming here they [staff] know me very well I am happy here and don't want to go anywhere else". A relative told us, "It's a good place and I know [the person] is happy. It gives me piece of mind".

Staff used touch appropriately to demonstrate they were caring. For example one person was very anxious and wanted to hold a staff member's hand. This response was appreciated by the person who was visibly relaxed at the connection and showed staff responding in a positive way.

The care records we looked at were written in a person centred way. This meant the person was at the centre of

their care and care was arranged to meet their needs. We saw the care records contained detailed and personalised information to support staff when delivering care that met the person's preferences. We saw people's individual preferences were described, such as clothing, personal care and preferred times of getting up and going to bed.

People's care plans showed their styles of communication were identified and respected. For example some people responded verbally and others needed picture symbols as a visual tool to assist them.

We observed the routines within the service were relaxed and arranged around people's individual and collective needs. We saw people were provided with the choice of spending time on their own or in the lounge and dining areas. The service had a relaxed atmosphere. For example one person was sitting in the lounge completing a jig saw and talking with staff. Both people were being supported by sensitive and caring staff. During the inspection visit we saw people had freedom of movement around the service and were able to make decisions for themselves.

People who used the respite services of Tregarne were treated with care and dignity. We observed positive interactions which supported people's wellbeing. Staff protected people's privacy. They knocked on the doors to private areas and ensured personal care was carried out with consent before support was provided.

# Is the service responsive?

## Our findings

Focusing on the importance of supporting people to maintain their independence was a clear aim of the service. It was important to the registered manager and staff team, that people, who used the respite services, were supported to be as independent as possible and had the opportunity to engage in activities of their choice. For example some people were supported in the community to shop and go out for meals or to the pub. There were recent photos in the entrance of trips to the Eden Project. However some comments we received told us that some people had said individual activities had been restricted at times. This had occurred when more than one choice had been requested, due to lack of available staff. The registered manager told us they were addressing this by recruiting more permanent staff. In some instances people's choices might need to be restricted due to risk factors. This was reflected in the care documentation. For example where mobility issues had been identified and more supervision was necessary to keep the person safe. One person told us, "I go out whenever I can. I like the trips".

People used the respite services at Tregarne on a regular basis and were supported by staff to maintain relationships with their friends. For example some people had days when they met other people who they shared common interests including baking, games and listening to music. Some people brought electronic games and liked to use information technology. For this reason the manager was looking at ways of introducing 'wi fi', so people would be able to access the internet from wherever they were in the service. This showed the service was responding to what people needed and wanted.

People's care and support was planned with people's involvement. Care plans were structured and detailed the

support people required. Care plans were person centred identifying what support people required and how they would like this to be provided. Where possible relatives were fully involved in the care planning process and were kept informed of any changes to people's needs. However, one person told us that they had not been updated about their relative's progression for some time. People told us staff often asked about the care they needed. One person commented, "Yes, [staff member] asks me how I am doing and if there is anything I need".

Placements were booked in advance unless there was an emergency situation. The registered manager told us this enabled them to review the staff experiences and skills and identify a link worker for the person. The registered manager told us it was important that people were supported by staff that were competent and supported by somebody they could 'connect' with. This approach enabled people to enjoy their stay at the service and to develop trusting relationships, as people were cared for by staff who knew their individual needs and preferences.

The service had a policy and procedure in place for dealing with complaints. People told us they were aware of how to make a complaint and would feel comfortable doing so. We spoke with the manager about the complaints procedure and were reassured the service took complaints seriously and acted promptly to address concerns. We asked people who used the service what they would do if they wanted to make a complaint. Without exception we were told they would talk to the staff and the manager. All the people we spoke with told us they were aware of the complaints procedure and were confident they would be listened too. The relatives we spoke with also confirmed that they had no concerns about the service.

# Is the service well-led?

## Our findings

Tregarne is one of the learning disability resources operated by Cornwall Council. As well as a Registered Manager, who has day to day management responsibility for the service, there is also an Operations Manager. This role provides background support and acts as a link between the service manager and administrative staff supporting the service. This additional layer of management makes regular visits to Tregarne to ensure appropriate support and oversight for the service.

People we spoke with including staff, relatives and external professionals with experience of the service, remarked that Tregarne was being well led. Comments included, “Yes, there have been changes in the management but things have settled down and they [management] really support us” and, “I think all the staff are confident in the management now and the changes they are making”.

The registered manager had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these values and were committed to them. Supervision and appraisal processes were in place to enable management to account for actions, behaviours and performance of staff. The registered manager told us, “It’s a work in progress but I think we have the staff on board and I make sure everybody is informed of any changes because it can cause anxiety”.

The registered manager showed us ‘have your say’ forms which were available in the reception area of Tregarne. We looked at several completed forms and noted comments such as, “I like it here.” and, “The staff are nice.”

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. Minutes

demonstrated the regular frequency of meetings. The staff team discussed issues pertinent to the running of the service and communicated well with each other. Staff said they felt well supported by the management team at the service.

Quality assurance systems involved staff and other stakeholders in the form of regular quality assurance checks and service meetings. A relative we spoke with told us they were able to speak with the service manager if they felt they needed to but that there were no formal systems to take their views about the service. They told us there used to be a regular newsletter to inform families and people using the service, of what was happening including events and asking peoples’ views. The registered manager told us this was a topic they were currently addressing and would be introducing in the near future. We fed this information back to the relative who was pleased it was to be reintroduced as they found it had previously kept them informed about things going on.

There were audits for maintenance of the service, medicines management and monitoring of complaints. These processes acted as an audit system and were used to drive continuous improvement. Documentation relating to the management of the service was clear and regularly updated. For example, peoples’ care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people’s care needs were identified and planned comprehensively and met people’s individual needs. The service understood and complied with their legal obligations, from CQC or other external organisations and these were consistently followed in a timely way.