

Cornwall Care Limited

Trengrouse

Inspection report

Trengrouse Way
Helston
Cornwall
TR13 8BA

Tel: 01326573382

Website: www.cornwallcare.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out this unannounced comprehensive inspection of Trengrouse on 23 February 2016. The previous comprehensive inspection in October 2014 found there were breaches of regulations because there were not enough staff available to support people, staff were not being supported in their roles, there were no meaningful activities taking place for people living with dementia and the views of people using the service were not being sought. We carried out a focused inspection to see what actions had been taken to address these breaches of regulations in April 2015. The service had improved all areas other than ensuring meaningful activities were available to people living with dementia.

Trengrouse is a care home which provides accommodation for up to 41 people who require nursing care. At the time of the inspection 37 people were living at the service. Most people who lived at Trengrouse required general nursing care due to illness. Most people were living with dementia. Trengrouse is a purpose built single storey building with a range of aids and adaptation in place to meet the needs of people living there.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. 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.

Most people had complex needs and were not able to tell us about their experiences. We spent time in areas of the service to observe how people's needs were being met. There were not enough staff available to support people throughout the morning period. People were not supervised in lounge areas for periods of time. Some people became distressed and were responded to only when staff passed through the lounge. The service had identified the minimum numbers of staff required to meet people's needs. However the way staff were allocated around the service at lunchtime meant some people had to wait for some time before they received their meal. The service was in the process of recruiting more care staff.

Accidents and incidents were recorded by staff in people's records. These incidents were regularly audited by the manager and overseen by the organisations clinical lead. Care plans showed that where a risk had been identified there was guidance for staff on how to support people appropriately in order to minimize risk and keep people safe.

People's care and support needs had been assessed before they moved into the service. They included risk assessments to ensure people's safety. Care records included details of people's choices, personal preferences and dislikes.

Staff supported people to be involved in and make decisions about their daily lives. 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 were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure people's safety.

The medicines system was well organised, and people received their medicines on time and there were safe systems for storage. People had access to a general practitioner (GP), and other medical professionals including a dentist, chiropodist and an optician. Where referrals for further investigation were made by a GP, staff had made sure records were regularly updated so there was a clear audit trail for any prescribed treatment. A health professional told us the service managed medicine systems well.

The cook had information about people's dietary needs and special diets. Where necessary staff monitored what people ate to help ensure they stayed healthy. Meals which were required to be service with a soft consistency had food blended together. The presentation was not appealing. The organisation had recognised this and were testing food moulds which would present in a more appetizing way

Staff were positive about their work and confirmed they were supported by the management team. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

The service had developed a range of meaningful activities for people living with dementia. A dedicated activity coordinator provided a range of daily activities for small groups and also therapeutic sessions with people who stayed in their rooms for reasons of illness.

People told us they knew how to complain and would be happy to speak with a manager if they had any concerns. Families and staff felt they could raise any concerns or issues they may have with the manager, who they said was approachable. People felt their views and experiences were listened to.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits and meetings with all stakeholders of the service. Response from this monitoring showed that overall satisfaction with the service was very positive.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. There were not sufficient numbers of staff on duty to keep people safe at the busiest times of the day resulting in people being unsupervised at times.

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.

People were supported with their medicines in a safe way by staff who had the right knowledge and skills.

Requires Improvement ●

Is the service effective?

The service was not always effective. People were not always being supported with their meal when they needed it.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Requires Improvement ●

Is the service caring?

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

People and their families were involved in their care and were asked about their preferences and choices.

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

Good ●

Is the service responsive?

The service was responsive. Activities designed for people living with dementia had improved. Activities were taking place in

Good ●

groups and one to one.

Visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

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

Is the service well-led?

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 told us meetings were taking place and they could speak with the manager whenever they felt it was necessary.

Good ●

Trengrouse

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 23 February 2016. The inspection team consisted of two inspectors.

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 the registered manager, eight people who were able to express their views of living at the service and six visiting relatives. We looked around the premises and observed care practices on the day of our inspection visit. We spoke with ten staff members, a health professional and a commissioner of the service.

We looked at four 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 who lived at the service and relatives we spoke with told us they felt safe and secure. People told us, "I feel safe here", "I feel safe and get the help I need" and "People around me are so wonderful". A relative said, "I feel confident I can leave here and know (person's name) is being well care for. I have no concerns".

During the previous inspection in April 2015 we found the service had reviewed how it deployed staff and this had improved how people's needs were being responded to. However, during this inspection staff told us they were 'rushed' especially during the morning period. We observed how this impacted on people using the service by observing the availability of staff throughout the inspection visit. Some people could walk independently and were in the dining room eating breakfast independently. Others were in the various open plan lounges around the central hub of the service. Changes to the way staff had been deployed meant domestic staff and where possible the registered manager supported people during the first few hours of the morning, with breakfast and before they carried out their other role. A staff member said, "We do this until 10:30am and then get on with our domestic work".

Throughout the morning period people were supported to get up and then moved to various lounge areas. Five people were receiving one to one support from agency staff. However, these staff members were not able to respond to the needs of other people using the service. Where people shouted out we observed they were only responded to when care staff passed through the area or when another person, not on the care team sought staff to support people who required assistance.

At 11:45am a person had been supported into one of the lounge areas by two staff. Staff told the person "Breakfast and a drink is on its way". Shortly after a staff member supported the person with porridge and a drink. At 12:50pm the same person was being encouraged to eat a pureed meal for lunch by a different staff member who was not aware they had only recently taken their breakfast. The person had received a drink earlier in the morning and then slept until later, resulting in a late breakfast. However communication between staff meant the person was being encouraged to eat another meal within a short timescale. Having limited communication the person was not able to tell staff whether they wanted the meal or not.

At 12:30 most people were in lounge areas and those remaining in bed had been supported with personal care and nursing care. Staff told us, "It's has got more difficult in a morning because the needs of residents are much greater". The registered manager agreed dependency levels had increased and there was a current recruitment process in place for three additional care staff. A nurse and senior healthcare worker told us they had dedicated time to carry out their roles and this had not impacted on the treatment people were receiving. Care records showed this was the correct. However, people were at risk because not enough staff were available to them in lounge areas throughout the morning period. People were not supervised in lounge areas for periods of time. Some people became distressed and were responded to only when staff passed through the lounge.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The services medicine management system ensured there were safe arrangements for the storage and administration of medicines. All Medicine Administration Records (MAR) were completed correctly providing a clear record of when each person's medicines had been given and included the initials of the person who had given them. Medicines were securely stored in portable metal cabinets and when not in use they were stored in a locked room. The service had arrangements in place for the recording of medicines that required stricter controls. These medicines required additional secure storage and recording systems by law. The service stored and recorded such medicines in line with the relevant legislation. The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe.

There was a separate refrigerator for any medicines needing cold storage. Records showed that room and refrigerator temperatures were monitored so that medicines were stored correctly and were safe and effective for people to receive.

The service had safeguarding procedures in place to minimise the potential risk of abuse. Staff had received training in safeguarding adults. Staff were knowledgeable in recognising signs of potential abuse and how to use the organisation's reporting procedures. 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, "We have the training and are reminded about the importance of reporting anything we think might constitute abuse". An information poster in the entrance to the service advised people of the named person who people might report to should they have concerns.

Where people displayed behaviour which might be challenging, care records showed that assessments and risk management plans were in place. For example one person demonstrated behaviour at certain times of the day and this was indicated by using specific words and shouting. Staff spoken with were aware of individual plans and said they felt able to provide suitable care and support. One staff member told us, "(Persons name) had an episode this morning and I knew how to manage the situation because it has happened before and the training kicked in so I knew how to distract the person". There were examples of staff distracting people from potential challenging behaviour and possible confrontations. A relative told us, "I visit a lot and some people can get really upset and angry. Staff know how to handle it though, but it must be difficult for them at times".

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. Risk assessments informed staff of the actions to take to support people to maintain their independence safely. For example the use of certain types of chairs to meet people's needs and ensure they were safe when sitting in them without being restricted. Staff understood the purpose of the risk assessments in place and how they managed the level of risk posed to people. Risk assessments included the involvement from other professionals who offered guidance to staff and regularly attended reviews to help the service manage peoples' needs safely. A professional told us the staff listened to them and acted on their advice.

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.

Staff supported people with mobility difficulties. We observed transfers during the day in the main lounge and dining area. All the transfers from chair to wheel chair and vice versa were carried out by competent staff. For example, two staff supported a person to move position with the use of hoist equipment. During the process they talked with the person reassuring them they were safe. The person looked relaxed and comfortable throughout the process. This showed staff understood how to carry out the task safely, but also

how to engage with people and reassure them.

Recruitment procedures had been updated since the previous inspection and files contained all 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 identified they had the appropriate skills and knowledge needed to provide care to meet people's needs.

There were suitable infection control procedures to make sure people were safe. The service was kept clean, hygienic and free from offensive odours throughout. Toilets and bathrooms all had hand washing facilities and paper towels which were prominently sited in areas that could be used by people to prevent cross infection. Staff were wearing tabards to support people at lunch time and personal protective clothing (PPE) when carrying out personal care tasks.

The organisation carried out regular repairs and maintenance work to the premises. Utilities including electrical, fire systems and hoisting equipment had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked.

Is the service effective?

Our findings

Family members told us, "I am very pleased with the way (persons name) get the care they need. We visit most days and the staff are doing a good job" and "The doctor has to come a lot and they (staff) let me know whenever there has been a change". Staff told us, "We stagger the lunchtime so we can support those who need it most" and "It can be difficult at times especially now the residents needs seem to be higher".

We observed lunch being served. Some people ate their meals in the dining room. Where this happened, people were eating their lunch independently without the need for staff support. Tables were laid with table covers and serviettes. Some people ate their lunch in other areas, including the various lounges around the central hub. Staff were supporting people in most areas however in one lounge one member of staff was supporting a person while two other people had their meal placed in front of them but needed support to eat it. We observed one person start to eat their meal with their fingers and dropping food down their clothes. Another person was not aware the meal was in front of them and it was some time before a staff member supported them meaning the food would have significantly cooled. This meant people were not always being supported with their meal when they needed it.

Meals which were required to be served with a soft consistency had been blended together. The presentation was not appealing. The organisation had recognised this and were testing food moulds which would present soft foods in a more appetizing way

Staff prompted people to take drinks throughout the day. People who were very unwell had suitable care plans in place so they received suitable nutrition and hydration. Where appropriate charts to monitor nutrition and hydration were in place, and were being regularly completed and reviewed so they were meaningful to staff.

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.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). 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).

The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). Referrals had been made where the service was concerned about people's right to liberty was being restricted due to their level of mental capacity.

We observed people who were independent were able to move around the service without restriction. A staff

member said, "It is so good the way the home is laid out because there is so much room for people to move around". Staff had a good awareness of each person and how best to meet their needs. Some people demonstrated anxiety and staff were quick to reassure them without restricting their freedom. We observed staff interactions with people demonstrated they understood their needs and how best to support them.

People had access to a range of healthcare professionals including doctors', Speech and Language Therapists (SLT), dentists and opticians. Health checks were seen as important and were recorded on people's individual records. A health professional told us, "I visit quite a lot. Staff often call me in when they need some advice or if something is not quite right. They follow guidance". Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff completed a thorough organisational induction when they commenced employment at Trengrouse. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. One member of staff told us, "The induction training was really good. It prepared me for working in the home". The induction was in line with the Care Certificate. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. There was a programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living in the service such as dementia awareness. Staff said, "The training is very good" and "We are kept up to date with all the courses. There is a good range of training. You can really go as far as you want".

There were a range of aids and adaptations for people who had limited mobility, including hand rails. There were a range of specialist bath and shower facilities designed for people requiring support with personal care. Carpets had been replaced in most lounge areas which had improved since the previous inspection visit in April 2015.

Is the service caring?

Our findings

People said they were well cared for at the service. One person said, "Staff are so lovely and kind, they care for me very well". Families told us, "They (staff) are always busy but they are very caring" and "They (staff) have a lot to put up with but do a really good job".

The care we saw provided throughout the inspection visit was mostly appropriate and people responded positively to staff when they spoke with them. Staff told us that although they could be 'rushed' at times they always made sure they provided the level of care to people when they needed it. We observed staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we saw staff assisting one person to move from their chair to a standing position giving them encouragement throughout. Some people had complex needs because of they were living with dementia. Where this was the case there were times when they demonstrated a level of disruption. For example shouting, staring and closing curtains randomly in the lounges. Staff showed they understood why people were displaying this type of behaviour and spoke reassuringly to try and discourage or distract the person.

Most people living at Trengrouse had a dementia condition or memory difficulties affecting their ability to make daily decisions. Staff had a good understanding of people's needs and used this knowledge to help people to make their own decisions about their daily lives wherever possible. A care worker said, "Where residents cannot make choices for their lunch for example we have pictures to help them. This has helped us a lot".

Staff were motivated and told us people were well cared for. Staff told us, "I have worked here a long time and it's a hard job but I get a lot of satisfaction" and "More staff would make a difference at the moment but everybody gets the care they need". Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example staff engaged with people as they moved through the lounge areas.

Families we spoke with said they were involved in supporting decisions about their relatives care and treatment. They told us they were aware of their relatives care plan and had contributed to reviews that took place. Care records recorded what people enjoyed doing and included significant events in peoples' lives. Staff said this helped them understand where people had come from and where they are today.

People's privacy was respected. Most bedrooms had been personalised with people's belongings including furniture, photographs and ornaments to help people to feel at home. However, some rooms were sparse but this was due to people's level of dementia and anxieties as well as risk factors which had been documented. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Visitors told us there were no restrictions to visit and staff made them feel welcome at any time of the day. One relative said, "I visit at different times and I am always made to feel welcome".

Is the service responsive?

Our findings

The registered manager and staff were knowledgeable about people's needs and how to respond to them. People who used the service and who were able to speak with us told us the staff responded to their needs and they said they were looked after well. One person said, "I like doing jigsaws and the staff help whenever they are passing by". A relative said, "I am involved (persons name) care planning and issues are dealt with as and when".

When we inspected the service in April 2015 there remained a requirement to develop meaningful activities for people living with dementia. At this inspection visit we found an activity coordinator was employed to specifically support people in small groups or on a one to one basis to help stimulate them. The activity coordinator had attended training designed to engage with people who were living with dementia positively. For example one person had always liked anything French but had never visited France. A French themed day was planned using one of the lounge areas as a French bistro. In other instances people where people were ill and in bed, the coordinator sat with them using sensory techniques to engage with them. This meant the service had met the requirement to improve activities.

Staff were responding to individual needs based upon information in the care planning and risk records. Risks associated with peoples individual needs were being recorded and regularly reviewed in order to respond to changes. Risk planning covered areas such as falls, communication, capacity and responding to hydration and nutritional risk.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. 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. Some care plans included 'Do Not Allow Resuscitation' (DNAR) forms. However these had been superseded by 'Treatment Escalation Plans' (TEP). The senior nurse was currently updating all these forms. People's end of life wishes were communicated and documented where possible ensuring end of life wishes were known and could be responded to by staff.

Records showed people or their families had been involved in care planning and review. This demonstrated that where possible people were encouraged to express their views about how their care and support was being provided for them. Where people did not have the mental capacity to make decisions, or understand their care planning needs, families had been involved. A relative said, "They (staff) keep me up to date with everything that is going on". Members of staff told us care records were accessible, informative, and easy to follow and up to date. One staff member said, "The care plans are good for information especially when things have changed". Daily notes were consistently completed and enabled staff coming on duty, to get a quick overview of any changes in people's needs and their general well-being in addition to shift handover. This ensured the following staff team were aware of any changes to people's needs or other issues that were of concern to staff.

People and their families were given information about how to make a complaint. Details of the complaints

procedure were seen in the entrance to the service and comment cards were available if people wanted to complete one. One person told us, "We had concerns which we expressed to the manager and it got sorted out very quickly to our satisfaction".

Is the service well-led?

Our findings

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service, reporting to the quality manager and clinical lead within the organisation. Staff felt generally supported by the registered manager. They told us, "It's a good place to work the training is really good and "I feel supported by the manager". Discussions with staff identified there had been a lot of changes in the service recently resulting in a change in management systems which had been overseen by the registered manager.

Organisational systems including quality monitoring took place as well as clinical audits. This information was used to measure the effectiveness of the service against standards and health and social care legislation. Policies and procedures were reviewed to reflect current legislative guidance in areas including mental capacity act and clinical guidance. The auditing process provided opportunities to measure the performance of the service. The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accident and incident audits, medication and care records.

Some staff had worked at the service for a number of years and felt committed to it. Staff told us things had been difficult recently due to the complex needs of people using the service and that staffing ratios had impacted on this. Additional recruitment taking place would support staff in their role. A new approach to recognise staff achievements had recently been introduced into the organisation. 'Outstanding Staff Awards' were being presented to staff who had been identified as having made individual achievements in their role.

People using the service and their relatives had confidence in the management and staff at the service. We were told "What I like is the manager is always around and not just stuck in the office" and "The home has come a long way since I came to live here." People said if they had any concerns they could ask to speak with senior staff or management, and they found them approachable.

Meetings took place at all levels of the service including management, staff and family. The meetings provided people with the opportunity to gain information about operational issues for the service. For example, a family meeting had informed people of the development of activities in the service. An activity newspaper was available around the service for people to see. It gave dates, times and what the themes would be for the month. Staff told us meetings were informative and usually discussed operational issues.

Visiting families told us the manager kept them updated with any changes in the service. One Visitor told us, "We generally get to know what's going on and if there are any changes".

Peoples' views were sought about the quality of the service. Comment cards were in place in the entrance hall. A recent relative survey had taken place but was not available due the information being analysed at head office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	People who use services and others were not protected against the risks associated with safe care and treatment because of the level of staff available to support people. Regulation 18 (1)
Treatment of disease, disorder or injury	