Tre' Care Group Limited

Tregenna House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Tregenna House is a care home which provides accommodation for up to 49 older people who require personal care. People using the service required specialist nursing care for people with severe dementia, and, or other mental health needs. At the time of the inspection 41 people were using the service. The registered manager said usually only 44 people were accommodated at the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Tregenna House 25, 26 and 27 January 2016. The inspection was unannounced. The service was last inspected in May 2013 when it was found to be meeting the requirements of the regulations.

The service is divided into three separate living environments. Cactus unit for 13 men, Bluebell unit for 16 people and Primrose unit for 17 people.

We were told by people, and external professionals, that people were safe at the service, and with the staff who supported them. People told us, "Yes I feel safe here." A health professional told us "They work with some very challenging people here, and they cope very well." Staff received satisfactory training about adult safeguarding procedures. Staff told us they felt certain that management would act appropriately if any allegations of abuse were reported.

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff induction and training were organised and delivered to a good standard. There was evidence that most staff had received training about for example moving and handling, dementia, infection control and first aid. However there were some gaps, in records, for some training. The registered persons said they would address this matter.

Recruitment processes were to a good standard. Appropriate pre-employment checks had been completed to help ensure people's safety. This included two written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals. We received positive comments from health professions such as, "The home is well run, communicate well and provide excellent patient care."

There were enough staff on duty and people said they received timely support from staff when it was needed. There was always a registered nurse on duty. We observed staff responding promptly to help people with their care needs so people did not need to wait too long if they needed assistance with anything. The people we spoke with were positive about staff attitudes. For example one person said "Staff are charming."

The service had a programme of organised activities. These activities included musicians, group activities such as bingo, and arts and crafts. Some external activities were available. The service had a vehicle to enable people to go out.

Care files were organised to a good standard and contained comprehensive information, such as a care plan, to enable staff to provide good and consistent care. Care plans and risk assessments were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were happy with their meals although we received a comment that there was only limited choice, and sometimes 'soft diets' (for people with swallowing difficulties) could be more carefully prepared. The registered manager said they would address this matter. Everyone said they always had enough to eat and drink, and we observed people regularly being offered drinks and snacks. People said they received enough support when they needed help with eating or drinking.

The service's complaints procedure was visible and was publicised for example at relative meetings. Staff and external professionals said the service was well managed. We were told by a staff member, "Managers are approachable and listen to our concerns." Staff said there was a positive culture in the staff team and the staff worked professionally together. There were satisfactory systems in place to monitor the quality of the service.

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

Staff knew how to recognise and report the signs of abuse

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who received comprehensive induction, training and support.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

People had access to doctors and other external medical support.

Is the service caring?

Good

The service was caring.

People were supported by staff who worked in a professional and caring manner.

People's privacy and dignity were respected.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

People received prompt assistance from attentive staff.

People received consistent and personalised care. This was

supported by comprehensive assessment and care planning processes. Care plans were kept up to date.

There was a suitable programme of activities available to people who used the service.

Is the service well-led?

Good

The service was well-led.

Staff and external professionals told us management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

Tregenna House

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.

We visited Tregenna House on 25, 26 and 27 January 2016. The inspection was carried out by one inspector. The inspection was unannounced.

Before visiting the service we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the three days of the inspection we spoke with eight people who used the service and two relatives. We also spoke with the registered manager and six members of staff. We had contact with six external professionals including GP's, social workers and specialist nurses who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at six staff files and other records in relation to the running of the service.

Many of the people at the service could only answer simple questions or were unable to speak with us due to their disabilities. As a consequence, we used the Short Observational Framework Inspection (SOFI) on the first day of the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments we received from people included; "Yes I feel safe here."

The service had a satisfactory safeguarding adult's policy. The majority of staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, choking, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. People were provided with safe moving and handling support where this was necessary. This showed staff were proactive in helping people to minimise risks of falling.

People's medicines were administered by staff. People said their medicine was always on time and medicines did not run out. None of the people we met self-administered their medicines, although appropriate processes were in place should people's situations change. Medicines were stored in locked cabinets in a clinical room and in one of the offices. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were suitably stored. Temperatures of medicine refrigerators in the clinical room were checked daily, although checks for the refrigerator in the office were irregular. We discussed this matter with the registered manager, who stated she would follow this matter up. Medicines were administered by nurses. Training records showed relevant staff who administered medicine had received comprehensive training. Nurses we spoke with said they felt competent to carry out the administration of medicines. The pharmacist had checked the system, and their report said its operation was satisfactory. Internal medicines audits were also completed.

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

No monies or personal possessions were kept on behalf of people. Where there was any expenditure, receipts were obtained. People's representatives were invoiced monthly for any expenditure. None of the staff or management acted as a financial appointee for people.

There were enough staff on duty to meet people's needs. For example on the first day of the inspection there were 20 care staff on duty throughout the day and evening. At night there were 10 care staff on waking night duty. In addition, there were three registered nurses during the day and one registered nurse at night. The registered manager and the deputy manager worked at the service, during the day, from Monday to Friday. The registered manager was a registered nurse. An activities worker worked at the service four days a week. Ancillary staff such as catering, housekeeping, cleaning and maintenance staff were also employed.

We observed people being provided with prompt support. For example a person pressed their call bell in their bedroom, and a staff member attended to the person within two minutes of the person pressing their call bell. Several people required individual support at all times from staff. The registered manager told us staff members providing this support changed each hour, so staff remained focused, in order for people to receive person centred support.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. Registered nurses had up to date checks from the Nurses and Midwifery Council.

The environment was clean and well maintained. Appropriate cleaning schedules were used including hygienic procedures to manage soiled laundry. There were satisfactory systems and equipment to clean bed pans. Satisfactory laundry and sluice equipment were provided.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. Records showed the passenger lift and manual handling equipment had been serviced. There was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of fire drills.

Good

Is the service effective?

Our findings

People, their relatives and external professionals told us the service was effective at meeting people's needs and staff worked in a professional manner. An external health care professional told us, "They work with some very challenging people here, and they cope very well." A GP told us, "The home is well run, communicate well and provide excellent patient care."

Staff had received comprehensive training to carry out their roles. New staff had a full induction to introduce them to their role. A staff member told us, "The induction went well. They brought me in to the team gradually." We were told staff members were inducted in groups. There was a structured induction which lasted two weeks. This covered basic health and safety related training such as fire safety, manual handling and food safety. All staff, irrespective of whether they had previously worked in the care sector or not, were required to complete the Care Certificate, and there were sessions about this. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. Staff were also provided with MAPA training. This training provided staff with the skills and knowledge to prevent, and where necessary manage difficult and aggressive behaviour.

Staff told us, after the induction, management were flexible about when new staff worked unsupervised. The registered manager said a decision was made for the staff member to be unsupervised when they felt ready. This could be several weeks, and in some cases "up to three months." The registered manager told us each new member of staff was paired with a mentor who would support them into their role. The mentor would liaise with the management team in order to determine when the new member of staff could work unsupervised.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training for example in manual handling, fire safety, food hygiene, health and safety, infection control, dementia, MAPA, safeguarding, medicine administration and first aid. There were some gaps in the training. The registered manager said she would address any shortfalls. Nursing staff received training in first aid. Although there were certificates of this training on staff files, the completion of this training was not shown on the service's training summary. Most non nursing staff had completed a diploma or a National Vocational Qualification (NVQ) in care.

Staff were supported in their roles partly by receiving individual formal supervision with a manager. Supervision sessions were documented. Staff also said they felt confident approaching senior staff if they had any queries or concerns.

Due to the nature of people's disabilities there were some restrictions at the service. For example many of the internal corridor doors, and all of the external doors were locked. This was for security reasons and to maintain people's safety. We saw staff helping people to make choices, where this was possible, for example, if people wanted a drink, or how they could spend their time. People also told us they could

choose when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

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

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. Decisions were documented on people's files. The staff we spoke with demonstrated a basic awareness of the legislation. Records showed some staff had received appropriate training for staff about mental capacity and deprivation of liberty, although some staff still needed to receive this training. The registered manager said she would address this matter.

People were happy with their meals. For example we were told meals were "Good" and "Very nice." Everyone said they always had enough to eat and drink. Where necessary people had food and fluid charts to help staff to monitor what people ate and drunk. These were satisfactorily completed. We received one comment there should be more choice of meals. We were also told 'soft diets' were sometimes not prepared to a satisfactory standard, and there could be lumps in the food. This meant people were potentially not protected from the risk of choking . We discussed these concerns with the registered manager who said she would address the matter with catering staff. We observed staff regularly offering people snacks between meals, and hot or cold drinks.

During lunch time we observed people receiving appropriate support to eat their meals. Where necessary staff sat with individuals throughout their meal to help them to eat. Staff were observed being very patient and not rushing people to eat. Staff made conversation with people throughout the meal time to help in making it a pleasurable occasion.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians, dentists, community psychiatric and other nurses regularly. We received positive feedback about the standards of the service from a number of health and social care professionals. Professional's comments included, "staff are very helpful," and "staff are very focused on the residents (and)…very caring towards residents and treat them with dignity."

The home had appropriate aids and adaptations for people with physical disabilities such as hoists, stand aids, a passenger list, specialist baths designed for frail people and 'walk in' shower facilities which could be used for someone who used a wheel chair.

The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours.

People told us they liked their bedrooms and these were always warm and comfortable.

Good

Is the service caring?

Our findings

People were positive about the care they received from staff. We were told; "I am happy (with my relative's) care," and "I cannot fault it (my care)."

We observed staff working in a professional and caring manner. Staff were observed talking with people about individual interests, and asking people how they were and if there was anything they needed help with. One person told us "Staff are charming." When people asked or needed assistance staff helped people promptly. Where people were anxious staff provided reassurance, or helped to calm people by distracting them to participate in alternative activities.

The home was busy but staff carried out their duties, and worked with people in an unrushed manner. The people we met were all well dressed and looked well cared for. Staff members told us "staff actually 'care' here..they are really committed and all have the same ethos and principles." "People come from places where they could not be managed for example they have very repetitive behaviours or aggression. We try to look at the causes. Staff are not fazed by the behaviours. They manage people's presentations very well." and "Care is good. We look after people as we would our own families."

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. The registered manager said where possible care plans were completed and explained to people and their representatives.

People's privacy was respected, for example, we were told staff always knocked on their doors before entering. People's bedroom doors were always shut when care was being provided. Some people required staff to accompany them at all times so they did not harm themselves or others. Staff carried out this role, where appropriate, in a discreet manner. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also into a visitors / meeting lounge, if they wanted to meet privately with visitors.

Good

Is the service responsive?

Our findings

We observed staff being attentive with people. When people asked for assistance staff reacted promptly to help people to go to the toilet or help people with a drink or a snack.Ppeople said they liked the staff and said they were helpful.

Before moving into the home the registered manager told us two staff would always go out to meet any people who had been referred to live at the home. People, and, or, their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. The registered manager would also, where possible, obtain copies of assessments from GP's and social workers to help staff to get to know the person.

Each person had a care plan in their individual file. Files were stored securely but were available to all staff. People's relatives were consulted about care plans. The registered manager said when a person moved in she tried to arrange a meeting with them to discuss the person's needs. Relatives were consulted about any changes to care plans as necessary.

Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical and mental health, continence, communication, mobility, social life, and moving and handling. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, deterioration in mental health, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff were aware of each individual's care plan. Care staff had a good knowledge of individual's needs. Staff completed daily records for people outlining how the person was, any activities they participated in and any other issues which other staff needed to be aware of. All records we inspected were completed to a good standard.

The service employed an activities worker four days a week. Activities which were regularly arranged included reading books, arts and crafts, making biscuits and bingo. Staff also carried out individual activities with people such as looking at the newspaper, going for walks, going to the park or to the town, or going out for a cup of tea at a café. Some external entertainers visited the home. These included musicians, singers and a man who would visit with exotic animals such as snakes, skunks and owls. The service also had a 'movie night' where a film would be shown on a large screen. The service had a seven seater vehicle to enable people to go out. People who lived on Cactus unit (who tended to be more physically able than people in other parts of the service) went out several times a week for example to the beach, to the pub, swimming and for walks. The registered manager said a representative from the local Methodist chapel visited the home occasionally. The people we spoke with said they enjoyed the activities provided.

People said they had no concerns or complaints. The registered manager said people and their relatives were informed of the complaints procedure. Information how to make complaints was outlined on the notice board, and relatives were regularly reminded how to make a complaint at relatives meetings. The registered manager said there had not been any complaints in the last year.

One person said they wanted to move to another part of the country to be with relatives. We discussed this matter with staff, and read the person's records which showed staff were working with the person to move. This was an example that the service was responsive to people's needs.

Good

Is the service well-led?

Our findings

Staff had confidence in the registered persons (owners and manager of the service.) For example people told us, (the registered manager is) "Very supportive" (and is) "Open to discussion." and "Managers are approachable and listen to our concerns." People said there was a positive culture at the service. A staff member told us, "It is a happy, loving home…a good place and a very rewarding place to work."

Staff said there was a positive culture among the staff team. For example we were told "It is professional and supportive," and "We all get on really well." None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. External professionals said communication was very good.

There was a clear management structure. The nominated individual (representative of the owner) was based locally and was in regular contact with the service. The registered manager worked in the service Monday to Friday, supported by a deputy manager. A registered nurse was always on duty during the 24 hour period. Senior care assistants were always on duty to lead shifts. The managers took turn to be on-call during the night, and at the weekends.

We observed the registered manager working with other staff in a positive and professional manner. Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They believed any major concerns would be addressed appropriately by the registered manager, who they said would deal with such matters as necessary.

The registered manager monitored the quality of the service by completing regular audits such as of care records, people's bedrooms (about decorations and cleanliness), moving and handling equipment, infection control, training provision, accidents and falls. An annual survey of relatives, staff and professionals was completed to find out their views of the service. Results of previous surveys were all positive.

The registered persons ensured there was a range of meetings to encourage communication. We saw copies of minutes for staff, senior and nurses meetings, and relative meetings.

A registered manager had been in post since 2013 . The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.