

Tre' Care Group Limited Trefula House

Inspection report

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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



Overall summary

Trefula House is a care home which provides accommodation for people who require nursing or personal care for up to 38 people. At the time of the inspection 38 people were using the service. Some of those people were living with dementia. Some people had mental health needs, physical or sensory disabilities.

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 Trefula House on 13 and 14 July 2015. The inspection was unannounced. The service was last

inspected in April 2013. The service was non-compliant with the regulations. However in November 2013 the provider supplied us with information that assured us suitable action had been taken to meet the regulations.

We had concerned there had been eight incidents, in the last month, where medicines were signed as administered but available records did not show that they had been given. We did not see any evidence of regular internal audit of the medicines system. Records showed not all nursing staff had received up to date training regarding medicines management. The medicines system therefore did not operate effectively.

The registered provider offered staff a wide range of training. However, records showed staff did not always

Summary of findings

receive training, or relevant updates, in a timely manner, as required by health and safety law, professional guidance and company policy. Staff said management were supportive and approachable.

People told us they felt safe at the service and with the staff who supported them. People told us “The staff here are very good, very nice,” and “Yes I am safe, I am well looked after.” A relative told us: “I am impressed; the staff are friendly and kind.”

Most staff had received suitable training and guidance about how to recognise potential signs of abuse and the subsequent action they would take.

Recruitment processes were satisfactory and appropriate pre-employment checks had been completed to help ensure people’s safety.

People had access to a general practitioner (GP), and other medical professionals such as a dentist, chiropodist and an optician. However records of some medical support were not always consistently kept to a good standard.

There were satisfactory numbers of staff on duty to keep people safe and meet their needs. People who used the service, and staff who worked at the home, said there were enough staff provided. For example people who used the service said if they pressed the call bell staff responded to them in a timely manner.

The home was clean and suitable laundry measures were in place. Suitable health and safety procedures were in place to ensure risks were kept to a minimum. The building had been suitably adapted to meet people’s needs. The building was homely, although, in the general nursing wing, some of the decorations and carpets in the hallways and lounges looked worn.

People who used the service told us staff were kind and caring, worked in a respectful manner and did not rush them. For example we were told “I receive excellent care, the food is good and I have no concerns.” People said they could spend their time how they wanted, were provided with a range of choices, and were able to spend time in private if they wished. Some activities were available for people.

Care files mostly contained suitable information such as a care plan and risk assessments, and these were regularly reviewed. People’s capacity to consent to care and treatment was suitably assessed in line with legislation and guidance.

People said they enjoyed the food, and we were told regular drinks were provided. People had a choice of eating their meals in the dining room or their bedrooms.

Nobody who we met raised any concerns about their care. Everyone we spoke to said if they did have concerns, they would feel confident discussing these with staff or with management. People said they were sure that staff and management would resolve any concerns or complaints appropriately.

People felt the home was well managed. All the people, who lived in the home, who we spoke with were very positive about the support they received from staff, and about staff attitudes. Family members were also very positive for example describing care standards as “excellent” and staff as “friendly and kind.” There were satisfactory systems in place to monitor the quality of the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 mostly safe

People were not always supported with their medicines in a safe way. Nursing staff had not received a recent update regarding training in medicines management.

Staff knew how to recognise and report the signs of abuse.

Suitable risk management processes were in place to ensure people are protected and their freedom is supported and protected.

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

Requires improvement



Is the service effective?

The service was mostly effective.

Although induction procedures were to a good standard, staff did not always receive required on-going training to ensure they had the skills and knowledge to provide effective care to people.

People told us they did not feel restricted, and they had a choice how to live their lives.

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

People had satisfactory access to doctors and other external medical support, although the quality of recording of some medical input was sometimes inconsistent.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. and people were encouraged to make choices about how they lived their lives.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

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

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

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

Some activities were available. The service had one full and one part time activities co-ordinator.

Care plans reflected people's individual care needs and were regularly reviewed.

People told us if they had any concerns or complaints they would be happy to speak to staff, the manager or the owners of the home. People felt any concerns or complaints would be suitably addressed.

Is the service well-led?

The service was well-led.

The home had a positive caring culture which put caring at the centre of the service's ethos.

People who used the service and staff who worked at the home said management ran the service well, and were approachable and supportive.

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

Good



Trefula 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 Trefula House on 13 and 14 July 2015. The inspection was carried out by one inspector. The inspection was unannounced.

Before visiting the home we reviewed previous inspection reports and other information we held about the home such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the two days we spoke with eleven people who used the service, two visiting relatives and two visiting professionals. We also spoke with a representative of the provider and four members of staff. We inspected the premises and observed care practices on both days of our visit. We looked at four records which related to people's individual care. We also looked at eight staff files and other records in relation to the running of the home.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period of 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.

Is the service safe?

Our findings

Nursing staff administered medicines. Records showed eleven of the seventeen nursing staff had received training in the management of medicines. However records showed only one had received this in the last three years. After the inspection, the registered manager informed us that seven nursing staff had received training in 2014 from the pharmacist, although this information had not been transferred to training records. The majority of medicines were administered, in blister packs, from a monitored dosage system supplied by a pharmacist. Staff signed medicine records when medicines were given.

We were concerned there were eight incidents, in the last month, where medicines were signed as administered but blister packs showed they had not been given. The medicines omitted were for the treatment of dementia, pain, epilepsy, cholesterol reduction, and depression. After the inspection the registered provider informed us the medicines were administered but were taken from the wrong part of the blister pack. We were also informed that people did not experience any negative effects. However when we inspected the medicines, and discussed the errors, with the nurse in charge, we did not see any evidence of this. No record was made on the medicines administration sheet that medicines had been taken from the wrong part of with the blister pack. If the medicines were administered from a separate source, no written record was made to prevent another member of staff giving the medicines again from the original source in the blister pack.

We were not provided with any records to show there was a system in place to check and audit the medicines system. For example we were not provided with evidence staff complete checks such as audits of stock or medicines' records. After the inspection the registered provider did inform us action had been taken to investigate our concerns, and prevent the error occurring again. We were also informed the pharmacist carries out a twice yearly audit of the system. However due to the number of errors, and at the time of the inspection the lack of audit systems in place, this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they received their medicines at the appropriate times. Medicines were stored safely. None of the people in the home currently self-administered their own medicines. A suitable system was in place to return and/or dispose of medicines.

People who lived at Trefula House told us they felt safe. Comments we received from people who used the service included; "The staff here are very good, very nice," and "Yes I am safe, I am well looked after." A relative told us: "I am impressed; the staff are friendly and kind."

The service had a safeguarding adults policy which reflected current good practice guidelines. Two thirds of the staff (84 out of 128) had a record of receiving training in safeguarding adults. Discussions with staff demonstrated they understood how to safeguard people against abuse. The staff we spoke with said they thought any allegations would be fully investigated and suitable action taken to ensure people were safe. Our records, and senior staff at the home, informed us there had been no safeguarding concerns since the last inspection.

Care plans included risk assessments which identified what risk people were at, for example from events such as poor nutrition and hydration, falls and pressure sores. There was evidence risk assessments were regularly reviewed and updated as necessary.

During our visit we observed care staff supporting people appropriately to move around the home. Staff helped people professionally and with patience and kindness. For example when one person looked at risk of falling, a member of staff stopped what they were doing, helped the person to their chair, and found them a magazine to read. Throughout the period of assistance the member of staff chatted with the person. People had suitable equipment to assist them with moving and handling such as hoists, handling belts or stand aids.

The registered persons did not hold any personal possessions or money for people. The person's representative was invoiced for any small items purchased, as well as for services such as hairdressing and chiropody.

Incidents and accidents which took place in the home 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, and subsequently reduce any

Is the service safe?

apparent risks. Staff liaised with relevant external professionals if individuals had repeated falls, a person's health needs had changed, and/ or additional equipment was required.

There were sufficient staff on duty to meet people's needs. Staff told us there was good team work and that everyone worked well together. For example one person told us "This is by far the best home I have worked in...the quality of care is very good, it's a good group of staff, there is a lot of team work and a lot of support from managers and seniors." Staff rotas demonstrated staff had a suitable skills mix to meet the needs of the people who lived at the home. For example rotas showed there were twelve staff on duty during the morning shift, eleven people in the afternoon and evening, and ten staff on waking duty overnight. These were supported by ancillary staff such as kitchen and cleaning staff. One person told us "You do not have to wait around" (when the person used the call bell). A member of staff told us if there was staff absence " they (the management) will always see if someone can stay on, or get agency staff." From our observations call bells were answered promptly and staff responded quickly if people needed assistance. Staff had time to sit and talk with people.

Recruitment checks were in place to ensure applicants had the appropriate skills and knowledge needed to provide care to meet people's needs. Staff recruitment files contained relevant recruitment checks to show staff were suitable and safe to work in a care environment. Checks completed on staff included two references, including a reference from the person's previous employer, and a Disclosure and Barring Service (DBS) check which ensured the person did not have any previous criminal convictions.

The environment was clean and well maintained. Suitable cleaning schedules were in place. Suitable laundry procedures were in place. A satisfactory number of cleaning and laundry staff were employed.

The boiler, electrical systems, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed stair lifts, and manual handling equipment had been serviced. There was a system of health and safety risk assessment. There was a policy, and system in place to minimise the risk of Legionnaires' disease. 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 regular fire drills.

Is the service effective?

Our findings

The service offered a suitable spectrum of training courses to staff. For example training required by health and safety legislation such as manual handling, food hygiene, and first aid. Other training required by the service such as infection control, safeguarding, medicine administration was also offered. Staff were offered training to assist people with specific care needs for example dementia, mental health awareness and responding to difficult behaviours.

Records showed completion of training was variable, and training was not always up to date. For the 128 staff employed manual handling training was up to date. However, and depending on the course, there were significant gaps of between a third and half of staff who had not received up to date training in health and safety, fire prevention, food handling, infection control and first aid. A third of staff had not received training in the prevention of abuse, and over half had not received training in a basic awareness of dementia. The delivery of this training did not comply with the providers training policy, and legal and professional guidance issued by the Health and Safety Executive, and Skills for Care. Skills for Care is an independent body which sets care industry training standards.

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

Most of the staff we spoke with said they received some formal supervision with a manager. However the frequency of supervision was variable. For example one person told us they received supervision “every six months,” and another person said they had not received supervision. However all staff we spoke with said they could approach senior staff or management when this was necessary, and they always found management supportive and helpful. We were not able to inspect supervision records as the registered manager was away.

Staff received a full induction when they started working. A member of staff, who had recently started to work at the home, told us “for the first two weeks I was supernumerary (over and above the required staffing), I have never been that for more than two days before. They were brilliant.” We were told induction included shadow shifts with more experienced staff, and the reading and explanation of appropriate policies and procedures. An induction

checklist was completed with each new staff member. The service had also developed an induction process for new staff. The new induction process is in line with Skills for Care guidance, and will enable staff to work towards the Care Certificate. The Care Certificate is an identified set of national induction standards that health and social care workers should follow. The Care Certificate ensures all care staff have the introductory skills, knowledge and behaviours to provide suitable care and support.

All the people we spoke with thought the service met their needs. Comments we received included: “I receive excellent care, the food is good and I have no concerns,” and “the staff here are very good, very nice.”

The staff we observed, and spoke with were knowledgeable and demonstrated a good understanding of the needs of the people who lived at Trefula. Staff were seen helping people promptly when required, explaining to people what they were doing, and not rushing people even when the service seemed very busy.

There were suitable records to demonstrate people’s capacity to consent to care and treatment was assessed in line with legislation and guidance. People told us staff would offer them choices such as how they wanted to spend their time, what they wanted to eat, and what they wished to wear each day. Everyone said they were given a choice of when they got up and went to bed each day.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A service needs to consider the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment.

There was evidence of systems in place to assess people’s mental capacity in line with the requirements of the MCA. The assistant manager said DoLS applications for the majority of people who used the service had been sent for

Is the service effective?

authorisation. However under half the staff group had received training on the Mental Capacity Act (2005). Although the staff we spoke with showed a basic awareness of the legislation, we are concerned that unless all staff receive training in this area they may not be fully equipped to follow the legal safeguards outlined in the MCA. This may limit the ability of workers to support people to make decisions for themselves and know whether, and how, to make a decision on their behalf. Skills for Care also deem MCA training as a necessary prerequisite in any training programme.

This contributed to the breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everybody we spoke with was complementary regarding the food provided at the service. For example people told us they had enough to eat and drink, and the food was always to a good standard. During lunch time we observed staff providing suitable support to people, in an unrushed manner. People told us they were provided with regular hot and cold drinks throughout the day. Care plans contained a nutritional risk assessment. Each person's risk of malnutrition had been assessed. Where necessary, food and fluid charts were in place to check people were regularly eating and drinking enough. Records inspected showed these were being regularly completed.

People said they received suitable health care support from nursing staff and could see a GP when they requested one.

People said they could see other medical practitioners such as a chiroprapist, dentist or an optician. Notes from GP consultations were kept and were comprehensive. There was however limited or no information, for some people, about when they last saw a dentist or an optician, although records for other people were to a good standard. It was not clear from their records if these people had seen a dentist or optician, or if they did not want or need these services. We spoke to one visiting health professional who told us "they manage people with very complex needs very well. Staff will respond to the need to change if we need to provide them with specific guidance."

The home had been suitably adapted to meet people's needs. For example for people with a physical disability there were hand rails, stair and passenger lifts, assisted baths and the toilet seats were raised. People chose to spend time either in their bedrooms or in one of the lounges or dining areas.

The building was generally well maintained, decorated and furnished. However decorations and carpeting in the hallways and lounges in the general nursing wing looked worn. A representative from the company told us there was a plan to upgrade these areas. There was a secure seating area in the garden where people could sit when the weather was dry. Key pads restricted access between areas inside the service, and also from exits. This was to protect the people living in the home due to the levels of dementia, and frailty, of the people supported by the service.

Is the service caring?

Our findings

People who lived at Trefula said they were supported by kind and caring staff. For example people told us; “staff are lovely,” and “the staff are very good.” Staff were positive about the ethos of the home. For example one person said “all the staff have a good attitude towards people. People are well looked after and given suitable support as necessary.” Another member of staff said “we treat people as our own...it is brilliant.” All the staff we spoke with said they would challenge their colleagues if they observed any poor practice, and were sure suitable action would be taken, should they need to report any concerns to management.

People said the staff who worked with them did not rush and care was given in a way they wanted. For example one person said “the staff here are very nice. If I don’t feel like getting up I stay in bed...nobody rushes me.” People said if they had a concern or a complaint they felt they could discuss this with staff or management, and felt certain the matter would be suitably addressed. The people we met were all well dressed and looked well cared for.

Peoples’ care plans outlined their needs, likes and dislikes, and most included life histories. Life histories are important for staff to understand the background of the person and how it impacts on who they are today. The people we spoke with had limited awareness of, and said they had not been involved, with their care planning. However all these people were positive about how their care was given, and did not want any changes. The assistant manager told us staff always consulted the person’s representatives about care plans, and ask them to sign the care plan. We were told it was difficult to involve people who used the service in writing their care plans. This was due to people’s level of

dementia, and in some cases severe illness. Staff did inform us they will always try to involve people in making day to day decisions such as when people want to get up, what they wanted to wear, and what they wanted to eat.

Staff interactions we observed were all positive. Staff worked in an unrushed and kindly manner. Staff were suitably discreet when providing care for people for example bedroom doors were always shut when care was being delivered. Staff took the time to speak with people as they supported them, for example, we observed staff sitting and talking with people in the lounges of the premises. When people needed assistance with meals this was completed in a respectful and suitable manner. When helping someone to have a meal we observed staff sitting next to the person. Staff always assisted the person to eat at the person’s own pace, and where possible they would have a conversation with the person while assisting them.

People were able to make choices about their day to day lives for example if they wanted to spend time with others in one of the lounges, or if they preferred to spend time alone in their rooms. People told us they chose what time to get up and go to bed, and how they spent their day.

People said their privacy was respected for example staff always knocked on their doors before entering and they did not believe their care was discussed in front of others. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments.

Visitors told us they were made welcome and could visit the home at any time. People could choose where they met with their visitors for example in one of the lounges or in their rooms.

Is the service responsive?

Our findings

Records demonstrated people had their needs assessed before they came to live at the home. This assisted the service to check it could meet the person's needs, wishes and expectations. Several people we spoke with told us somebody had met with them to discuss their needs before they moved into Trefula.

Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained appropriate information to assist staff to provide the person with suitable care. Care plans included suitable information for staff members to deliver peoples' care. Most people's care plans contained a profile outlining the person's social history; for example if they have any family, where they are from, what hobbies or interests the person had. Care plans also contained suitable assessments for example regarding the person's diet, continence, physical health, and behaviour. Risk assessments were also completed with the objective of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were reviewed, at least on a monthly basis, and updated according to any changes in the person's needs. All staff we spoke with were aware of individuals' care plans, and told us care files were accessible to them.

We observed staff working in a kind and compassionate manner throughout the two days of our inspection. People who spent most of their time in their bedrooms told us staff would call, on a regular basis, to check if they needed any assistance. People told us, if they preferred to be on their own, they did not feel under any pressure to spend time with other people in the lounges.

People had call bells in their rooms and staff responded to these quickly.

The service employed one full time, and one part time activities co-ordinators. A record of activities was kept. Activities included cake decoration, one to one trips out, sing-alongs, craft sessions and bingo. Entertainers also visited the home. On the second day of the inspection we observed a music therapy session with a group of people who had dementia. Significant effort was made to assist people to join in and the session looked an enjoyable occasion. People told us they were happy with the level of activities provided.

Staff told us there were meetings for various groups of staff. For example there was a general team meeting, as well as meetings for nurses, night staff and domestic staff. We inspected records kept of these meetings. Staff told us they could contribute to these meetings. There was a staff handover each day which helped staff to discuss any concerns about people's welfare and ensure staff worked consistently.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management. People said they felt confident suitable action would be taken if they raised a concern. One person told us they had raised a concern about not receiving the correct choice of meal, and the matter had been resolved appropriately by the staff on duty. Where formal complaints had been made, we saw relevant correspondence which showed these matters had been investigated and resolved appropriately.

Is the service well-led?

Our findings

People, their relatives, and the staff had confidence in the management and senior staff at the service. People who lived in the home said if they had any concerns they could ask to speak with senior staff or management, and they found them approachable.

People and staff said there was a positive culture in the home. Everyone we spoke with were very positive about the support they received from staff, and about staff attitudes. Family members were also very positive for example describing care standards as “excellent” and staff as “friendly and kind.” One staff member said: “We work hard to help families to feel involved and included.” Staff members said there was a good atmosphere in the home and they gave examples including, “people genuinely care,” “there is a lot of laughter,” “all the carers are pretty good here,” and there was “a good amount of team work.”

From our discussions and observations we concluded the home has a caring culture where staff saw people’s individual and collective needs as their priority. This culture was embedded within the team and this was evident from how we saw staff working in a positive, kind and caring manner. Senior staff told us this happened because staff employed had positive and caring attitudes, and received appropriate role modelling from more established and/or senior staff.

There was a clear management structure. Staff told us the registered manager and deputy manager were approachable and spent time in the main areas of the home. Care staff said management “do a good job,” were “supportive” and “approachable.” We were told that managers spent time each day, with care staff to support

them and check care was being delivered effectively. Staff said they were given opportunities to contribute to discussions about care practices, for example at handovers and at staff meetings.

Staff, people and their relatives, told us they felt confident in approaching managers if they had a concern. We were told, if any concerns were raised, these were addressed appropriately. We observed management working with less senior staff in a constructive and professional manner. Staff members we spoke with said morale was good in the home.

The registered manager monitored the quality of the service by completing regular audits such as of care plans, maintenance and decorations, and staff training. However, as noted earlier in the report systems to monitor training and medicines were not always effective, and as a consequence we have issued requirements regarding shortfalls in these areas.

External consultants were employed to ensure health and safety and fire safety standards were maintained. The company general manager, said a survey to ascertain the views of people who live in the home, and their families was due to take place shortly. Summaries of previous quality assurance surveys showed people and their relatives were very happy with the service received.

Records showed that staff recorded accidents and incidents which had happened in the service. The registered manager used this information to monitor and investigate accidents and took the appropriate action to reduce the risk of them happening again.

A registered manager had been in post for several years. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, had been reported to CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered persons did not have a satisfactory system in place to ensure the proper and safe management of medicines, and to ensure relevant staff received training about the management of medicines. Regulation 12(2)(g)

Regulated activity

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered persons did not ensure staff employed had received appropriate training and professional development to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)