

Cornwallis Care Services Ltd

Trewidden Care Home

Inspection report

Trewidden Road
St Ives
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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Trewidden provides accommodation with personal care for up to 39 people. There were 37 people using the service at the time of our inspection.

People's experience of using the service:

- People were not all able to fully express their views therefore they were not able to tell us verbally about their experience of living at Trewidden. Therefore, we observed the interactions between people and the staff supporting them.
- The management team and staff knew people well and understood their likes and preferences and health needs. Staff were caring and spent time chatting with people as they moved around the service. Relatives told us they were welcome at any time and any concerns were listened and responded to.
- Staff showed a true fondness for the people they cared for and there was a warm, friendly and welcoming atmosphere. People's wellbeing was promoted.
- The environment lacked appropriate stimulation for people living with dementia. Activities provided were not always meaningful and relevant to people's backgrounds and interests. We have made recommendations about these issues in the Responsive section of this report.
- People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. However, the process for ensuring these mattresses were always set correctly was not robust. We did not evidence any impact on people due to using incorrectly set mattresses. The manager assured us that night staff were going to be asked to sign each night following the checks of these mattresses. We have made a recommendation about this in the Responsive section of this report.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff were recruited safely in sufficient numbers to ensure people's needs were met.
- The environment was safe and people had access to equipment where needed. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.
- Quality monitoring systems were in place. However, there was some delay in actioning some audit findings. A recent survey sent out to people and their families had positive responses.

Rating at last inspection: At the last inspection the service was rated as Requires Improvement (report published 1st May 2018) There were no breaches of regulations. However, we were concerned about some aspects of staff support, records kept and support provided to some people by agency staff, staffing deployment and details of people's lasting powers of attorney were not always clearly recorded. Recommendations were made in the last report due to these concerns. At this inspection the service had made improvements and was rated as Good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to

visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive
Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Trewidden Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

This inspection was carried out by one inspector, a member of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Trewidden is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a manager registered with the Care Quality Commission. The registered manager had recently left. The deputy manager had stepped in to the manager role and was applying to the CQC to be the registered manager. Registered managers like providers are legally responsible for how services are run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies.

During the inspection, we spoke with five people who used the service, and three relatives. We also had discussions with five staff members and the manager and the operations manager. An external therapist was spoken with during their visit to the service.

We looked at the care and medication records of four people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

•Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. The service had raised safeguarding concerns appropriately.
- Staff meetings at all levels were used to remind staff of safeguarding processes.
- People and relatives told us they felt the service was safe.
- There were appropriate systems in place to manage people's money on their behalf. This money was accessible to people when required.

Assessing risk, safety monitoring and management

- At our last inspection we were concerned about the risks associated with a person throwing things out of a first-floor window, down on to the car park. At this inspection we found this concern had been largely addressed by providing the person with one to one support for 12 hours each day.
- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.
- There was a positive approach to risk taking to enable people to maintain their independence. People were encouraged to go out into the local community where able.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. All equipment was in good working order.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Where people presented with behaviour that challenged staff and other people there was clear guidance and direction for staff on how to help reduce the risk of this behaviour.

Staffing and recruitment

- At the last inspection we were concerned that completed dependency ratings did not always ensure that enough staff were available to meet people's needs. At this inspection we found staff shifts had been changed from a 12-hour shift to a seven and a half hour shift. Staff found this better as they were less tired. Dependency was now calculated differently and staffing levels had increased with between five and seven staff on duty on each shift. Two people were now receiving one to one support during the day.
- There had been many new staff join the service since the last inspection. There were now sufficient numbers of staff to meet people's needs. Staff were happy and morale was good.
- At the last inspection we were concerned that agency staff, providing one to one support, did not always complete consistent care and records. At this inspection we found that most agency staff used the

electronic care record system to record support provided. However, we saw records where staff had reported some areas of the service in which the wi-fi did not support this to take place easily and paper records had needed to be completed.

- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.
- Most people were unable to use call bells to summon assistance when needed due to their healthcare needs. There were short periods of time when no staff were present in the communal areas as deployed elsewhere in the service. During these periods people did appear to become more anxious. This was discussed with the manager who assured us that this would be addressed.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt storage, administration and disposal of medicines.
- Staff were trained in medicines management and competency checks to ensure safe practice were being implemented.
- Medicine storage temperatures were monitored to make sure that medicines would be safe and effective.
- Aspects of medicines management were audited regularly. Some medicine records needed reviewing and updating such as some protocols for 'when required' medicines, allergies, and pharmacy advice if medicines were administered covertly. These areas had recently been identified as needing improvement by the service.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Flooring and surfaces were intact and could be effectively cleaned.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Staffing levels had been increased in response to changes in people's behaviours. Records showed these changes had led to a decline in the number of incident occurring within the service.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals, after incidents where people had fallen, such as treatment by a GP, advice from an occupational therapist or physiotherapist. A recent incident with a person in a wheelchair had resulted in clear guidance being provided for staff on how to move people in wheelchairs safely.
- A recent concern reported to the manager, had led to appropriate action being taken following an investigation.

Is the service effective?

Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

•Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- A relative told us, "The staff are lovely, and the home is spotless and well organised".
- People were assessed prior to moving in to the service. This assessment process had been reviewed recently. This assessment process had been reviewed recently as a result of learning identified following the admission of an individual whose needs had not been fully identified. This improved process helped ensure information gathered was accurate and complete so people's needs could be met.
- Care plans showed people's needs had been assessed and planned for. Guidance and direction was provided for staff on how to meet those needs.

Staff skills, knowledge and experience

- People were supported by staff who had ongoing training.
- Staff undertook training to meet people's specific needs. Most staff had attended dementia care training.
- At the last inspection we had concerns that staff induction and supervision support was not always clearly recorded in their files. At this inspection we found improvements had been made to the support recorded and provided to staff. All staff had been provided with an appraisal. There were one or two staff who were due supervision. The manager was aware of these individuals and had a plan to address this.
- Staff were given opportunities to discuss their individual work and development needs. Staff felt well supported. Staff told us, "I am happy here, things are alright" and "Morale is good and I think the new manager will be fine."
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- Staff confirmed they had spent time working with experienced staff until they felt confident to work alone.

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

- At the last inspection we were concerned that people's weight recording and monitoring was not always consistent. At this inspection we found improvements had been made and people's weight management was effective. Action was taken in a timely manner when required to support a person with their nutritional intake. Supplements were provided following advice from external healthcare professionals.
- The kitchen was in good condition. The service had been inspected by the Food Standards Agency and given a five-star rating.
- People were offered a choice of food and drink. Their preferences were well recorded in care plans.
- People's dietary requirements were provided for. Staff were available to support people during their meals.
- People told us they enjoyed the food provided. Relatives commented about the food saying, "I was very

impressed at this quality" and "My Aunt has a good appetite and she enjoys the food, which is a good sign. The home is monitoring her drinks at the moment".

- Staff monitored some people's food and drink intake where concerns about their intake had been identified. The monitoring charts were totalled and audited daily to ensure people had sufficient intake.

Adapting service, design, decoration to meet people's needs

- New carpeting and re-decoration of bedrooms had taken place since the last inspection. There was a programme of re-decoration in place as rooms became vacant. The service had recently changed from being a nursing home to a residential home. Nursing beds were being replaced by divan beds as rooms changed occupants.
- Some people living at the service were living with dementia and were independently mobile with aids. There was some additional pictorial signage to help people to orientate around the service. However, there no areas of particular focus or interest for people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service had a good working relationship with the local GP practices who visited regularly.
- The community nurses supported the people living at Trewidden who had nursing needs.
- When staff recognised people's healthcare needs had changed they sought advice from other healthcare professionals.
- Care records showed when each person had had sight tests or seen the audiologist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the last inspection we were concerned that information, recorded in people's care plans about any lasting power of attorney (LPA) that had been appointed, was not always clear. This meant staff were not able to easily establish if a person had an LPA for welfare or financial decisions. At this inspection we found improvements had been made and it was now clear in care files which LPA was in place.
- Many people had door alarms which were used to alert staff if the person left their own bedroom at night.
- Continuous supervision and control, combined with lack of freedom to leave, indicated a deprivation of liberty, and the manager had applied appropriately for this to be authorised under DoLS.
- The manager kept clear records of the people who were awaiting authorisation and when any assessments needed renewing. Conditions applied to some authorisations were being supported.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act.
- People told us staff always asked for their consent before commencing any care tasks, and we heard this in practice during the inspection.

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

- Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were respectful of people and we heard many positive interactions during this inspection.
- The service held a policy on equality and diversity and staff had been provided with training to help ensure people's rights were protected.

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

- Relatives told us, "Staff are always very nice to us. We feel well informed as a family and we are pleased they had noticed my aunt's swollen knee, which they raised with us and is now being investigated".
- Staff told us, "It is a positive place, the residents and their families are always around each other which is nice to see".
- Many people living at the service were not able to clearly express their views to staff. However, staff and management spoke with people regularly throughout each day to help ensure their needs were being met.
- A recent quality assurance survey had been sent out to people and their families. The responses to this survey were mostly positive. It was not clear if any actions had been taken as a result of the response made by some people to further improve the service provided.
- Care plans clearly indicated that people had, where possible, been offered the opportunity to be involved in their own care plan reviews.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection visit we saw many positive interactions between people and the staff and management. Staff were kind, caring and patient.
- People's privacy was respected. We observed care staff lowered their voice when asking people if they wished to use the bathroom.
- One person was supported to go to the garden to spend time with their visitor and dog to give them some privacy.
- Another person's pre-occupation with wishing to leave the service was managed with sensitivity and patience.
- Staff ensured people's privacy was respected by closing doors and curtains during personal care.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

Requires improvement : People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preference, interests and give them choice and control

- The communal areas lacked sufficient stimulation for people with dementia. There were very few items for people to pick up and occupy themselves as they moved around. People showed no interest in the books and boxed games stored on shelves. People sat in chairs asleep for large periods of time.
- An audit had identified that some fencing around the outside space was in need of making higher. This was to help ensure people could not leave the garden unnoticed. This had not been addressed at the time of this inspection and meant that people could not spend time outside independently without the supervision of staff.
- The manager was very keen to improve the service provided to people living with dementia. They were aware of the concerns we raised at this inspection regarding the stark environment saying, "This has been raised before." They were committed to take advice and guidance on this issue.
- We recommend the service take advice and guidance from a reputable source regarding the provision of a suitable stimulating safe environment for people with dementia.
- A relative told us, "There is always something going on one can't fault the care, the home is always spotless and the staff always friendly".
- Electronic care plans described people's individual needs, preferences and routines. They were reviewed regularly to help ensure they reflected people's needs at all times.
- Care plans provided staff with best practice guidance and direction to provide for the specific needs of some people.
- Daily notes reflected the care people had received and were informative and appropriately detailed.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- Some people required one to one support. These people were taken outside of the service regularly to enjoy the local community. One person had been taken by a carer back to the Isles of Scilly to revisit childhood memories.
- Some people required air filled pressure relieving mattresses to help prevent skin damage whilst they were cared for in bed. Four people had these mattresses provided. There was information provided for staff on the correct setting for each one. However, all four mattresses were set incorrectly for the person using them at the time of this inspection. This was addressed at the time of the inspection and a process put in place for the night staff to sign each night having checked the settings were correct. There was no impact on people as a result of this concern. There were no people with pressure damage that required treatment at the time of this inspection.

- We recommend that the service audit this new process to ensure it is effective and sustained.
- Activities were provided in the service. A relative told us, "We have been asked several times whether we want to accompany [person's name] to a local activities park. I hear the entertainment here (the service) is very good".
- Activities occupied some people in small groups or in brief one to one sessions. Some people were supported to go outside in to the garden to take part in some gardening or enjoy the pet animals. Some people went out in to the local community. However, people living with dementia were not always provided with meaningful occupation, such as activity that related to their past lives. Some people who chose to stay in their rooms were at risk of isolation.
- We recommend that the service take advice and guidance from a reputable source regarding the provision of meaningful and relevant activity for people with dementia.
- The service received many positive comments. A recent thank you stated, "Thank you for all your hard work looking at [Person's name]. It was piece of mind that you were doing a good job and there were no worries in that department."

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- The manager held a record of any concerns raised, the action taken and the resolution. The manager told us there had been one recent complaint which was in the process of being addressed.

End of life care and support

- The staff were supported by the community nursing team to provide good quality end of life care to people.
- Medicines were ordered and held to be used if needed at the end of a person's life. This helped ensure people were pain free and comfortable.

Is the service well-led?

Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

•Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- Everyone at the service and their relatives told us the acting manager was open and very approachable.
- The manager was frequently involved with the delivery of care. This meant they were very aware of any issues affecting the service and were able to lead by example.
- Staff were very happy working at the service and felt well supported. Comments included, "I like it here, we are well supported" and "I can get any help I need, I just ask."
- Care plans were person centred and provided clear detail and guidance for staff to provide care and support in the way each person preferred.
- The acting manager and the provider were open and transparent. Some issues, which were identified at the time of the inspection, were addressed before the end of the inspection, showing a willingness to continuously improve the service.

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

- The registered manager had recently left the service. The deputy manager had stepped up in to this role and was in the process of applying to be the registered manager. The manager was receiving appropriate support from the provider and the operations manager.
- The manager had appropriately notified CQC of abuse concerns or events that stopped the service, including the reporting of any deaths.
- Audits of many aspects of the service helped ensure continuous improvements were made. Care plans, accidents and incidents, infection control, premises and medicines management were all regularly checked. These audits were overseen by the provider. The audit cycle was not always completed as action taken to address issues identified was not always clearly recorded.
- A recent compliance inspection carried out by an external agency had identified some issues to be considered by the provider. At this inspection we found many of these issues had been resolved. However, there had been delays in action being taken once issues had been identified by an audit. For example, it had identified that specific training was required for kitchen staff. This had been outstanding since November 2018. This training was undertaken on the day of this inspection.
- The ratings and report from our previous inspection were displayed in the main entrance.

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

- The manager had held resident's and family's meetings to discuss activities, meal choices and how people viewed the service provided to them.
- A survey of all people, their families had been carried out recently. The feedback was positive.
- Staff meetings were held regularly. Whole service meetings were held as well as individual staff group meetings, such as housekeeping and carers. We noted that the staff had all been formally thanked for their hard work in improving the service. Staff told us they felt able to raise any issues with the manager and were confident they would be heard.
- Staff were given the opportunity to nominate a colleague for a "Moments of the Month" award. These awards were given by the manager to staff in recognition of providing excellent person-centred care that made a difference to people. This helped motivate staff and ensure they felt recognised.

Continuous learning and improving care

- Staff working hours had been changed to a shortened shift. This had led to staff being less tired. The manager told us, "The staff are less tired, the atmosphere is better and staff tell me they like it."
- The provider had installed electronic care plans. All staff had access to this system. The system allowed for staff to be sent specific messages which appeared on their hand-held devices. This helped ensure communication was effective.
- The manager used specific events which took place at the service, or concerns raised as an opportunity to learn and change practice where necessary. Such events were raised at staff meetings and in supervision with specific staff to continuously improve the service. A recent event had led to staff being provided with specific guidance on moving people on a ramp in a wheelchair.
- A new deputy manager and team leader post was being created and recruited to. This was to support the manager in further improving the service.

Working in partnership with others

- Care records held details of external healthcare professionals visiting people living at the service as needed.
- The community nurses visited people at the service regularly to support any nursing needs.