

Swallowcourt Limited

# Trevaylor Manor

## Inspection report

Gulval  
Penzance  
Cornwall  
TR20 8UR

Tel: 01736350856  
Website: [www.swallowcourt.com](http://www.swallowcourt.com)

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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

About the service: Trevaylor Manor is a care home that provides personal and nursing care for up to 81 predominantly older people. At the time of the inspection 65 people were living at the service. Some of these people were living with dementia. Trevaylor Manor is part of the Swallowcourt group which has two other nursing homes in West Cornwall.

The accommodation is arranged over three floors. People living on the upper two floors were likely to have higher physical needs. There was a downstairs unit, used for people living with more advanced dementia. In addition, there was a separate building within the grounds, known as the Coach House. The Coach House was part of the dementia unit and accommodated up to eight people who required a safe environment but were more physically independent.

People's experience of using this service:

People, relatives and staff all told us improvements had been made to the running of the service. Effective systems were in place to monitor the quality of the service provided and improvements had been made to records relating to people's care.

Under the Mental Capacity Act 2005, 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, called Deprivation of Liberty Safeguards (DoLS). The service had made DoLS applications appropriately and where there were conditions attached to authorisations these were being met.

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service. People had access to secure garden areas and we observed staff supporting people to walk around the garden, prompting them to look at the flowers and plants. People and their relatives told us they were happy with the care they received and believed it was a safe environment.

There was a stable team of staff who had the skills and knowledge to meet people's needs. Staff received regular supervision, training and support from management. Staff spoke passionately about the people they supported and were clearly committed to providing a person-centred service in line with people's wishes.

Care plans were up to date and reflected people's current needs. Any risks were clearly identified and effectively managed. Medicines were administered safely.

Staff supported people to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Staff were informed about people's changing needs through effective shift handovers.

Recruitment procedures were robust and staff understood their role in protecting people from abuse.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service. People and their families were given information about how to complain and details of the complaints procedure was displayed at the service.

Rating at last inspection: Requires Improvement (report published on 17 May 2018). The service had been rated as Inadequate at the previous inspection in October 2017.

Why we inspected: This was a planned inspection based on the rating at the last inspection to check if the required improvements had been made. We also checked if the positive conditions applied to the provider's registration were met. Positive conditions were applied at a previous inspection in October 2017 and remained in place after the inspection in April 2018. At this inspection the service had embedded changes sufficiently to improve the overall rating to Good and the conditions were met.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The full details can be found on our website at [www.cqc.org.uk](http://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?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-led findings below.

**Good** ●

# Trevaylor Manor

## Detailed findings

### Background to this inspection

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

**Inspection team:** The inspection team consisted of three adult social care inspectors 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 for older people. Their area of expertise was in older people's care.

**Service and service type:** Trevaylor Manor is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was unannounced. We visited the service on 23 May 2019.

**What we did:** Before the inspection we reviewed information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with five people living at Trevaylor Manor and five relatives. We looked around the premises and observed staff interacting with people. We also spoke with nine care staff, two activities co-ordinators, the registered and deputy managers, manager of the dementia unit and the clinical lead. We looked at six records relating to the care of individuals, medicines records, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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 relaxed and comfortable with staff and told us they felt safe. Comments from people and their relatives included, "Exceptional high quality-safe and person focused care", "The staff are very kind and gentle with me. Its is very rare that I raise any matter of concern" and "I have been visiting the home for quite a while and have never seen any practice that would concern me".
- 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 provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff meetings at all levels were used to remind staff of safeguarding processes.

Assessing risk, safety monitoring and management

- 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.
- If people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff to identify triggers, so they could respond quickly to help prevent a situation from escalating. If it became necessary to use physical restraint, to keep people safe, this was used appropriately and by suitably trained staff. Care staff said, "We have had training in de-escalation. It's really important and when done well seems to work" and "Care plans are very good in telling us what each resident's triggers might be."
- Some people had been assessed as being at risk from developing skin damage due to pressure and pressure relieving mattresses were in place for these people. People were weighed regularly and if their weight changed the mattress setting was adjusted accordingly. There was a system in place to check if mattresses were set at the correct level for the person using them, when first used and on an on-going basis.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were sufficient numbers of care staff and nurses on duty to meet people's assessed needs. Staff were effectively deployed across the different units at the service. There were ample ancillary staff such housekeeping, laundry and kitchen staff.

- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- People had access to a call bell to alert staff if they required any assistance. People said staff responded quickly whenever they used their call bell. We saw people received care and support in a timely manner.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

#### Using medicines safely

- People were given their medicines safely. Staff recorded when medicines were administered to people on Medicines Administration Records (MARs).
- Nurses or trained care staff gave medicines after they had been assessed as competent to give medicines safely.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective.
- Where people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.
- Staff completed daily checks and managers undertook weekly and monthly audits. Any actions needed were identified to achieve ongoing improvements.
- There were reporting systems for any incidents or errors and we saw that these were investigated, and actions put in place to try to prevent them happening again.

#### Preventing and controlling infection

- The premises were clean and free from malodours. The team of domestic staff, allocated to work in specific areas of the premises, all followed robust cleaning routines.
- 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

- 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, such as dementia liaison nurses, after incidents where people had displayed behaviour that challenged or caused harm to others.

# 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.

Improvements had been made. The provider met the previous breaches of the regulations in relation to conditions attached to DoLS authorisations and gaps in records when monitoring people's food and fluid intake.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 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.

- Mental capacity assessments had been completed for people, and where required, appropriate applications had been made to deprive people of the liberty within the law.
- Some people had conditions applied to their DoLS authorisation stating how staff must deliver the person's care to minimise the impact of specific restrictions. For example, ensuring staff provided meaningful activities, offering medicines overtly before giving covertly and how to use specialist chairs. Where people had conditions in place these were being met.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.



## Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments. Since the last inspection all care staff had completed physical intervention training, which assisted staff to work in safe ways if people were at risk of hurting themselves or others. The provider's in-house trainer had delivered the training and continued to work with staff to support them to use it with individual people, adapting the approach to each person if needed.
- Staff told us they received regular supervision and an annual appraisal to discuss their further development. They also said they felt well supported to carry out their roles.
- New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a set of national standards social care workers are expected to adhere to.

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

- People were provided with healthy meals they enjoyed. Specialist tableware and cutlery were provided to enable people to eat as independently as possible. Where staff supported people at meal times they were attentive and sat with the person chatting quietly together while providing assistance.
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking.
  - Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently. People confirmed they had their food prepared in line with their likes and dislikes.
  - Staff monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight staff completed food and fluid charts for an agreed period of time. After that period a further assessment was carried out to decide any other action was needed if the monitoring had not improved the person's health and weight.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
- Corridors were wide and free from clutter.

## Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed and staff worked with other organisations to help provide consistent care.
- Staff supported people to see external healthcare professionals regularly such as tissue viability nurses, physiotherapists, GPs and speech and language therapists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence 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. Improvements had been made and the staff team were focused on meeting people's individual needs.

Ensuring people are well treated and supported; equality and diversity

- There was a relaxed and calm atmosphere at the service. Staff knew what was important to people and how to offer them comfort and reassurance. For example, we observed staff supporting one person when they became upset because they had received bad news.
- Staff were friendly and affectionate to people. We observed staff taking time to sit with people spend time chatting. Staff were clearly committed to providing as good a service as possible for people. Commenting, "We need to be caring because some residents are just so vulnerable" and "The resident is at the centre of all that we do."
- People and relatives told us staff were kind and considerate, comments included; "Without doubt the staff are caring, competent and compassionate", "The home has become part of my extended family" and "People are offered kind and compassionate care."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.

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

- Staff supported people to be involved in day to day decisions and have as much control as possible over their daily routines. When staff assisted people with tasks, they explained what they were doing and ensured the person understood before they continued.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care a person could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- People's privacy was respected. When providing personal care to people in their rooms staff ensured doors and curtains were closed.
- People's right to privacy and confidentiality was respected.

- People were supported to maintain and develop relationships with those close to them. Relatives told us they were always made welcome and were able to visit at any time.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Improvements had been made and the provider had met the previous breach of the regulations in relation to records of people's care.

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

- When people were assessed as needing to have specific aspects of their care monitored staff recorded when people were re-positioned, their skin was checked or staff checked people who stayed in the rooms. These records had been consistently completed, analysed by senior staff, and action taken when potential concerns were identified. One care worker said, "There have been some changes in the paperwork. It's much better and I think residents are protected as far as can be from any sort of risk."
- Care plans were developed which reflected people's individual needs across a range of areas. These were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- Some people needed support to help them to move around. Their care plans detailed the equipment required and how staff should support them. Equipment to enable them to do this had been provided.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard. This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. The communication section of people's care plans recorded if people needed hearing aids, glasses or any support with general communication.
- The service employed three activity co-ordinators to help organise a range of activities and events. These included group activities such as games and cooking, external entertainers and church services. Staff supported some people to go out into the community. For example, staff supported one person to the shops each week, so they could buy flowers, which they arranged and displayed at the service.
- People had access to secure garden areas and we observed staff supporting people to walk around the garden, prompting them to look at the flowers and plants. The service had a selection of sensory objects along corridors and dedicated sensory rooms for people with complex needs.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Any complaints were logged and the actions taken recorded. The management proactively encouraged people and relatives to attend meetings to discuss any concerns they might have.
- People told us they would be confident to speak to a manager or other staff if they were unhappy.

## End of life care and support

- When people were receiving end of life treatment specific care plans were developed.
- Staff told us they sought people's views on the support they wanted at the end of their lives.

## Is the service well-led?

### Our findings

Well-Led – this means 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.

Improvements had been made and the provider had met the previous breach of the regulations in relation to good governance.

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

- A condition of registration was imposed after the inspection in October 2017 and remained in place at the last inspection in April 2018. The provider had been sending monthly reports to the Care Quality Commission (CQC) since February 2018. The purpose of these reports was for the provider to demonstrate they had a system for monitoring the quality of the service provided and showing there was a process for continuous improvement. This was in accordance with the condition of registration imposed.
- These reports showed improvements were being made and the inspection findings evidenced these changes had been embedded.
- The management team had a system of weekly and monthly in-house audits to check all aspects of the service and senior management visited the service regularly to complete quality monitoring checks and audits. The registered manager met monthly with their line manager to discuss findings from audits and make further improvements.
- Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.
- People and their relatives were complimentary about the service's leadership and told us, "My partner has been here for many years and I have found her care to have been consistently good" and "Best in Cornwall, I have experienced many and this is the best."
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive culture in the service and staff commented, "There have been a lot of changes. Things much better now and we got a lot of support from the management", "Very fair. We know the job we are expected to do and we do it well. The manager is always available when on shift and makes sure we are supported "and "Morale is so much better now. We all work really well together."
- The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The provider had a defined organisational management structure and there was regular oversight and input from senior management.
- Important information about changes in people's care needs was communicated at staff handover meetings each day. Information about people's care needs and any risks was available for new staff and

agency staff who hadn't yet got to know people well.

- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management and staff spoke with us about individuals living at Trevaylor Manor and demonstrated a good understanding of people's needs, likes and preferences.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. One member of staff said, "We are encouraged to raise things. Yes, I think we are listened to."
- People and their relatives were asked for their views of the service through questionnaires and regular meetings.
- Where appropriate, relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.

Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. They also met regularly with other registered managers within the provider group to share experiences and good practice ideas.
- Staff kept up to date with developments in practice through training and working alongside local health and social care professionals.