

Cornwallis Care Services Ltd

Trecarrel Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Trecarrel is a residential care home that provides care and accommodation for up to 44 older people, some of whom are living with dementia. At the time of the inspection there were 42 people living in the service.

People's experience of using this service and what we found

There was a relaxed and friendly atmosphere at the service. People said they felt safe and well cared for. Relatives were complimentary about staff and the quality of care provided. Comments included, "[Person] is very happy living there and staff have been so kind", "Staff are always patient and gentle", "Staff are caring and warm. They really care about [person] and understand their needs."

Records of people's care were individualised and detailed their needs and preferences. Many people living at the home were identified as being at risk of falling and the service had robust systems in place to manage each person's individual risks. Management and staff understood the balance between keeping people safe from the risk of harm and injury, due to falling, and enabling people to make informed choices about taking risks.

There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration and skin care. Any changes in people's health were escalated to the relevant professional and relatives were kept informed.

The medicines system was well organised, and staff received suitable training. People received their medicines on time.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm. There was a stable staff team who knew people well and worked together to help ensure people received a good service.

The premises were clean, well maintained and there were no malodours. People had access to equipment where needed. Cleaning and infection control procedures had been updated in line with Covid-19 guidance to help protect people, visitors and staff from the risk of infection. During the summer months some families had met people in the garden and new arrangements were being set up for families to meet in a safe area of the home during the winter months.

There were effective assessing and auditing systems in place to monitor the quality of the service provided. People and their relatives were involved in decisions about people's care and kept informed of any changes to the running of the service. People, their relatives and staff told us the management were approachable and listened when any concerns or ideas were raised.

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

Rating at last inspection and update

The last rating for this service was good. (Report published on 12 December 2019).

Why we inspected

The inspection was carried out to check if standards had been maintained in relation to the management and safety of the service. We carried out this focused inspection to review the key questions of Safe and Well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trecarrel Care Home on our website at www.cqc.org.uk.

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 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 well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Trecarrel 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 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Trecarrel 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.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke four people living at Trecarrel. We looked around the premises and observed staff interacting with people. We also spoke with three staff, the activities co-ordinator, the manager and deputy manager.

We reviewed a range of records. This included looking at the care records and risk assessments of six people who were at risk of falls and/or needed aspects of their care to be monitored. We looked at a sample of medicine records and two staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further information from the manager, and this was supplied to us promptly. We spoke with four relatives to ask for their views about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. Many people living at the home were identified as being at risk of falling and the service had robust systems in place to manage and monitor the risks for each person. Management and staff understood the balance between keeping people safe from the risk of harm and injury, due to falling, and enabling people to make informed choices about taking risks.
- For example, one person wanted to continue to walk around the service independently, despite the risk of them falling, and the service respected the person's choice to do this. There were regular checks of the person, during the day and night, and referrals had been made to their GP and the falls clinic. This had resulted in the person being provided with specialist supportive shoes, very recently, to help steady their walking. This was being monitored to see if the number of falls decreased.
- Another example of how the service managed falls risks was where, at the manager's request, their GP had carried out a medicines review following several falls. The GP advised that stopping a certain medicine might reduce the falls, although there could potentially be other risks from ceasing this medicine. The GP and staff supported the person to make an informed decision about whether or not to cease this medicine. The person decided to stop taking it, and since that time they had not fallen. Staff reported the person was much brighter and more alert.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support. For example, one person would sometimes intentionally fall to the floor. Staff identified this would occur when they started to talk about a deceased relative, which made them anxious. Staff knew, and the care plan directed them, to distract the person when they talked about this and as a result the number of 'falls' had decreased.
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration and skin care and risk of falls.
- 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. Fire safety procedures and appropriate checks and training for staff were in place.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "[Person] is very happy living there and staff have been so kind" and "They [staff] know what they are doing. I feel safe in their hands."

- The provider had effective safeguarding systems in place. People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- Information about how to report safeguarding concerns externally was displayed in the service. Safeguarding processes and concerns were regularly discussed with staff and they knew how to report and escalate any safeguarding concerns.

Staffing and recruitment

- People, their relatives and staff all told us they felt there were enough staff on duty to meet people's needs. During our inspection we saw staff were responsive to requests for assistance and recognised when people needed support. One person told us, "It can get busy especially in the morning by they [staff] always come if I need them."
- Staff were recruited safely using a robust process that included interviews, Disclosure and Barring Service (DBS) checks, employment history and references to check whether potential staff were safe to work with people.

Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Where people were prescribed pain-relieving patches there was a system in place to record the days patches needed to be changed. Body maps were used to show where a patch was positioned each time to ensure the sites were rotated.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 GPs, occupational therapists or physiotherapists, after incidents where people had fallen.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management were clear about their aim of providing person-centred care. They had comprehensive oversight of the service and understood the needs of people they supported.
- Staff demonstrated commitment to their roles and had built positive and caring relationships with people. For example, "Love working here, it's like a second home", "We all have a good rapport with residents" and "Really like working in the home."
- People told us they were happy living at the service and with the staff who cared for them. People and their relatives told us, and we observed, that staff had good relationships with people and they were treated well. Comments included, "I like living here. The staff are lovely and I have a big room. Very cosy", "Staff are always patient and gentle", "Staff are caring and warm. They really care about [person] and understand their needs" and "I like to sit in my room. The staff are always bobbing up to see if I'm OK. I like my own company and they respect that."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures. People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.

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

- The current manager was not registered with the Care Quality Commission (CQC). However, we received confirmation that an application had been submitted to the CQC and was in the process of being assessed.
- Roles and responsibilities were clearly defined and understood. The manager was supported by a deputy manager, senior care workers and key workers who had oversight of named individual's care planning. Managers provided effective leadership to the staff team and their individual roles and responsibilities were well understood.
- People and their relatives told us they thought the service was well managed and management and staff were approachable. Comments included, "I have confidence in the way the home is run. Head office have also been helpful in explaining [person's] funding, they have been the only organisation who have taken the time to do that" and "The home is excellent, second to none. The whole family rates the home and think it is well run."
- Staff spoke positively about the management and the way the service was run. They told us they felt valued and were well supported. Comments from staff included, "The manager and deputy are both supportive, they work on the floor and in the kitchen, so they understand what we do" and "As a team we

communicate well."

- The management team carried out regular audits of care plans, incident/accidents, weight loss, medicines and observations of staff practice. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- Important information about changes in people's care needs was communicated at staff daily handover meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider understood their responsibilities under the duty of candour. Families had been informed of the changes to visiting put in place to manage infection control in relation to Covid-19.
- The provider had notified CQC of any incidents in line with the regulations.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- People and their relatives were involved in the service and asked for feedback on the service's performance through informal conversations and meetings. A recent 'residents' meeting had talked about forthcoming events within the home over the Christmas period, such as Christmas eve and Christmas day parties and carol singing. There had also been updates on the PPE requirements for visitors and a suggestion from people about having plates for their biscuits that had been actioned.
- Annual questionnaires were given to staff, people and families. The surveys for 2020 had been delayed due to Covid and management changes. However, the current manager intended to carry out the next survey in January 2021. In the meantime, on-going feedback was encouraged through the organisations Facebook page and the carehome.co.uk site.
- Staff had regular one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon. There were also weekly updates emailed to staff, and available in hard copy, about changes to residents needs and any operations changes in the service. Staff told us these weekly dates were particularly helpful if they had been off for a few days.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care

- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.
- The registered provider was keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- People's needs and preferences were assessed prior to a person moving into the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals

had been made to professionals and guidance provided acted upon.