

Mrs Janet Brewer

Trezela House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Trezela House is a care home without nursing registered to provide accommodation and care for up to 8 people with mental health needs. At the time of our inspection 7 people were using this service.

The home is currently providing support to 1 person living with a learning disability, however, people's primary need for admission was their mental health diagnosis and personal care. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The model of care and setting maximised people's choice, control and independence. Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships. People were supported by enough staff on duty who had been trained to do their jobs properly. People received their medicines in a safe way. People were protected from abuse and neglect. People's care plans and risk assessments were clear and up to date.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. Staff knew people well and demonstrated an understanding of people's individual care and communication needs. This helped ensure people's views were heard and their diverse needs met.

People were treated in a dignified manner and staff were aware of people's support needs. Staff were observed talking to people in a respectful way. Staff delivered personal care needed and gained consent prior to providing any support. Care plans informed staff of any specific ways to best communicate with the person.

Right culture:

People were supported by staff where the ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

People led lives that reflected their personalities and preferences because of the ethos, values, attitudes and behaviours of the management and staff.

The management and staff knew people well and worked together to help ensure people received a good service.

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

People told us they were happy with the care they received. Comments from people included "I feel really safe here" and another said, "Feel safe here- very much so." While a relative said; "Absolutely brilliant place." People looked relaxed, happy, and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

Staff were recruited safely in sufficient numbers to ensure people's needs were met.

People were supported to access healthcare services, staff recognised changes in people's general health and mental health and sought professional advice appropriately.

People were supported by staff who completed an induction and received appropriate training and support to enable them to carry out their role safely. This included fire safety and mental health training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

Staff told us the provider visited the service most days and was available by phone. They went onto say they assisted them daily and helped cover the service when staff supported people to access the community. They went onto say how the provider was approachable and listened when any concerns or ideas were raised. One staff member said, "I absolutely love my job at Trezela House and am very happy here."

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 requires improvement (published 19 July 2019).

Why we inspected

We were prompted to carry out this inspection due to concerns we received about the service and care provider.

A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains good. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive, and well led sections of this full report.

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

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 COVID-19 and other infection outbreaks effectively.

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 responsive?

Good ●

The service was responsive.

Details are in the responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Trezela House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

One inspector inspected this service.

Trezela House is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement dependent on their registration with us. Trezela House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

A registered manager was employed by the service. However, was not available during our inspection process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection.

We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care provided and spent time observing people. We spoke to another 3 people after the site visit. We received feedback from 3 members of staff and 2 relatives. We were supported by the provider and assistant manager during the inspection.

We reviewed a range of records. This included 3 people's care records and 7 medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. There was usually a staff member on duty with the support of a member of the management team. Many people living in Trezela House went out independently.
- Staff rotas showed there were sufficient numbers of staff employed and on duty to meet people's assessed needs. Staff and people agreed there was enough staff on duty to meet people's needs. One person said, "The staff always stop for a chat and support me."
- Staff said they worked additional hours to cover leave and staff absences, so people received consistent support from staff they knew and trusted.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (DBS) before new staff started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines in a safe way and as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- There were no gaps in medicines administration records (MARs). People prescribed 'as required' medicines did not have protocols in place detailing the circumstances in which these medicines should be used. However, by the end of the inspection this had been actioned and completed.
- Medicines were audited regularly with action taken to make ongoing improvements.
- External creams and lotions to maintain people's skin integrity were applied during personal care.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Comments from people included, "Very safe!" and "Feel really safe here I do." While a relative said, "I feel [person] is happy and safe."
- Staff received training and were able to tell us what safeguarding and whistleblowing was. Staff were able to describe the signs and types of abuse. Staff understood to report any concerns they had to the management team.

- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Risk assessments were up to date which meant staff had guidance on how to manage people's care safely. They covered areas such as people going out into the community independently and any changes in people's mental health. Risk assessments for weight management and nutrition and dependency levels had been undertaken when needed.
- Where people experienced periods of emotional distress staff knew how to respond effectively. Care plans documented information for staff on people's mental health and people's health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place and showed how the service supported people during an outbreak of COVID-19.
- 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.

Preventing and controlling infection

- 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 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 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.
- We were assured the provider was facilitating visits for people living in the home.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people who lacked mental capacity, appropriate applications would be made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place. Currently no one needed a DoLS authorisation.
- People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Is the service responsive?

Our findings

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

The previous providers rating for this service had been good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service used an electronic care reporting system and staff were able to access these at any time. There was detailed information held which showed people's needs, routines, and preferences.
- Care plans were person centred and detailed people's likes and dislikes and how best to deliver care and support. For example, how to manage if a person's mental health deteriorated.
- Care records detailed information about people's backgrounds, history, social, physical and health needs. Care plans provided information for staff on how to meet people's identified needs including, the support people needed to maintain their health and well-being.
- Where people had a specific health condition, guidance was in place for staff on how to manage and support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were identified, recorded, and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service. One relative said, "I can call in anytime and always made to feel welcome." One person said, "I visit my friend."
- People living in Trezela House had a wide range of activities. This included working in a charity shop, working on a community gardening project, attending a day centre, and supporting people to attend a Wellman's group. One person said, "I'm working today." While someone else said, "I go swimming and go to the day centre."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. There were currently no open complaints.

- People and relatives told us they would be confident to speak to the management or a member of staff if they were unhappy. One relative said, "Never had cause to complain."

End of life care and support

- No one was currently receiving end of life care.
- Care plans identified people's preferences at the end of their life.

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.

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

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

- The provider and deputy manager, who both supported us during this inspection, knew people living at Trezela House very well. They were passionate about providing the best support for each person to increase their independence and well-being.
- The provider and management team had good quality monitoring systems in place. The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- There was an audit programme in place which was shared with the staff team. Audits covered areas such as the environment, care plans, accidents and incidents and fire safety. An overview of staff training was also available. Staff felt respected, valued, and supported and said they were fairly treated.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The provider and management team provided effective and supportive leadership to the staff team and their individual roles and responsibilities were well understood.
- Important information about changes in people's care needs was communicated at staff shift handover meetings.
- There was a warm and friendly atmosphere in the service. One person said, "Really happy here and really cared for."

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

- People, staff and relatives were complimentary of the service. One staff member said, "I feel comfortable in talking to management if I have any concerns." While a relative said, "Very approachable."
- There was a warm and friendly atmosphere in the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included, "I never in a million years thought I would work in the care sector but it's very hard work but very rewarding and it's changed my life joining the team and Trezela House."

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

- Audits were carried out to monitor the quality of the service provided.

- The provider understood their responsibilities under the duty of candour. The provider and management team were supportive of the inspection visit. Required notifications had been sent to CQC appropriately.
- The ethos of the service was to be open, transparent, and honest. Staff and people living at the service were encouraged to raise any concerns they may have. 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; Working in partnership with others

- Systems were in place to enable people, staff, and relatives to give feedback.
- Communication between people, staff and families was good. People confirmed if they needed assistance, it was provided in a timely manner.
- Staff and people told us the service was well managed. Staff told us the provider was very approachable and always available for advice and support.
- The provider and the staff team had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.
- The management team had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.
- The provider informed us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during an outbreak at the service. The provider and management team worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support to meet their needs.

Continuous learning and improving care

- The provider was committed to ensure a culture of continuous learning and improvement. The service had a strong emphasis on teamwork and communication sharing.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team during a COVID-19 outbreak.
- The provider kept up to date with developments in practice through working with local health and social care professionals.
- Staff told us they were able to share their views and that the managers door was always open if they had to raise any issues.