

CARECONCEPTS (CHESHIRE) LTD

Trewan House Care Home

Inspection report

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Date of inspection visit:
24 November 2022
01 December 2022

Date of publication:
16 January 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Trewan House Care Home is a residential care home providing personal care and accommodation for up to 44 people. The service provides support to older people and people who are living with Dementia in one adapted building. At the time of our inspection there were 42 people living at the home.

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

Medicines were not always managed safely. People did not always receive their prescribed medicines at the right times and some medicines were administered too close together, increasing the risk of overdose. The registered manager made immediate improvements to the safety of medicines during the inspection.

Risks to people's health, safety and wellbeing were not always safely managed. Staff did not always have access to information about how to manage people's identified risks and support them safely. The provider was in the process of moving care records to an electronic system which would support improvements in care plans and with oversight of these. However, care plans remained insufficient to guide staff on supporting people safely whilst this transition was implemented. The registered manager updated some care records during the inspection, and on day 2 we were assured about the safety of these care plans. An action plan was put in place to ensure all records could be updated in a timely manner.

Governance processes were in place and the registered manager and provider had oversight of essential aspects of the service. However, these processes were not always used effectively and some issues we identified at this inspection, such as medicines, had not been identified by the providers checks.

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. Staff spoke knowledgeably about the systems in place to safeguard people from abuse. Infection control measures were in place to prevent cross infection. Staff wore appropriate PPE and the home was clean throughout. Visiting was safe and followed current guidance.

The support required by people with nutritional needs was identified and provided. People told us the chef was happy to cook other food if they did not like something on the menu.

Staff knew people well and people received care and support which was responsive to their needs. People's choices regarding their care and how they were supported were respected, and there were enough staff to support this. We raised concerns about staffing levels on day 1, but the provider and registered manager made immediate changes to the staff rota and staffing levels were much improved on day 2.

People and family members knew how to complain, and they were confident about complaining if they needed to. Complaints were used to improve the service.

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.

The management of the home promoted a person-centred service. There was an open and transparent culture and good partnership working with others.

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

Rating at last inspection

This service was registered with us on 9 June 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 9 February 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Trewan House 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. 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

This inspection was carried out by two inspectors and a medicines inspector.

Service and service type

Trewan House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Trewan 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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 registration date. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 8 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, deputy manager, senior care workers, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 visiting healthcare professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 8 people's care records, and 10 people's medication records. We looked at staff files in relation to recruitment. 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider had recently introduced an electronic MAR system to improve the management of medicines. However, we found some peoples records lacked the detail needed to administer their medicines safely.
- Some people were exposed to a risk of harm due to late administration of their medicine.
- Some people had been given paracetamol without observing the four-hour gap required between doses. There is a risk of overdose if given too close together.

We found no evidence that people had been harmed however, medicines were not always managed safely. This was a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to the concerns we shared and made immediate improvements to ensure medicines were managed safely.

Assessing risk, safety monitoring and management

- Where people had specific health conditions, such as diabetes and epilepsy, there were no risk assessments or care plans to support staff being able to recognise people's symptoms and guide them with action needed to support people.
- People were exposed to a risk of harm due to a lack of person-centred risk assessments. Risk assessments were either not completed, not accurate or reflective of people's current needs, or detailed enough to guide staff on safely supporting people.

We found no evidence that people had been harmed however, risks to people's health and welfare were not always appropriately assessed or mitigated. This was a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to the concerns we shared and immediately updated some care records and implemented a plan for updating all others.

- The provider had installed a new call bell alarm system to improve the safety of the premises. Other improvements to the safety of the building had been made and were ongoing as part of refurbishment plans.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure

it was safe to use.

- Plans were in place to ensure people's needs would continue to be met in the event of an emergency.

Staffing and recruitment

- Staffing levels overall were safe. However, on day one we raised concerns with the registered manager and nominated individual about staffing levels. We observed people waiting extended periods of time due to a lack of staff available to support them. On day 2, staffing levels had been reviewed and some changes to shifts had been made.
- People's needs were assessed and used to support the calculation of safe staffing levels.
- Recruitment was safe. However, some applications had failed to account for a full employment history. The registered manager assured us this was an oversight and took steps to address this.

Learning lessons when things go wrong

- There was a process in place for reporting accidents and incidents which occurred at the home.
- Accidents and incidents were monitored and reviewed, and action was taken to reduce further occurrences. However, some improvements were needed to the analysis of incidents to ensure patterns, trends and themes were fully identified.
- When something went wrong learning was shared across the team.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise and report on abuse.
- People and relatives felt the home was safe. Comments included, "I think they're a good average sort of place. [Person] seems happy enough. It is a weight off my mind to know that [person] is safe there" and "I find them very good. They're [staff] very patient with [person]".
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated by the registered manager in a timely manner.

Preventing and controlling infection

- Measures were in place to ensure the risks of the spread of infection were reduced. Staff had access to appropriate PPE and wore this as outlined in national guidance.
- We were assured effective infection prevention and control (IPC) policies and procedures were in place at the home.
- Appropriate plans were in place to ensure infectious outbreaks were managed safely. The home was clean.
- Visiting arrangements at the home were safe and followed current guidance.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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

- People's needs and choices were assessed prior to them moving into Trewan House, or as soon as possible following an emergency admission.
- Outcomes of assessments, including those obtained from other professionals, were used to develop care plans which described people's needs and choices and how they were to be met.
- Regular care plan reviews had taken place to check people's needs were being met and to make any necessary changes.

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

- Staff worked closely with other agencies to ensure people's needs were met. People were supported to access a range of health care services.
- Where incidents or concerns about someone's health were raised, we saw advice and referrals for healthcare support were sought promptly.
- People were supported with their oral health needs. Plans were in place that detailed the level of support each person needed.

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

- People were supported to maintain a healthy and balanced diet.
- People at risk of malnutrition and dehydration received the support they needed. Their weight, food and fluid intake were monitored, and referrals were made to dieticians where this was required. However, some improvements were needed to ensure consistency with the level of detail recorded on food and fluid charts.
- Staff, including kitchen staff, were aware of people's nutritional and special dietary requirements and they prepared meals and drinks in accordance with people's needs.
- People and relatives told us there was a good choice of food and drink which they enjoyed. Comments included, "[Person] has plenty to eat and drink; [Person] eats better than I do" and "I get extra roasties as they know I like roasties".

Staff support: induction, training, skills and experience

- Staff had the required knowledge, skills and experience to undertake their role. One relative commented, "They [staff] seem to be doing everything they can to help [person] in a way that suits her."
- Staff had all completed an induction and shadow shifts at the start of their employment. They were provided with ongoing training and supervision to meet the requirements of their role. Staff were positive

about the training and support at 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.

- The provider had systems in place to assess, review and report on people's capacity and decision-making abilities. Decisions were specific and assessments detailed involvement with others.
- DoLS processes were in place and ensured restrictions on people's liberty were lawful.

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

- There were communal lounges available to enable people to spend time with others. People were able to personalise their room with their own belongings.
- There was an ongoing programme of redecoration and building improvement. The provider had already made significant improvements to the building to ensure it was safe for use.
- Adaptions enabled people to safely access the environment as well as promoting their independence. Adaptations included, a passenger lift, bath hoists and grab rails. However, further consideration was needed for dementia friendly adaptations.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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;

- People were treated with compassion and respect. We observed positive interactions between staff and people and saw staff spending time with people in a meaningful way.
- Staff responded to people's requests for assistance and they regularly checked on people's wellbeing.
- Staff received training on equality and diversity which helped ensure they respected people's individual needs.
- People and their relatives told us they felt staff were caring. Comments included, "They [staff] are caring and kind, and really look after people well", and "If there can be good care homes then this is one. Staff are open and genuine people".

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

- Staff encouraged people to express day to day wishes, such as which food they wanted to eat.
- People were given opportunities to voice their views and opinions through daily discussions, care reviews, meetings and surveys.

Respecting and promoting people's privacy, dignity and independence

- People told us staff encouraged them to be as independent as they could be, and records reflected this.
- People told us staff were respectful and protected their dignity and privacy. One person said, "Staff tell me what they are doing before they do it. They respect my wishes."
- Staff ensured people's confidentiality was maintained. Personal information was securely stored and only accessed by authorised staff.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People were supported with person-centred care. There was some improvement needed to ensure care plans contained enough information about people's preferences and how they were to be supported. The registered manager was in the process of updating care records.
- Staff clearly knew people well and supported them in line with their preferences. People told us they felt care was focussed on them and staff knew how to support them.

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 given opportunities to take part in activities that met their needs and were meaningful and stimulating.
- People were provided with the support they needed to develop and maintain relationships. Visits took place in line with COVID-19 guidance.
- People's changing needs during the pandemic had been considered and supported. The provider had arranged for some workshops run by a local charity to provide information and emotional support with the changes in people's presenting needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified in their care plans. People had been reviewed by external health care professionals and prescribed visual and auditory aids when needed.
- Information could be made available to people in an accessible format.

End of life care and support

- People's preferences for end of life care and support were identified and recorded if they wished.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

Improving care quality in response to complaints or concerns

- Complaints and concerns received were acknowledged and listened to and used to improve the quality of

the service.

- People and family members were provided with information about how to complain. They told us they would complain if they needed to and felt they would be listened to.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Concerns with medicines found at this inspection had not been identified by the providers audits.
- Opportunities to drive continuous improvement in the safety of the service were sometimes missed. Analysis of incidents took place but wasn't robust enough to identify themes, patterns or trends. This was discussed with the registered manager during the inspection and they agreed to address this immediately.
- The provider and registered manager had completed checks of the service which had identified some issues we found at this inspection with care plans. However, action had not always been taken to improve concerns in a timely way. For example, the provider had invested in an electronic care planning system to improve care records and oversight, but the quality of care plans had not been addressed whilst the move to the electronic system was implemented.

Governance processes were not always effective at ensuring timely improvements were made. This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider were responsive to concerns we shared and made some immediate improvements. The registered manager updated some care plans on the new electronic system, and we were assured with the level of detail in these care plans in keeping people safe. The registered manager implemented a plan of action to ensure all care records would be updated on the new system in a timely manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager was aware of their role and responsibilities, including what events they needed to notify CQC about.
- Staff understood how they were expected to provide good care to people through feedback and one-to-one meetings with their line managers.
- The provider understood their duty to share information in an open, honest and timely manner. There was a policy in place regarding this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The culture in the home was caring and staff focused on providing care which met people's needs. It was

clear that staff knew people well and had developed kind and caring relationships with them.

- People were supported to achieve good outcomes because of effective partnership working. Staff made referrals to other services, such as dieticians, for additional input, advice and support when necessary to support people's health and well-being.
- The registered manager was pro-active in responding to feedback from other professionals to improve elements of the service.

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

- There were systems in place to obtain feedback from people, relatives and staff about the running of the home. Feedback was used to improve the quality of care.
- Staff told us they were supported in their roles and felt the management team were approachable.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely. People did not always receive their medicines when they should and some medicines were administered too close together.</p> <p>Risks to people's health and welfare were not always mitigated appropriately. Care plans in relation to people's risks were not detailed enough to guide staff in safely supporting people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance processes were not always effective. Some concerns had either not been identified by the provider and registered manager checks, or timely action was not always taken.</p>