Cornwall Care Limited

Trevern

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Trevern is a 'care home' with nursing that provides accommodation for a maximum of 40 adults, of all ages with a range of health care needs and physical disabilities. At the time of our inspection there were 38 people living at Trevern. The service is situated in the town of Falmouth. The building is divided into three areas known as The Wing, The Flats and The House. Each area has its own lounge and dining area. People's bedrooms were personalised and were for single occupancy. There were a range of aids and adaptations in place including bathing facilities designed to meet the needs of the people using the service.

People's experience of using this service and what we found
The service had changed the way staff rosters were calculated. Staff told us rosters were now consistent and they had a clearer work pattern. Additional recruitment had improved staffing levels with less reliance on agency staff. However, agency staff continued to fill gaps as they occurred.

There was a good skill mix on each shift. The service had increased the level of nurses on day shift. Where possible two nurses were on duty. This meant there was more flexibility in service delivery.

Staff were recruited safely. Staff told us they felt supported in their role. There had been gaps in supervision during the COVID-19 pandemic, but all staff had received a recent appraisal and there was a plan in place for regular one to one support. Senior managers provided on call support for out of hours and weekend cover.

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. Government guidance about COVID testing for people, staff and visitors was being followed.

Visiting arrangements for people's families had been facilitated, in line with government guidance at any given time, throughout the pandemic. Nominated relatives were able to make visits to see their loved ones, and this had been welcomed.

People received their medicines safely as prescribed for them. Regular audits identified where errors had occurred. Action was taken in these instances to learn from these errors through additional training and support.

Electronic care planning provided staff with guidance to ensure people's needs were met. Risks were identified and staff had clear instructions to help them support people to reduce the risk of avoidable harm.

Feedback from people and their relatives about the service's performance was valued by the registered manger and any issues raised were investigated and action taken where necessary. The duty of candour was understood by the registered manager and relatives told us the service communicated with them effectively.

Rating at last inspection
The last rating for this service was Good (published 13 February 2020).

Why we inspected
We received concerns in relation to management of the service, staffing, the quality of care people received and limited staff support. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The provider had taken steps to mitigate risk by making changes to how the service was being staffed. Recruitment had increased and staff told us management support had improved.

A review of governance systems was continuing, and changes were being made where necessary to ensure they were effective.

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.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well led.

Details are in our safe findings below.

Trevern

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 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 was carried out by one inspector. Following the site inspection an Expert by Experience contacted relatives of people who lived at the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Trevern is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 with eight people who used the service about their experience of the care provided and two relatives. We spoke with fourteen members of the staff team. 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 four people's care records, medicines records and maintenance records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management and monitoring of the service.

After the inspection
We continued to seek clarification from the manager to validate evidence found. We looked at mental capacity records and policies and procedures.

Good

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.

Staffing and recruitment

● We had received concerns that changes to the staff roster meant at times there was not enough staff and at other times the service was overstaffed. The evidence we found on this inspection did not substantiate those concerns.

● We found there had been a review of the way staff were rostered to work. Changes had been made for a two-week roster which meant there was more consistency in staffing. Staff told us, "Much better, I know what I am doing on a week by week basis," "Much better way of working" and "I know my rota so I can plan things better."

● Staff were allocated to work in specific units, which meant people received care from a consistent staff team. Staff told us there were occasions when staffing levels were lower than planned, when short notice sickness occurred. However, staff were re-deployed between units, as dependency levels changed and to cover staff sickness. There was an emphasis on ensuring there was the appropriate skills mix to meet people's needs.

● Where possible the service had introduced an additional nurse to supplement the nurse on duty and carry out other tasks.

● There were robust recruitment processes in place that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

Using medicines safely

● We had received concerns that there had been an excessive number of medicines errors which potentially put people at risk. While we found some evidence to support this the shortfalls had been identified and action taken to drive improvement.

● We found there had been a review of how medicines errors were managed. For example, records showed there had been a cluster of medicine errors in a four-week period. This had been quickly identified, staff had received additional training and support to ensure they were competent to administer medicines safely. We spoke with a staff member who was receiving training to administer medicines. They told us there was no expectation to carry out medicines administration until they had been deemed competent and felt confident themselves. They said, "I don't feel under pressure and I am very well supported."

● People received their medicines safely and in the way prescribed for them.

● There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and those needing extra security.

Assessing risk, safety monitoring and management

● Risks were consistently assessed and managed. The provider had identified risks to people's health and

wellbeing, within their care plans. Care plans were individual to the person and had guidance and strategies for staff on how to identify and manage their health risks.
● When people experienced periods of distress or anxiety staff knew how to respond effectively and staff where observed monitoring people who needed extra monitoring. 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.
● The environment was well generally well maintained, however some rooms had walls which were marked or damaged due to the use of equipment. We raised this during the inspection and were told the maintenance team had a record of rooms which required decoration and would address the issue. Equipment and utilities were regularly checked to ensure they were safe to use. Peoples rooms were personalised.
● 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 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.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.
● In response to reporting errors in medicines the service had introduced a training programme to enable staff to feel confident in getting the support they needed. Staff told us this had given them more confidence to report any incidents, as they knew they would receive the right support. One staff member told us, "It's not about blaming and punishing. It's about reflecting and learning."

Systems and processes to safeguard people from the risk of abuse
●The provider had effective safeguarding systems in place and staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns

were discussed during staff meetings.

● People told us they felt safe. Comments included, "I do feel safe. Safer than when I was at home" and "The staff are lovely and very kind to me. All of them."

● People were relaxed and comfortable with staff and had no hesitation in asking for help from them.

Families told us they were happy with the care their relative received and believed it was a safe environment. They said, "Communication has been very good, I had phone calls to say [Persons name] was fine and what they were doing" and "Telephone calls to tell me about anything I need to know. They found a bruise on [Person's] foot, little things like that, anything at all they will ring me, I am confident of that."

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

●We received concerns that some people living at the service did not have their choices respected by some staff.

● People we spoke with and observations we made did not substantiate this. Staff took time supporting people. People had their individual needs met. For example, one person liked to sit in particular seat and staff made sure they had that seat available to them. One person told us, "I can get up and go to bed when I want. I also like to stay in my room sometimes. No problem."

● Care plans showed people's needs had been assessed and planned for. Clear guidance and direction was provided for staff on how to meet those needs. Staff told us the system was good and helped them understand individual's needs and choices.

● People's needs, and preferences were assessed prior to 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. Two expected admissions were being assessed with other professionals at the time of the inspection. This helped to ensure people's needs were met appropriately.

Staff support: induction, training, skills and experience

● Due to the COVID-19 pandemic there had been some disruption in staff training and support.
There were some gaps in staff training. Updates had lapsed during the COVID-19 pandemic due to the focus on reducing the risk of an outbreak at Trevern. However, recent in-house training had taken place including health and safety, infection control and safeguarding. There was a programme in place to work through on-line and in-house training, to ensure staff had the knowledge and skills to work in line with current best practice.

● New staff had completed an induction programme and worked alongside more experienced staff to get to know people and the operation of the service. The provider's induction programme reflected best practice recommendations. A member of staff told us, "The induction and training has been very good."

●There had been gaps in formal staff support due to the impact of the pandemic and focus on keeping people safe and well. The support programme had recently been reinstated. Staff had received an appraisal, and this was being used as a benchmark for further one to one support sessions. Staff told us they felt supported by the management team.

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

● Peoples dietary needs and preferences were recorded in their care plans. Where people had specific dietary needs the chef and kitchen staff were made aware. For example, diabetic diets, soft diets and low-fat meals. People were generally satisfied with the meals. Comments included, "They [staff] know what I like

and don't like," "[Person's name] is on a soft diet, they got the chef involved in for presentation, what goes on the plate is made to look appealing even if it is soft, I am quite impressed by that as you eat with your eyes" and "Has a mini fridge in [Person's name] room, I take food in weekly. Staff are really good and make her own lunch or tea."

● Care staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking. Wherever possible staff spoke with people daily about their meal choices. We observed this during a SOFI observation where staff took time to explain meal options for lunch. We observed staff taking time with people. One said, "Don't worry [name of person] take your time we are not in a rush." Staff were attentive throughout when supporting a person. They sat with them and spoke sensitively, asking them if they were ready for some more food. It was clear this had helped put the person at ease.

● Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day. Where people were at risk from scalding from hot drinks there was clear direction for staff to serve drinks in beakers with lids and check the temperature. This enabled people to remain independent but also reduced the risk from scalding.

● Where required people were regularly weighed. This information was transferred to other records, such as records for pressure relieving mattresses to help ensure these were always set correctly for the person's needs.

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

● Care plans provided staff with clear guidance about how to provide the right care and support for people. 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. A staff member was observed on three occasions encouraging and supporting a person to use their walking aid.

● There were records to show that where required, staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.

● People's health conditions were well managed, and staff engaged with other organisations to help provide consistent care. People were supported to see external healthcare professionals regularly such as tissue viability nurses, physiotherapists, GPs and speech and language therapists.

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. There were pleasant gardens and patio areas which people, who were able to, could access independently.

● The premises had maintenance personnel who maintained and monitored work needed to ensure the decoration and utilities were satisfactory and safe. Where we identified some rooms with marked walls due to use of equipment, we were satisfied action was planned to decorate those rooms.

● Access to the building was suitable for people with reduced mobility and wheelchairs. A lift was available to access the upper floors. Corridors in the nursing unit were wide and free from clutter.

● There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
● Staff understood when a DoLS application should be made and the process of submitting one.

Good

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 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

● We received concerns that the registered manager was not visible in the service and staff did not feel supported. We were told there was often a notice on the office door saying a conference call was in progress and that there was a lack of communication, poor leadership and staff morale was low. The evidence we found on this inspection did not substantiate those concerns.

● We looked at records and spoke with people about how they felt. They told us, "Things have got better than they were," "It's OK and getting better.I think with COVID-19 we are all just worn out" and" [Deputy manager] is always out and about. Can go to the office but I know they are always busy." Family members told us, "Management is absolutely approachable, all of them, I can ring up, I speak to the administrator in the office and say can I speak to the manager and they ring me back. The care staff in the house ring me back if I call up, they do that very quickly, their biggest asset is that staff care so much for their clients" and "Every time I ring and speak to the manager and feel guilty she says please do not hesitate to call me, very open doors."

● There was a notice on the office door stating a conference call was taking place following the morning stand up meeting. While we saw a conference, call did take place the notice was left in place when the call had finished. This had the potential to deter staff from seeking support if needed. We advised the registered manager about this and they agreed to monitor it more closely.

● 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; 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

● Important information about changes in people's care needs was communicated at staff handover and daily stand up meetings. These were held in the office for all nurses, senior health care assistants and housekeeping staff to share information from that day. It meant staff could respond quickly to any issue.

● The management structure at the service provided clear lines of responsibility and accountability across the staff team. A business manager had been appointed to support the registered manager and further develop some of the systems already in operation. For example, staff rosters and skills mix.

●The management team and provider had an oversight of what was happening in the service.

● Regular audits took place, and these were completed by the management team and overseen by the

operations manager. These included checks on people's health, social needs and the environment.
●The provider had informed the CQC of significant events in a timely way. For example, death notifications, safeguards or any significant injury. This meant we could check that appropriate action had been taken.
● There were systems in place to learn from mistakes and admit when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any safeguarding or unplanned incidents/events, as they are legally required to do.
● The service had managed effective communication during the pandemic by use of technology and holding interactive meetings. They had also used this type of communication to meet with relatives. A relative told us this had helped allay some of their concerns during the pandemic. They said, "[Manager] set up [relative's] meetings on Zoom every 6 weeks, they were more regular, but we said 6 weeks were ample – when there were more problems with COVID-19 the meetings were much closer."
● 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.

Continuous learning and improving care
● The service was committed to ensuring 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.
● The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
● Regular management meetings were held to support improvements to the service.

Working in partnership with others
●The service worked effectively and in partnership with health and social care professionals. 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.