Cornwall Care Limited

Trevern

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This inspection took place on 30 June 2015 and was unannounced. The last inspection took place on 16 January 2015 when we identified breaches of the legal requirements relating to the safety and suitability of the premises and care and welfare. Care and treatment was not planned and delivered in a way that ensured people's safety and welfare. Care plans were not reviewed to reflect changes in people's needs. People were not always provided with the correct incontinence products and communally used toiletries were found in all bathrooms. There was very little meaningful activity for people. The environment was in need of some attention. Internal windows were not clean. Items were stored inappropriately in corridors and bathrooms. There was no effective process for assessing and monitoring the risks to people within the premises to identify issues that required attention within the home.

Following the inspection in January 2015 the provider sent the Care Quality Commission an action plan outlining how they would address the identified breaches and concerns. We found the improvements had been made or were progressing in line with the action plan.

Summary of findings

Trevern is a care home with nursing for up to a maximum of 40 predominantly elderly people. At the time of the inspection there were 35 people living at the service. Some of these people were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives and external professionals told us the service was often low on staff and it could be difficult to find anyone when people needed assistance. Agency staff was often used to make up staff numbers although these were usually staff who were familiar with the service.

When people's anxieties resulted in behaviour which staff might find difficult to manage, they were sometimes given medicine to reduce their anxiety. However there was no clear written guidance for staff on when medicine should be administered. This meant there was a risk staff might not take a consistent approach to administering medicine. There were inconsistencies as to when these events were defined by staff as 'incidents' which required recording on an incident form. This meant anyone analysing incidents to ascertain any patterns or trends, might not have access to all the relevant information. We have made a recommendation about this in the report.

Staff had received training in safeguarding and were confident of the action to take if they suspected abuse. The registered manager was familiar with local protocols for raising safeguarding issues.

The premises were clean and odour free. Plans were in place to replace the windows in the older part of the service in the very near future. Arrangements had been made to limit any disruption to people during this time.

Staff were friendly and caring in their approach to people. They spoke with people before giving any care or support, informing them of what was going to happen and making sure people were in agreement. People's every day choices were respected. For example people chose when to get up and where to spend their time.

Activities were arranged which were in line with people's preferences, hobbies and interests. These took place both within the service and outside. Relatives were encouraged to get involved, for example some were involved in setting up a gardening club.

Care plans were informative and regularly reviewed and daily records were completed consistently. This helped staff stay up to date with any changes in people's needs. In addition there were verbal handovers between shifts.

Staff meetings at all levels took place regularly. This was an opportunity to update staff on any changes in legislation or recommendations in respect of working practice. The registered manager and deputy manager had plans to develop the service and improve the environment. For example they were keen to start recording people's personal histories to help staff meaningfully engage with people. They were also planning sensory areas both in the building and in the garden. This demonstrated they were continually looking to improve the care provided.

Relatives told us communication had previously been poor but things had improved recently. No-one had made an official complaint but they were confident any concerns they had would be dealt with appropriately.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The actions we have asked the provider to take are detailed at the end of the full version of the report.

Summary of findings

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. There were no clear systems in place to help ensure a consistent approach from staff when they encountered behaviour which might be difficult to deal with.

Relatives, staff and other professionals told us there was often a shortage of staff. In addition there was a high dependency on agency staff.

People told us they felt safe at Trevern. Staff had received safeguarding training.

Requires Improvement

Is the service effective?

The service was effective. The premises were clean and well maintained.

The registered manager and staff had an understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Good

Is the service caring?

The service was caring. Staff were friendly towards the people they supported.

People were encouraged to decorate and furnish their bedrooms to reflect their own tastes.

Relatives felt welcome when visiting their family member.

Good

Is the service responsive?

The service was responsive. There were a range of activities planned with people's interests taken into account.

Daily logs and verbal handovers meant staff were aware of any changes in people's needs.

Complaints were dealt with in a timely fashion.

Good

Is the service well-led?

The service was well-led. There were clear lines of responsibility and accountability in place.

The management team were working to improve the service.

There was a regular system of audits in place.

Good

Trevern

Detailed findings

Background to this inspection

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

This inspection took place on 30 June 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people who used the service and eight relatives. Not everyone we met who was living at Trevern was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

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

We spoke with the registered manager, deputy manager and one of Cornwall Care's Head of Services. We also spoke with eleven members of staff. Following the inspection we contacted two external professionals with experience of the service to hear their views.

We looked at care documentation for three people living at Trevern, medicines records, four staff files and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

The registered manager told us they had recently introduced a new 'float shift' between the hours of 11:00 am and 7:00pm. This care worker would be deployed according to the demands of the day in one of the three units. They would also be able to support people who required assistance with meals and help out with activities. The registered manager said this had eased the pressure on the staff team and remarked; "It's lovely." However relatives and staff told us there were not enough care workers to meet people's needs promptly. Comments included; "You can't always find anyone to help when you need to. If someone needs the toilet or something. They are all busy doing something." "There is not enough staff. They do the best they can with the numbers." "The key worker did say he'd take him out but I don't think he's been able to [due to low numbers of staff]." And; "We need more staff, especially on the wing because people's needs are more demanding." An external professional told us; "There does seem to be a difficulty with staffing levels at times which places enormous strain on staff members in place." Another commented; "On occasions staffing levels seem low, I have been left alone with residents." We looked at the rotas for the previous week and saw that on six of the 14 shifts the minimum staffing levels as defined by the service, had either not been met or had only been met because of the presence of new employees who were shadowing more experienced staff. We were also told agency staff were often used to cover for sickness. We discussed this with the registered manager and deputy manager, who told us they tried to use agency staff who were familiar with the home and people's needs. Relatives told us this was usually the case. One said; "There are lots of agency staff but they are usually ones that know people." One relative said; "Some do very, very well but they cannot do as well as permanent staff." On six of the 14 shifts the week prior to our visit agency staff had been used.

We found the service was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and falls. Where a risk had been clearly identified, there was guidance for staff on how to support people appropriately in order to minimise risk.

Some people could become anxious resulting in behaviour which staff might find difficult to deal with. When this occurred staff were required to record the behaviour on an incident sheet detailing what had happened. The incident sheets were forwarded to head office for monitoring. This meant any patterns in behaviour or increase in the number of incidents could be identified quickly. However, we found descriptions of incidents in the daily records which had not been recorded on incident sheets. We found there were inconsistencies among staff as to what constituted an 'incident' leading to disparities in recording. For example, in one person's daily records we saw on 3 June 2015 they had verbally abused another resident. This had also been recorded on an incident sheet. On 5 June 2015 a different member of staff had recorded in the daily notes that the person had been swearing at another resident and attempting to hit staff. This had not been recorded on an incident sheet. There was no clear guidance for staff as to what defined an 'incident' and when they should complete an incident sheet. This meant anyone analysing incidents would not have access to all the relevant information.

When people behaved in a way which staff found difficult to deal with they were sometimes given medicine to reduce their anxiety. We discussed this with a member of the nursing staff. They described the circumstances in which this decision might be taken. The medicine would be administered by a member of the nursing staff and they would have the responsibility for deciding when it was necessary. The nurse was able to describe the escalation of anxiety which might precede administering the medicine and the various techniques and tactics which would be used first to try and alleviate the situation. Risk assessments contained information on how to support people when they were anxious without using medicines. For example; 'You may need to swap with a member of staff as [person's name] may be irritated with you.' However there was no clear written direction in care plans and/or risk assessments to guide staff as to when medicine should be administered. This meant staff might not take a consistent approach to administration, especially those less familiar with people and their anxieties.

Requires Improvement

Is the service safe?

People and their relatives told us they considered Trevern to be a safe environment. Comments included; “They are absolutely safe.” And; “When I leave I don’t have to worry. I know that she’s safe.” Staff had received training in safeguarding and they were confident of the action they would take if they suspected abuse. Safeguarding training was included in the providers induction programme and was updated regularly. ‘Say no to abuse’ posters were prominently displayed in all three units of the home. These included the local safeguarding team’s contact details. Staff told us they had no concerns about colleagues working practices. Where safeguarding concerns had been identified the registered manager took appropriate action including contacting the local authority safeguarding team.

There were systems in place for the administration, storage and disposal of medicines. We observed a medicines round. The nurse carrying out the round told us they always carried out the round in the same order within the service, in order to help ensure the gap between medicine administration points was sufficient for individuals. People were supported to take their medicines as they preferred, for example some people asked for tablets to be placed in their mouths. The nurse explained what medicines were for and stayed with people to ensure it had been swallowed. All medicines were stored appropriately including those which required refrigeration or those requiring stricter controls by law. We checked the Medicines Administration Record sheets (MAR) and saw the amounts recorded tallied with amounts in stock. The MAR was signed to indicate when medicines had been offered and whether they had been taken or refused.

There was a robust system in place to help ensure any new employees were suitable to work in the service. This included carrying out pre-employment checks such as disclosure and barring (DBS) checks and taking up two references, one being from the most recent employer.

We recommend that the service seek advice and guidance from a reputable source, about recording information to help ensure staff are able to deliver continuity of care.

Good

Is the service effective?

Our findings

At our inspection in January we found the adaptation, design and decoration of the service was not meeting people's needs. Equipment such as wheelchairs, were left in corridors which could have posed a trip hazard to people. There was a lack of signage in the building to help people with a diagnosis of dementia navigate through the environment independently. Doors were not clearly marked to allow people to easily identify their own rooms and bathrooms. Windows were dirty on the inside.

At this inspection we saw corridors were uncluttered and people's bedroom doors were marked with their name and a photograph of themselves or a picture of something which reflected their interests. Bathrooms and toilets were also signed. This meant people who might be affected by memory loss were assisted to navigate through the building independently.

At the last inspection we found the windows on the oldest part of the premises known as 'The House', were in a state of disrepair. Also the inside of the windows were dirty making it difficult for people to look out. At this inspection the registered manager told us the windows were being replaced and the work was due to start within the next month. We saw the planned schedule of work to confirm this. Although there had been assurances that the work would cause minimal disruption to people the registered manager had made contingency plans in case the work took longer than forecast. The inside of the windows were clean and one person told us they were enjoying sitting watching the birds on the roof.

Since the last inspection a head housekeeper had been employed. The building was clean and free of malodours. A relative commented; "It's always clean. The home smells nice, fresh." The housekeeper undertook a daily walk round the premises to identify any defects or areas which required additional cleaning as well as visual checks of fire alarm systems and doors. Any faults or defects were recorded in a maintenance book. These were either dealt with by the housekeeper, the Cornwall Care maintenance team or external contractors as appropriate. We saw all the recorded faults had been dealt with. The housekeeper told us they were able to ask for and get assistance as necessary.

The Mental Capacity Act (2005) provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for

themselves unless it can be shown that they have an impairment that affects their decision making. The associated Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At our inspection in January we found the service was not adhering to the requirements set out in the legislation. We identified one person for whom a DoLS application should have been made. However, this had been overlooked by the registered manager.

At this inspection we saw mental capacity assessments had been carried out. Where this process identified a need to deprive someone of their liberty an application had been made to the local DoLS team. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. Staff were able to talk about MCA and DoLS knowledgably.

Newly employed staff were required to complete an induction before starting work. Plans were in place for any new staff to undertake the new Care Certificate which replaces the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. One new member of staff told us; "Brilliant training, the best training. I've just done the induction….very in-depth." Training was regularly updated to help ensure staff knowledge regarding good working practice was kept up to date. For example training in how to use a hoist was refreshed every six months. An external healthcare professional told us staff were; "confident, competent and well trained.

Staff told us they felt supported by management and had regular supervision. In addition they said they were able to discuss any concerns or questions they had at any time. One member of staff said; "We have a positive team."

We observed people being supported during the lunch period. Some people needed support to eat and we saw staff sat at eye level with people in order to do this. This meant they were able to engage with people while

Good

Is the service effective?

supporting them in a respectful manner. People were offered a choice of meals and two had elected to have their hot meal at lunch time rather than in the evening with everyone else. Kitchen staff were aware of people's preferences and specific needs regarding their diet. Where people required their food to be pureed in order to facilitate swallowing the different components of the meal were kept separate to make the meal more appealing to the eye. One person had a poor appetite but enjoyed a particular food. The kitchen staff provided this for them on a daily basis.

People had access to external healthcare professionals such as dentists, chiropodists and GP's. When anyone was admitted with specific moving and handling needs, or someone's needs changed in this respect, a physiotherapist would work with staff to help ensure they understood what was required of them.

Good

Is the service caring?

Our findings

Not everybody was able to verbally communicate with us about their experience of care and support at Trevern. We observed care and support being given in a dining area of one of the units. People were treated compassionately and with kindness. For example we heard a member of staff say; "I'll do your nails for you because your daughter's taking you out this afternoon." They spoke quietly with the person while carrying out the task and engaged them in friendly conversation. An external professional commented; "Staff demonstrate care to clients, they all have a good rapport with clients."

Staff made sure people were aware of any actions they were going to take before they carried them out. We saw people being moved using hoists and saw this was always done by two members of staff. They explained to people what was happening and made sure they were comfortable and understood what was happening. Relatives told us staff were; "Lovely, very friendly." And; "Nothing but niceness! The staff are absolutely wonderful. No question about it." One said; "I've never seen a grumpy staff member yet."

People were supported to make day to day decisions. For example we heard staff asking people where they wanted to sit for lunch. In the afternoon a member of staff asked one person if they would like a cold drink. They crouched by the side of the person's chair to establish eye contact. When the person seemed unsure as to what they wanted the member of staff said; "Do you want orange, apple, blackcurrant." They adopted a gentle and friendly tone of voice and allowed the person time to make a decision.

In the kitchen there was a list of people's birthdays and the kitchen staff told us they always made birthday cakes for people. One person had just had a birthday and we saw cards on display in one of the dining areas next to the person's favourite seat. A 'Resident of the day' scheme had just been introduced. This gave selected residents an opportunity to have additional choices about how they spent their day or what they would like on the menu. The registered manager told us people so far had asked to be supported on walks out or have their favourite meal.

At our previous inspection we had seen personal items of clothing which were not labelled resulting in a risk people might not get their own clothing returned to them after washing. During this inspection we visited the laundry and saw clothing was clearly labelled thereby reducing the risk of people receiving the wrong clothing.

Bedrooms were furnished and decorated to reflect people's personal tastes. Personal items and photographs were on display and people and families were encouraged to bring in their own furniture and belongings to help create a familiar environment. All the bedroom doors had locks on them although no-one was choosing to use these at the time of the inspection.

Relatives told us they were free to visit whenever they wanted and were made welcome. One relative told us; "We keep a fridge in [my relative's] room and my husband pops in and has a beer with her. It makes it more normal." Another said; "I can come and go as I like and I have the codes for the doors and that."

Good

Is the service responsive?

Our findings

At our inspection in January we found people did not have access to regular activities. At this inspection we saw there was a programme of events and activities in place. On the day of the inspection visit we saw a hairdresser was on the premises during the morning. In the afternoon there was a fitness session for those who wished to participate. During the week there were a variety of sessions available including art and craft, a book club, entertainers and bingo. As well as the weekly programme more occasional activities were arranged such as trips out and a gentleman's club. A relative commented; "Things have improved, there seems to be more going on." Another said; "They have managed to get her to join in. Hat's off to them for that!"

People's preferences and interests were taken into account when identifying possible activities. For example one person enjoyed listening to military bands and had attended the Royal Cornwall Show where bands were playing. Arrangements had been made for the local school band to come and play at the service. The registered manager told us; "It's about getting to know clients."

In addition to organised activities people were encouraged to take part in activities associated with the running of the home if they wished. The laundry assistant told us one person enjoyed helping out with folding laundry. People had access to a level paved area which had a few potted herbs growing there. The registered manager told us there were plans to start up a gardening club with the support of relatives.

At our inspection in January we found care plans were not updated to reflect people's needs. Daily logs were not consistently completed. At this inspection we saw care plans were up to date and the daily logs had been completed consistently. The logs contained information on what people had done during the day, their health and general moods. Care plans contained information in respect of a range of areas such as communication, mobility and medicines. We did not see any information about people's backgrounds or personal histories and were not able to get a sense of the person's personalities from the care records. This kind of information can help staff build positive relationships with people and engage in meaningful conversations with them. The deputy manager told us they were aware of the importance of this kind of information and were starting to work with people and families to develop detailed individual profiles for people.

There were systems in place to help ensure the staff team were aware of any changes in people's needs. As well as access to detailed daily logs there were verbal handovers at the shift change overs. This was attended by all staff to update on any developments or changes in health or general well-being. For example we heard staff discuss one person who had not eaten or drank anything during the shift. Suggestions were made as to what food might be offered to them to encourage them to eat. There followed a more detailed health specific handover for senior and nursing staff. A member of staff told us; "The communication between staff is good." Due to their health needs some people had monitoring charts in place to help ensure any changes were effectively highlighted. These had been completed appropriately.

Care workers were assigned to work in a specific unit. This meant people were more likely to receive continuity of care from staff members who knew their needs well and would recognise any changes quickly. The registered manager told us they did try and make sure staff worked a different unit once a week to, "keep their knowledge base up."

The complaints log showed complaints were addressed within the timeline outlined in Cornwall Care's policies and procedures. Relatives told us they were aware of how to raise a complaint if necessary and believed it would be dealt with appropriately. Comments included; "If there's anything to see that I don't like I'm not afraid to bring things up." And; "All I have to do is pick up the phone and ask as I have done."

Good

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility at Trevern. The service was overseen by the registered manager with the support of a deputy manager. A senior nurse oversaw five nurses and four senior care workers. The registered manager told us they were well supported by their own line manager with whom they had monthly meetings. Manager meetings were also held at head office every two to three months for all the organisations managers. This was an opportunity for managers to be updated on any developments within the care sector and updates on recognised good working practice.

Staff said they were well supported through a system of supervision and staff meetings. Staff meetings were held every month. At the last meeting staff had asked for better management presence within the service. As a result of this the registered manager and/or deputy manager had introduced daily 'walk rounds'. One member of staff told us how the organisation had supported them to progress in their career. They said; "Cornwall Care have been absolutely brilliant supporting me." A new employee told us they enjoyed working at Trevern and had been made to feel, "very welcome." They added, "The registered manager and nurses always check I'm OK. And if I have any questions I can just ask."

The registered manager and deputy manager told us staff morale had been low recently due to a high staff turnover at all levels. They explained how they had worked with staff to overcome this. A non-uniform day had been introduced. Staff were putting in money to a fund towards a day out. A suggestion box was going to be put in the foyer to enable staff to make suggestions anonymously if they wished. An employee achievement award had been initiated to recognise staff who had, 'gone the extra mile' in their work role. This demonstrated management were proactive in addressing staff morale and recognised the impact this had on the service overall.

The deputy manager told us about various plans to develop and improve the service. They were working on developing sensory areas, both within the building and in the garden. They also had plans to make the lounge areas, "more lounge like." This showed the management team were actively seeking ways to improve the service.

There were systems in place to monitor the quality of the service provided. Regular audits were carried out over a range of areas, both internally and by auditors from Cornwall Care's head office. The registered manager had created a visual aid in their office to enable them to track the progress of audits and help ensure they were not overlooked. At the previous inspection we found systems to monitor the maintenance of the premises had not been robust and areas requiring improvement had been overlooked. At this inspection we saw there was now a head housekeeper in post with responsibility for the maintenance and auditing of the premises and equipment. Audits for wheel chairs, call bells hoists and scales were taking place regularly.

An independent facilitator had completed a report on the service provided at Trevern after talking with relatives and residents. The report had been largely positive. Relatives told us the atmosphere at Trevern was welcoming and friendly. One said, "It's a very relaxed, nice comfortable feeling. You can feel it when you walk in."

Relatives told us communication with the service was greatly improved over the last few months. One said, "They are very good communicators, very approachable and very, very nice." And another commented; "Continuity of communication has improved." Regular resident and relatives meetings were being held. These were to help ensure everyone was made aware of any developments within the service and encourage people to become involved. Following a suggestion made at the last residents and relatives meeting a newsletter was also being produced and circulated to keep people and families up to date. An open day had also been held.

Management were working to establish links within the local community. Members of a nearby school band had been invited in to play and the registered manager told us they hoped this would become more regular. The local church held a church group at Trevern every month. People were encouraged to use facilities within the community and some had passes to local attractions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: There were not sufficient numbers of staff to meet people's needs. Regulation 18 (1)