

Tregolls Manor Homes Limited

Tregolls Manor

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

Tregolls Manor is a residential care home providing personal care to up to 25 predominantly older people. At the time of our inspection there were 19 people using the service.

The service is a detached property that has accommodation over three floors. A lift enables people to access all parts of the service. Some bedrooms have ensuite facilities and people share communal lounges and have access to a garden. Tregolls Manor is in the city of Truro in Cornwall.

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

People told us they were 'happy' living at Tregolls manor and their care needs were met by caring and skilled staff. Comments included "I feel safe and well cared for", "Staff are lovely" and "Marvellous".

Relatives were complimentary about the care their family members received. Comments included "The care here is excellent. Not just the material care, they are very caring, very passionate" and "[Person's name] enjoys the company and the stimulation, [Person name] said they had been spoilt rotten" and "I think they have got it really right here. It is a patient, caring environment".

Since the last inspection there had been a successful recruitment campaign. A deputy manager, care staff, housekeeping and catering staff had all been employed. Staffing levels were appropriately managed, and people received care from consistent, regular staff

People, relatives and staff were all positive about the management team. Comments from people included, "We have good managers here".

Safeguarding processes were in place to help safeguard people from abuse.

The deputy manager had reviewed every person's care plan and risk assessment to ensure they were clear and up to date. This meant guidance was in place for staff to follow.

Medicines were administered and managed safely. Staff maintained accurate medicines administration records.

The service was clean and there were additional cleaning procedures in place to limit infection control risks within 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 team maintained oversight of complaints, accidents and incidents and safeguarding

concerns. The management team engaged well with health and social care professionals.

Peoples care records were stored securely.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 October 2021).

At our last inspection we found breaches of the regulations in relation to medicines, notifying us of incidents they were legally required to do, and governance systems. The registered manager completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting these regulations.

Why we inspected

We carried out an unannounced inspection of this service on 7 September 2021. Breaches of legal requirements were found in relation to medicines, notifying us of incidents they were legally required to inform us of and governance systems.

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led.

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 changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tregolls Manor on 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.

Follow up

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 safe.

Details are in our safe 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 well-led.

Details are in our well-led findings below.

Good ●

Tregolls Manor

Detailed findings

Background to this 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

The inspection was carried out by two inspectors.

Service and service type

Tregolls Manor 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The registered manager completed an action plan identifying how they were going to address the shortfalls

identified at the previous inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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.

We reviewed information that we held about the service including information shared by people, relatives and/or staff. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided and two visiting relatives. We spoke with one health and social care professional. We spoke with five members of staff including the registered manager, care staff and cook.

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

We spoke with the deputy manager by phone following the inspection visit. We sent a survey to staff so they could share their views with us, but none were returned.

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 requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

At our last inspection we found the providers medicines systems were either not in place or not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Using medicines safely

- At the previous inspection we found that Medication Administration Records (MARs) when compared to the actual medicines in stock did not always tally. We found at this inspection that medicines stock did tally with MARs.
- At the previous inspection we found on admission to the service people's medicines regimes were not recorded or checked to confirm they were accurate. We also found MARs did not always record the administering directions as written on the person's medicine package which could lead to confusion as to the timings and dosage of when medicines were to be administered. At this inspection we found that medicines were checked on the persons admission and that they were recorded correctly.
- At the previous inspection we found when people had declined their medication for a number of days this had not been followed up or reported to the doctor to be reviewed. At this inspection records confirmed if people had declined their medicines, or there was concerns for a person's health, medical advice was sought promptly. This meant that people were being monitored appropriately when medicines were declined, or their health condition had changed.
- At the previous inspection some medicines were administered 'as required' and there was a lack of guidance in respect of the circumstances when this medicine should be offered or administered. As required protocols were being reviewed so that staff had guidance for when these medicines needed to be administered.
- Some people managed their own medicines. Risk assessments were in place to ensure the person was provided with the necessary support to manage their medicines.
- There were monthly audits to provide oversight of medicines management. This would identify if and where further improvements may be required and help ensure action would be taken to implement any improvements.

At our last inspection we found the provider had not assessed or monitored the quality and safety of the services provided. This contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been

made and the provider was now meeting this regulation.

Assessing risk, safety monitoring and management

- At the previous inspection we found that when a risk had been identified for a person that this was not always updated in care plans. At this inspection the deputy manager had identified and reviewed all risks to people's safety and wellbeing. Each person's care record now included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- Emergency plans were in place regarding how to evacuate the building in an emergency. These had been updated and were more person centred so that it was clear as to how each person would need to be supported to evacuate the service in an emergency.
- Some people needed support from staff to help them manage their emotions or anxiety. The deputy manager was updating these sections of the care plans to provide staff with information on events likely to cause people anxiety and advice on how to provide support at these times.
- The environment was well maintained. Risks associated with the environment were monitored.

Systems and processes to safeguard people from the risk from abuse

- The provider had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- People were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or staff.
- People told us they were happy living at the service and told us they felt safe.
- Relatives said they were confident their family members were well cared for and were safe.
- The provider had safeguarding systems and complaints procedures in place.

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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and

support. Systems within the service supported decisions, made on people's behalf, would be in a person's best interest.

Staffing and recruitment

- Since the previous inspection the registered manager had recruited new staff, including a deputy manager, care support staff, housekeeper and catering staff. Therefore, the use of agency staff had reduced substantiality. This meant that people were cared for by consistent staff that knew them well.
- Staff rotas confirmed that sufficient staff were on duty at all times to meet people's current needs.
- People and relatives told us they felt that there were sufficient staff on duty at all times. People told us "They [staff] come when I call them, my call bell is here, and they come quickly."
- The services recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

Preventing and controlling infection including the cleanliness of 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 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.
- Visiting in care homes; The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits

Learning lessons when things go wrong

- The providers company representative visited the service monthly. This supported the registered and deputy manager to maintain an effective oversight of the service. For example, reviewing and analysing incidents that occurred at the service which was used to identify areas of learning and improvement.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question 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

- People were involved in the development of, and the review of their care. Care plans were signed by the person to show that they were involved, and in agreement as to what support they needed and how they would like it to be provided. Comments included "I have what I need here." A relative commented "The care here is excellent. Not just the material care, they are very caring, very passionate".
- The deputy manager had reviewed the care plan format which was now recorded electronically. People's care plans included information about their needs, routines and preferences. Staff followed care plans to deliver care and support which was individualised to each person's needs.
- Care plans were reviewed and updated regularly. This meant staff had information which reflected people's current needs.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.
- Care plans were person centred and had information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs, including support people needed to maintain their physical health and well-being, nutrition and personal hygiene.

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.
- The registered manager had developed links with the local library to provide audio books and large print books for people who had visual impairments.

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

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic.

- There had been some disruption to the activity programme during the COVID-19 pandemic. However, people had restarted some activities both in and outside of Tregolls Manor, following the lifting of lockdown restrictions. During the inspection we saw people reading the daily newspaper, reading, watching TV, listening to music and socialising with each other and having visitors.

- Planned activities were on display for people to attend if they wished. These included a monthly communal service, the grand piano was played weekly, pet therapy visits, art sessions, Celtic harp recital, singers, entertainers and a sherry party every Sunday. Some of the activities occurred in the garden area, on warm days. People said they enjoyed the activities.

- People made use of the garden area and some activities occurred there, for example the Celtic harp recital. People were also involved in some gardening and Tregolls Manor had entered the 'Truro in Bloom' competition and won an award which was on display.

People and relatives were complimentary about the activities on offer. A relative commented "[person's name] enjoys the company and the stimulation, [person's name] said they had been spoilt rotten."

Improving care quality in response to complaints or concerns

- People and relatives told us they would have no hesitation to speak to the registered manager or staff if they were unhappy. They told us they were confident that any concerns they had would be listened to and acted upon. People commented "I have no complaints" and "It is a well-regarded place. I have no complaints, they are decent people."

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

End of life care

- The service was not providing end of life care to people at the time of the inspection.

- The deputy manager told us that training for staff in End of Life care had been arranged.

- Care plans contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Treatment and Escalation Plans (TEP) forms had been discussed and agreed with the person, their legal representative and GP.

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 requires improvement. At this inspection we have rated this key question 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; 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

At the previous inspection we found the provider had failed to notify us without delay of incidents they are required legally to inform us of. This was a breach of Regulation 18 (notifications) of the Care Quality Commission (registration) regulations. At this inspection we found improvements had been made and the provider was now meeting this regulation.

At the previous inspection the registered manager had not informed CQC of notifiable incidents in line with the regulations. Since the last inspection the registered manager had notified us of all incidents and how they would learn from them.

At the previous inspection we found the provider had failed to ensure records were accurate and up to date or stored in a confidential manner. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

- In the last three months a deputy manager started at Tregolls Manor. The deputy manager had reviewed care records and handover records. New formats were now in place. Records we reviewed were accurate, up to date and reflected people's current care needs.
- The deputy manager introduced the 'Code of Conduct' for all staff to consider when supporting people. This helped staff reflect on how they approached people and how records should be respectful of the people they support.
- The registered manager had addressed all the issues highlighted in the previous report. The deputy manager had reviewed records, and auditing systems, alongside the registered manager to ensure they had good oversight of the service. Where actions were needed to improve the quality of their service this was now highlighted with an action plan in how this would be addressed. For example, continued work on developing care plans.
- At the last three inspections we raised that confidential information must be stored securely. A lockable cabinet had been purchased and all records were stored securely.

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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. A staff member told us; "The managers are approachable".
- People and relatives were complimentary about the management of the service. A person told us "We have good managers here" and a relative commented, "I think they have got it really right here".
- The management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people.

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

- The deputy manager had re-instated relative meetings and staff meetings. Minutes of these were seen and demonstrated a commitment to exploring the views of people and staff, how the management team could support them and share with them future ideas of how the service would be run. For example, care documentation would be placed in people's bedrooms, so that people had greater access to information about themselves.
- People and their representatives were involved in their care plan assessment and review to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by registered managers.
- The deputy manager had commenced one-to-one supervision with staff. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. There were also regular updates through shift handovers.

Continuous learning and improving care

- The providers company representative was visiting the service monthly. We reviewed their reports which demonstrated they had an oversight of the running of the service. Actions highlighted from this were addressed, such as maintenance to the building and a review of menus.
- The registered and deputy managers completed regular checks on the quality of the service. Action was taken when a need to improve was identified.

The managers were keen to ensure that staff were up to date with recent practice and had booked them on training to strengthen their knowledge and skills. For example, end of life care.

Working in partnership with others

- 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 and in discussion with a visiting health and social care professional. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.