

Little Trefewha Limited

Little Trefewha Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Little Trefewha Care Home is a residential care home providing personal care to up to 21 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 21 people using the service.

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

People received their medicines as prescribed. Staff recorded administration on to paper Medicine Administration Records (MAR) and these were regularly audited. Some people had been prescribed pain relieving patches. Staff were not always recording on the body map where these had been placed. We have made a recommendation about this in the safe section of this report.

At our last inspection we found the recruitment process was not entirely robust at our last inspection and we issued a requirement notice regarding this. At this inspection we found people had been recruited safely.

The premises were clean with no malodours. The building was in need of some re-decoration and there was a programme in progress to address this. At the time of this inspection there was a contractor building a covered area outside for people to sit in the shade.

The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.

Little Trefewha had enough staff available to meet people's needs and ensure their safety. Staff were happy and many had worked at Little Trefewha for many years. People told us, "Staff are lovely, I have no complaints. Yes, there are enough staff to help me," "There are always plenty of staff on duty and they really look after you, couldn't ask for better" and "Staff are local to the home and have been in their roles for many years, they're very efficient".

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.

Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance. Guidance in care plans guided staff to help build independence wherever possible.

Identified risks were assessed and monitored. Care plans contained guidance and direction for staff on how to meet people's needs.

Food was freshly cooked on the premises and looked appetising. There were staff available to support people at mealtimes where needed. People were positive about their meals.

The registered manager, deputy manager and the provider had effective oversight of the service. There was an improved audit programme in place to help identify any areas of the service that may require improvement.

People, staff and relatives were asked for their views and experiences by the registered manager and the provider. Staff meetings and residents meetings were held to share information and seek people's views. Comments from people included, "I like living here," "Carers do a good job, they all do their best, I'm quite happy here, I feel part of the furniture" and "I'm lucky to be here, there is plenty of choice of entertainment and food".

Relatives' comments included, "(Person's name) has settled in very well, staff are approachable and responsive, I'm happy that (Person's name) is safe and happy here" and "We are kept well informed about (Person's name) care. Any change in their condition is reported to us and external medical help is sought if necessary".

The registered manager understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs or incidents that occurred.

The registered manager and staff worked closely with local health and social care professionals to meet people's needs.

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:

The last rating for this service was requires improvement (30 November 2018).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 November 2018. A breach of legal requirements was found in relation to recruitment processes being used at that time.

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 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 Little Trefewha 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Little Trefewha 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.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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

Little Trefewha is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both 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 the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. We used information sent to us by the provider in their PIR. 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 used all of this information to plan our inspection.

During the inspection

We reviewed 2 people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with the 8 people who lived at Little Trefewha, 3 staff, the registered manager, deputy manager and the provider. We spoke with 1 relative during the inspection.

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.

Staffing and recruitment

At our last inspection we found a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Recruitment systems and processes were not robust.

At this inspection we found that staff were safely recruited, and the service was no longer in breach of this regulation.

- Staff were recruited safely. This included pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider followed safe processes to make sure staff recruited were of good character and had the skills and knowledge to carry out their role safely.
- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. The service had one night staff vacancy at the time of this inspection. During the inspection, we saw staff were responsive to requests for assistance and recognised when people needed support. Staff told us there could be times when they were short of staff but that any gaps were filled in by other members of the staff team. One staff member told us, "We all cover when needed. Sometimes we have agency if we can't cover."
- People's comments included, "Staff are lovely, I have no complaints. Yes, there are enough staff to help me," "There are always plenty of staff on duty and they really look after you, couldn't ask for better" and "Staff are local to the home and have been in their roles for many years, they're very efficient".
- Staff told us they worked well as a team. Comments included, "I am happy here. It's like my second family" and "I have been here 17 years, it's a good care home."

Using medicines safely

- Some people had been prescribed pain relieving patches. These patches had been administered appropriately. However, staff had not always recorded, on a body map, where on the body they had placed the patch. It is important that this information is clear should the patch fall off and need to be re-applied. Guidance states that the patch sites should be rotated each time one is applied. If patches are re-applied to the same site consecutively there can be local skin reactions.

We recommend the service take advice and guidance from a reputable source regarding best practice in recording the application of pain-relieving patches.

- People received their medicines as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies to certain medicines.
- Some people were self-administering their own medicines. There were appropriate risk assessments in place to help ensure the person was safe to do this.
- Staff recorded medicines following administration on paper records (MAR). There were no gaps in these records. Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and according to the guidance provided in the protocols.
- The management team regularly audited all aspects of medicines management and administration. The records of medicines that required stricter controls were checked and all tallied with the stock held.
- External creams and lotions to maintain people's skin integrity were applied during personal care. These creams were mostly dated when opened.

Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Relatives were confident their loved ones were safe.
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns they had to the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Equipment and utilities were regularly checked to ensure they were safe to use.
- Staff knew people well and were aware of people's risks and how to keep them safe. We observed staff assisting people to move using a variety of equipment. Staff were competent in managing this and treated people with dignity and respect whilst undertaking these tasks.
- Risk assessments were detailed and reviewed regularly, which meant staff had guidance in how to manage people's care safely. They covered areas such as moving and handling, personal care and falls.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

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.

- People were supported in accordance with the requirements of MCA. Staff took the least restrictive option

when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.

- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service ensured any decisions made on people's behalf would be in a person's best interests.
- No one living at the service was being restricted in any way, so the registered manager had not needed to make any applications for DOLS authorisations.

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 friends and families. Protocols were in place should there be any disruption due to COVID-19 outbreaks

Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The registered manager told us they would be aware of any complaints or concerns raised. No formal complaints were in process at this time. Any issues or concerns raised were dealt with in a timely manner by the management team.

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

- The provider, registered manager and deputy manager had improved their quality monitoring systems and oversight since the last inspection.
- There was an audit programme in place that covered all aspects of service delivery. This included, care plans, staff training and supervision, medicines and accidents and incidents.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. Managers provided effective and supportive leadership to the staff team and their individual roles and responsibilities were well understood.
- Important information about changes in people's care needs was communicated at staff shift handover meetings.

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

- People's care plans and risk assessments had been kept under regular review. There were sections in the care plans on people's relationships and their life history. Daily records were up to date and person centred.
- People commented, "I'm lucky to be here, there is plenty of choice of entertainment and food" and "The home is very open and not restrictive in any way. It has a good atmosphere".
- There was a positive culture within the staff team and staff told us they felt supported by the management team. Staff consistently told us they felt the service was well led. Their comments included, "I am happy here and feel very well supported."
- 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.

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 provider understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs, accidents or injuries.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would

be listened to and acted on promptly.

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

- Little Trefewha had systems in place to positively engage with all stakeholders. People and their relatives told us they regularly engaged in conversations at meetings. They felt their views were valued and considered.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. A member of staff told us, "If I had a loved one who needed care, this would be the first place they would come, we provide good care for people here."
- Surveys were regularly given to people, their families and staff. The results from the most recent surveys were positive.
- People's comments included, "I like living here," "Carers do a good job, they all do their best, I'm quite happy here, I feel part of the furniture" and "I'm lucky to be here, there is plenty of choice of entertainment and food".
- A relative told us, "(Person's name) has settled in very well, staff are approachable and responsive, I'm happy that (Person's name) is safe and happy here" and "We are kept well informed about (Person's name) care. Any change in her condition is reported to us and external medical help is sought if necessary".
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.
- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.

Continuous learning and improving care; Working in partnership with others

- 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.
- Staff meetings took place regularly with all staff teams. Staff told us they were able to share their views and that the registered managers door was always open if they had to raise any issues.