

Cornwallis Care Services Ltd

Trecarrel Care Home

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

Trecarrel Care Home is a residential care home providing personal care to up to 44 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 40 people using the service.

Trecarrel is part of the Cornwallis Care Services Ltd group of care homes based in Cornwall.

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

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.

People received their medicines as prescribed. Regular checks and audits of the medicines management system were effective.

The recruitment processes were thorough. New staff confirmed they received support and induction before working alone. There were sufficient staff to meet people's needs. Most staff were happy and many had worked at Trecarrel Care Home for several years.

The service was clean and decorated to a good standard. There were no malodours.

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. 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.

People's views and experiences of the food provided at Trecarrel had been sought. A recent survey received mixed responses. Food looked appetising and there were staff available to support people where needed. However, some staff did not always support some people appropriately with their meal. We have made a recommendation about this in the effective section of this report.

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

People, staff and relatives were being asked for their views and experiences by the manager. Staff meetings were held to share information and seek their views. The manager was supporting some staff with an issue of disharmony in the team.

The 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 management team 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 2022). We carried out an unannounced inspection of this service on 14 October 2022. A breach of legal requirements was found in relation to inconsistent leadership.

Why we inspected

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, effective and well-led.

We had also received safeguarding concerns from a member of the public which were being investigated by the manager at the time of this inspection.

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 Trecarrel Care Home 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 effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Treccarrel 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 a bank inspector.

Service and service type

Treccarrel Care Home 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 manager in post who was in the process of registering with the CQC to become the registered manager.

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 4 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 6 people who lived at Tracarrel Care Home, 9 staff, the manager and the deputy. We spoke with 3 relatives during the inspection.

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.

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- Prior to this inspection CQC had received safeguarding concerns from a member of the public which were being investigated by the manager at the time of this inspection. Allegations had been made regarding the actions of some night staff. The local authority safeguarding team and the police had been informed and the HR unit of Cornwallis Care Ltd was supporting the manager with the investigation process.
- 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.
- The manager assured us that once the formal process of investigating the allegations had concluded, CQC would be informed of the outcome and any appropriate action would be taken as required.
- The service had systems in place to protect people from abuse.
- People told us they felt safe. Comments included, "I have been here since January. Yes, I like it and feel safe." Relatives were confident their loved ones were safe. One told us, "I'm glad [Person's name] is here. I think they are very safe and all the staff are so caring,"
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns they had to the management team.

Assessing risk, safety monitoring and management

- 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 up to date which meant staff had guidance on how to manage people's care safely. They covered areas such as skin integrity, personal care, behaviour's 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.
- Equipment and utilities were regularly checked to ensure they were safe to use.

Staffing and recruitment

- People were positive about the staff and the staffing levels. They told us, "I like the staff. If I use my call button they tend to come quickly."
- 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 was also up to date and relevant documentation concerning staff's right to work in the United Kingdom.

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. 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 by other members of the staff team. Staff comments included, "I think there are enough of us. We have had more staff come on board."
- Some staff feedback was not entirely positive regarding how the care staff functioned as a team. Comments included, "I don't think all the carers work together as well as they could. We have told the manager about some issues" and "There are some cliques which are forming." The manager assured us they were working with staff to support them in this matter.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans.
- Staff recorded medicines following administration on paper Medicine Administration records (MAR). These records were regularly checked to ensure they were correctly and fully completed.
- 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.
- Some people needed to receive their medicines covertly, i.e hidden in food or drinks. There was signed GP guidance on how to do this and why.
- Medicines that required stricter controls were being effectively managed. Regular audits helped ensure the amount of medicines held tallied with the records.

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 manager told us they would be aware of any complaints or concerns raised. No complaints were in process at this time.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we made a recommendation that the provider engaged people in a review of the quality of the food provision.

At this inspection we found that people and their relatives had been asked to review their experiences and views of the food.

this was shared with the meal delivery company. The company had visited the service and offered guidance and suggestions to improve the meals.

- People were supported with their dietary needs where this was part of their plan of care. However, during the lunch service we saw some staff did not always engage with the person they were supporting during this time. There was no conversation, and some staff did not sit at the same level as the person they were supporting but stood beside them.

We recommend the service take advice and guidance from a reputable source to support staff to engage well with people during their meals.

- The provider had contracted with a meal delivery company to provide all the meals for all their homes. The meals were delivered frozen. The manager had identified possible improvements in how the meals were prepared and presented. People's views on the food provided was mixed. Comments included, "The food could definitely be better. I have put that on the survey", "The food is a bit hit and miss" and "Meals are OK, but I always have a look at the choices first."

- The provider had meals delivered which were pre-prepared and frozen. There was suitable variety and choices offered to people each day. Alternative options such as baked potatoes or omelettes were available if required.

- People's preferences and dietary requirements were recorded in their care plan. The kitchen staff had the necessary information to provide appropriate meals for people in the right consistency,

- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. People were regularly weighed and this information was regularly audited. Relatives told us, "(Person's name) is regularly weighed and the staff record all their food and drink. That is important to us as we are not always here and we like to know they are doing alright."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People, their families and relevant health and social care professionals were all involved in creating the care plan which helped ensure that the person's needs were understood and could be met.
- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service ensured there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.

Staff support, training, skills and experience

- People were positive about the staff, they told us, "Can't fault the staff they are all lovely," "Staff always popping in. They will be bringing my drinks in soon" and "All the staff are great."
- People received effective care and treatment. Staff had received required training. The manager held an electronic system that recorded all their training and prompted staff when an update was due.
- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently.
- Staff meetings took place. Staff felt they were well supported.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place between staff and the manager.

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

- Staff promptly referred people to other professionals when their needs changed. This helped ensure people could get timely support as required from health or social care professionals.
- External healthcare professionals visited the service regularly. One told us, "We don't have any specific concerns here at the moment, we come every day to do nursing tasks. All is settled here now, much better."
- People's preferences, likes, dislikes, were recorded in their support plans.

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.

- 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 helped ensure decisions made on people's behalf would be in a person's best interests. One person told us, "I prefer to stay in my room. I have everything I need." "Family visit and they are happy about me living here. It is a lovely home" and "The gardens are lovely. I like to sit out there and under the tree."
- The registered manager had records of appropriate applications made to the DoLS team. There were 3 people who had authorised restrictions in place at the time of this inspection. Where conditions were in

place on an authorisation, the manager regularly provided reports and confirmed to the local authority that the conditions were being supported.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs. There was pictorial signage to support people, living with dementia, to orientate themselves around the building.
- Adaptations had been made to the building so people with restricted mobility were able to leave the building quickly in an emergency.
- There was outside space available for people to sit and enjoy the fine weather. Some planting had been done to brighten the area. People were seen moving independently around the inside and outside of the service.

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

At our last inspection we found inconsistent leadership at Trecarrel Care Home had impacted on the staff support and operational delivery. 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 that the new manager had taken action to improve the oversight and governance of Trecarrel. They were no longer in breach of this regulation.

- The manager had been in post for five months and was in the process of applying to become the registered manager. Improvements were evident at this inspection in response to the findings of our last inspection. Staff were being well supported; training and supervision had improved. Staff and residents' meetings had taken place and people's views had been sought. Records were well completed, and audits were driving further improvements. 'Resident of the day' had been introduced to ensure every person was fully reviewed by all staff once a month.
- The provider and manager had effective quality monitoring systems in place. A comprehensive action plan was produced from audits and this was used to continually review and improve the service.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The manager 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

- Staff told us they felt supported by the manager. Staff told us they felt well supported.
- Staff 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. Staff used an electronic

care record system to document all care and support provided. Daily records were up to date.

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

- The manager was supporting some staff with an issue of disharmony in the team. Some staff told us they were unhappy and had decided to leave. The manager had held staff meetings where these issues were discussed with a view to resolving them for staff.
- The manager had held meetings with people, relatives and all staff teams since they took up their post in February 2023. Relatives told us they regularly engaged in conversations with staff and the manager. They felt their views were valued and considered. Comments included, "The staff make sure I am happy with everything. Always have a chat when I come in" and "I am always made to feel welcome, nothing is too much trouble."
- The manager had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated they were aware of the importance of protecting people's rights. Comments included, "People can do as they please here, one person may like to keep their curtains closed and stay in their room, another may like to go outside a lot, it is up to them" and "We know what people like to do and help them to do it when they want."
- A survey was planned to go out to people and their families. One relative told us, "We have meetings now with the manager. It is really good."
- 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.
- 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.
- Staff told us, "We work well as a team," "I feel very supported by the manager," "I have been here a long time. It has it's ups and downs, but all calm at the moment," and "The residents here are lovely, and we have some laughs together. It's really a home from home for me."

Continuous learning and improving care; Working in partnership with others

- The manager was keen to embed a culture of continuous learning and improvement at Trecarrel. Many changes had already been made and further improvements were planned by the new manager.
- The manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Staff meetings took place regularly and staff told us they were able to share their views and that the managers door was always open if they had to raise any issues.