

Tre' Care Group Limited

Tregenna House

Inspection report

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Date of inspection visit:
23 February 2023

Date of publication:
31 March 2023

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

Tregenna House is a residential care home providing personal and nursing care to up to 49 people. The service provides support to predominately older people requiring nursing care, people living with dementia and people living with mental health needs. At the time of our inspection there were 39 people using the service.

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

People were protected from the risk of abuse and avoidable harm. People told us that they felt safe in the service and risks in relation to people's care were identified and managed to keep them safe. Three relatives collectively told us they felt their family member was safe and protected living at Tregenna House.

Comments included, "I am very satisfied with [name of person] living here. I feel [the person] is very safe" and "We can't praise them enough. Very safe here".

The premises were clean. Some areas of the service required maintenance. We shared this with the provider and registered manager. We have made a recommendation about this in the safe domain of the report.

The service had effective systems to monitor equipment and utilities. There were certificates in place to support this. Systems were in place to support people in the event of an emergency.

Staff had been recruited safely and during the inspection we observed there were enough staff to respond to people's needs. 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.

Peoples medicines were managed safely. Staff responsible had the necessary skills to administer medicines. Oversight was in place to ensure medicines were managed safely.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Two health professionals told us the registered manager and clinical staff worked closely with them.

Incidents and accidents were managed safely. The managers took necessary actions to keep people safe and minimise the risk of reoccurrence. Steps were taken to learn lessons if things went wrong.

The registered manager provided clear direction and good leadership. Feedback about the service was consistently positive. The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals. The service had clear and effective governance systems in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good published (11 January 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Notice of inspection

This inspection was unannounced.

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

Tregenna House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Tregenna House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on 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

The 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. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We used all of this information to plan our inspection.

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.

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, 2 administrators, 2 registered nurses, 7 care staff and 1 housekeeper.

We reviewed a range of records. This included 4 people's care records. We checked 14 people's medicines records and looked at arrangements for administering, storing and managing medicines. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- 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.
- Staff received training and were able to tell us what safeguarding, and whistleblowing meant.
- The provider had worked with multi agency safeguarding procedures when there had been safeguarding concerns.

Assessing risk, safety monitoring and management

- The safety and suitability of the premises were not always of a high standard. For example, on one unit a cupboard had been removed which had exposed damage to the floor. Most areas of the service had damaged paintwork and chips in woodwork. Two radiators had been damaged. One had rust engrained around the front cover. The entry door to room 24 required varnishing as it had worn and was damaged. The provider and registered manager assured us these issues would be addressed immediately with the maintenance team.

We recommend the provider ensures the safety and suitability of the premises is satisfactorily maintained.

- 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 wheelchairs and stands. 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 in how to manage people's care safely. They covered areas such as skin integrity, personal care, mental health, behavior's and falls. A staff member told us, "There are a lot of risks to manage here. It's quite challenging, as it can change in a moment if a resident becomes distressed, but we are trained and supported to deal with it".
- 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.

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. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain

medicines.

- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration. Medicines requiring refrigeration were stored in a fridge which was not used for any other purpose. The temperature of the fridge and the room in which it was housed was monitored daily to ensure the effectiveness of medicines.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Staffing and recruitment

- 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 in by other members of the staff team. One staff member told us, "We could do with another staff member really. I suppose it's the same everywhere".
- Staff told us they worked well as a team. Comments included, "We do work really well together and support each other". A professional told us they found the registered manager and staff to be competent and excellent communicators. They said, "The communication is excellent. The [registered manager] has her finger on the button".

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting visits from families and friends. Family members told us they thought the visiting arrangements were good and they felt safe. They told us, "Always made to feel welcome" and "The staff are very supportive when I visit. It is a busy home, but they always have time to answer any questions".

Learning lessons when things go wrong

- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as the links with the local GP practice, after incidents where people had fallen.

Is the service well-led?

Our findings

Well-Led – this means 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- 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, "The manager is really supportive and has really helped me," "I wouldn't work anywhere else. Everybody pulls together and helps each other. I think that comes from the manager leading by example" and "It can be challenging working here, but the management are really good. The door is always open if you need to discuss something".
- 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. There were sections in the care plans on people's relationships and social networks, and life stories. Daily records were detailed, up to date and person centred, giving an insight into the daily lives of people living at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager had effective quality monitoring systems in place. Action plans were produced from audits and they were used to continually review and improve the service. However, the registered manager and management team acknowledged a lapse in ensuring the maintenance points found at this inspection had been identified but not actioned in a timely manner.
- The management team reflected on the business plan review in order to determine areas for development. Methods they used included regular reviews of people's care and regular observations of staffing numbers and audits. Also researching best practice. For example, keeping up to date with dementia care skills.
- 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had systems in place to positively engage with all stakeholders. Relatives told us they regularly

engaged in conversations with senior staff and managers. They felt their views were valued and considered. One person told us that when they had suggested some changes to her family members care. They had been implemented and the changes had resulted in a positive outcome for the person.

- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service. A member of staff told us, "Everybody has the right to have their own views. I respect that."
- Questionnaires were given to people's families. The results from the most recent survey were all positive.
- 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.

How the provider understands and acts on the duty of candor, 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 candor. 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.

Continuous learning and improving care

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.
- Staff meetings took place regularly and 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.