Tregolls Manor Homes Limited

Tregolls Manor

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good

Summary of findings

Overall summary

We carried out a comprehensive inspection on 30 June 2015. A breach of the legal requirements was found. This was because the arrangements in place for the assessment, monitoring and mitigation of risks were not robust. Some aspects of medicines management were not always effective and accidents and incidents which occurred at the service were not audited to help reduce the risk of re occurrence.

After the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. As a result we undertook a focused inspection on the 27 February 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to these topics. 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

Tregolls Manor is a care home for up to 25 older people, some people living at the service were living with dementia. At the time of the focussed inspection on 27 February 2017 there were 23 people living at the service.

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

At this focused inspection we found the registered provider had met the legal requirements of regulations. Medicines were being regularly audited and any concerns were being taken up with specific members of staff. Risks were being identified, assessed and reviewed regularly in order to take account of any changes. Accidents and incidents were being recorded appropriately and audited to help identify any patterns or trends and reduce the risk of re occurence.

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. Medicines were managed and administered safely.

Risks were identified, assessed and monitored regularly

Staff were recruited safely. There was sufficient numbers of staff to meet people's needs.

Tregolls Manor

Detailed findings

Background to this inspection

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

We undertook an unannounced focused inspection of Tregolls Manor on 27 February 2017. This inspection was completed to check that improvement had been made to meet legal requirements after our comprehensive inspection on 30 June 2015. We inspected the service against one of the five questions we ask about services; is the service safe? This is because the previous concerns were in relation to this question.

The inspection was carried out by one inspector. Before our inspection we reviewed the information we held about the home. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke to the registered manager and reviewed two peoples care plans, two staff files, training records, medicine records and other records relating to the running of the service.

Good

Is the service safe?

Our findings

At the comprehensive inspection on 30 June 2015 we found it was not clear from the Medication Administration Records (MAR) if some people had received their prescribed medicines at the appropriate times. There were gaps in the records for six people between 18 June 2015 and 29 June 2015 where staff had not signed to show they had give people their prescribed medicines at specific times of the day. Some people were managing their own medicines and self medicating. Despite the service holding a policy stating service users should be reviewed regularly and assessed for compliance this was not always carried out.

The safeguarding adults policy had not been updated and reviewed since 2011. This meant staff were not provided with current best practice guidance.

Some people were at risk of falls. However, this had not always been reviewed regularly. Guidance was not always provided for staff to reduce identified risks. Accidents and incidents were not formally audited to help reduce the risk of re occurrence. Regular checks on equipment, such as wheelchairs were not always recorded. This meant the service could not demonstrate that equipment was safe to use.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection of 27 February 2017 we found that the provider had taken action to address these shortfalls. The service had audited all aspects of medicines management on a monthly basis. Any concerns identified were taken up with individual staff members. We checked the medicine administration records (MAR) for all the people living at the service. There were no gaps seen in these records. This meant people were received their prescribed medicines at the appropriate times. Handwritten entries on to the MAR had been signed by two people to help reduce the risks of any errors. One person requested to manage their own medicines. They had appropriate storage facilities provided in their rooms for their medicines and had been regularly assessed to ensure they were safe to continue to do this. A risk assessment for this purpose was held in their care plan. Staff regularly checked the stocks of medicines in the person's room to ensure all had been taken appropriately. The registered manager told us that another person had wished to manage their own medicines but had been assessed by staff as not entirely competent to do this safely. Staff now prompted this person on each occasion that prescribed medicines were due although they continued to hold their medicines in their room. This person was due to return home soon and staff were keen to try to encourage the person to be as independent as possible in this task. Medicines that required stricter controls by law were managed appropriately.

Staff were regularly provided with medicines training updates. A session was being provided on the day of this inspection.

The safeguarding adults policy had been updated following the last inspection. This meant staff were provided with accessible accurate guidance on how to raise any concerns they may have appropriately.

Care plans contained risk assessments for a variety of areas such as moving and handling and the risk of falls. One person was experiencing frequent falls. This was recognised by the service from the auditing of all accidents and incidents that was now taking place regularly. The service took advice from external healthcare professionals and provided a pressure mat in the person's room at night so that staff were aware when the person was up and moving around. Staff could then provide them with support and help reduce the risk of them falling.

Another person wished to have the window restrictors removed from their bedroom window so that they may be able to fully open the window. Their care plan held a risk assessment for the removal of the restrictors which led to them being removed. This risk assessment was regularly reviewed to ensure the person was able to recognise the risk this could pose to them.

There was no one living at the service who required the use of a hoist and sling. Where people were supported to move around the service using a wheelchair this was done safely. Equipment such as wheelchairs and electric beds were regularly serviced by an external professional to ensure they were always safe to use.

These significant improvements meant that the service was no longer in breach of the regulations found at the last inspection.

The service was in the process of recruiting two new members of staff. This meant the service would then be fully staffed. We reviewed the staff files for the two newest existing members of staff. All relevant checks and references had been sought to help ensure the person was appropriate to work in a caring role. New staff were supported by an induction process and a period of shadowing existing staff until they felt confident to work alone.