Blakeshields Limited

Trewiston Lodge Nursing Home

Inspection report

St Minver
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 15 March 2016.
The last inspection took place on 6 August 2014. The service was meeting the requirements of the regulations at that time.

The service is a care home which offers nursing care and support for up to 32 predominantly older people. At the time of the inspection there were 32 people living at the service. Some of these people were living with dementia. The service occupies a detached house over two floors.

The service had 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.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

The service did not have a dedicated activities co-ordinator. Activities for people were provided by staff and external visiting entertainers. Staff told us they had access to resources such as skittles and card games. However, staff stated that they were only able to provide activities when time allowed them. They told us they had some time to sit and chat with people on an individual basis. There were regular bus trips out in to the community and film nights were held at the service. Religious services took place every two weeks. Many people were confined to bed due to their healthcare needs, or chose to stay in their rooms. It was not clear what meaningful activity was provided for these people. The service's recent quality assurance survey showed 6% of people who responded felt that access to activities was poor.

We looked at how medicines were managed and administered. We found it was always possible to establish if people had received their medicines as prescribed. Regular medicines audits were being carried out to ensure any error would be identified.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. People living at the service were happy with the care and support they received from the staff.

Staff were supported by a system of induction training, supervision and appraisals. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were good opportunities for on-going training and support and development. More specialised training specific to the needs of people using the service was provided. For example, diabetes care and tissue viability (care of vulnerable skin). However, some staff required refresher training in areas such as fire safety, health and safety and safeguarding adults. We saw that some refresher training was planned for the near future. We were assured by the registered manager this would be addressed immediately.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service. Staff reported feeling they were listened to and issues were acted upon.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. People enjoyed the food provided. Where necessary, staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

The registered manager was supported by a deputy manager and a clinical lead. The service had senior care staff who were responsible for a range of audits and monitoring of the quality of the service provided.

The staff team was stable and only one member of staff had joined in the last year. The staff told us they were happy and enjoyed working at the service. They felt well supported by the management team.

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. People and their families felt the service was safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs. However, some staff required training updates.

Staff were supported with regular supervision and appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected

Is the service caring?

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. However, there was a lack of meaningful planned activities for

people to occupy their time.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People and their families were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

Staff were well supported by the management team.

Trewiston Lodge Nursing Home

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 checked 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.

The inspection took place on 15 March 2016. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. Their area of expertise was older people's care.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 11 people using the service. Not everyone we met who was living at Trewiston Lodge was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke to two visitors who were present at the time of the inspection.

We looked at care documentation for three people living at Trewiston Lodge, medicines records for 5 people, three staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with three families of people living at the service, and one healthcare professional who worked with the service.

Good

Is the service safe?

Our findings

People and their families told us they felt it was safe at Trewiston Lodge. Comments included; "It's lovely here" and "I think (the person) is perfectly safe here."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistle-blowing and safeguarding policies and procedures. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. Staff had attended training on safeguarding processes however, not all staff had received recent training updates on safeguarding adults. The registered manager assured us this would be address immediately.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. The registered manager and clinical lead were aware of recent incidents and knew the action which had been taken as a result to help ensure the risks were reduced.

People told us they received their medicines when required. We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service held medicines that required stricter controls. We checked the records of these medicines against the stock held and they tallied. An audit trail was kept of medicines received into the home and those returned to the pharmacy for destruction.

The service stored medicines that required cold storage. There was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored Medicines that require cold storage should be stored between 2 and 8 degrees centigrade consistently. We saw that the temperature recordings were within safe limits.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and pressure damage to skin. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, it had been identified that one person had experienced some skin damage due to their posture in a chair. The service had sought external professional advice and support on how to help reduce the risk of further skin damage. The person enjoyed sitting up in a chair. There was clear guidance for staff on how long the person could sit up for and when they should be laid down in bed to take the pressure off the vulnerable skin area.

The skin had been photographed regularly and showed steady improvement and healing.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to respond when incidents occurred. One person had been assessed by external healthcare professionals and it had been identified that there were no specific triggers for staff to be aware of. There was no action the staff could take which would be effective in calming the person. Staff were guided to record all incidents which took place and liaise regularly with the healthcare professionals. Such records were being closely monitored to ensure the service could continue to meet this person's needs.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the home including their mobility needs and details of their next of kin. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. People confirmed there were sufficient numbers of staff to meet their needs at all times. We saw from the staff rota there were seven care staff in the morning and five in the afternoon supported by a manager on each shift. Staff told us they felt there were sufficient numbers of staff and that they were a good stable team and worked well together.

Good

Is the service effective?

Our findings

People told us; "The carers are always willing to do things for you" and "I have nothing to grumble about." Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service.

Following the inspection we spoke with visiting healthcare professionals who were positive about the action taken by care staff when given advice and guidance on how to support people. Staff were knowledgeable about the people who lived at the service.

People told us; "The place is comfortable I've got lots of my own knickknacks" and "The environment is nice." The premises were in good order. However, bathrooms and toilets were marked only with words and not with additional pictorial assistance. Pictures support people who need help in being reminded of where they are and where they wished to go. People's bedroom doors had numbers on with some having the person's name on together with a small picture. The service had people living there who were independently mobile and were living with dementia. The registered manager and the clinical lead assured us that additional pictures would be added to the environment, to aid people's independence around the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "It is mostly paper based courses but we get some training done face to face which is better I think."

There were posters advertising a moving and handling training session due to be held the week after this inspection. Training records showed some staff were due to receive updates in subjects such as fire, health and safety and safeguarding adults. Staff had also undertaken a variety of further training related to people's specific care needs such as diabetes care and tissue viability (care of vulnerable skin). The system used by the registered manager to monitor when updates were required for individual staff was not robust. The registered manager assured us that the training needs of staff would be reviewed and more closely monitored.

In care files we saw there was specific guidance provided for staff. For example, there was information for staff on how to support a person who had fallen to the floor, avoiding manual lifting. Further advice was provided for staff on infection control and would care management. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. This included training

identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that were new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. One person had joined the service in the last year, they were experienced in the role and had not required to complete the Care Certificate. However, they had undergone an induction to familiarise them with the service and policies and procedures.

People had been asked for their consent to having their photographs taken and displayed in their care files and medicines records. They had also been asked to consent to care being provided and having their bedroom doors, which were fire doors, held open if they chose this. People were asked by care staff for consent for care to be provided before each task was carried out. People told us staff knocked on their doors before entering.

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 Act 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. The service had carried out assessments of people's capacity when indicated. Best interest meetings had been held with the person and their families, when specific decisions were needed to be made about their future care and support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of changes to the MCA legislation and had made applications to the DoLS team for authorisations of potentially restrictive care plans. The service held a MCA policy including the Code of practice, which was available for staff to refer to if needed.

We observed the lunch time period in one of the main dining areas. People told us; "The food is beautiful; we have a choice every day. If we are not satisfied they will offer an alternative" and "The food is very nice thank you." Staff were available to assist people with their meals if required. Some people needed help with their meals as they were confined to bed in their rooms. Staff sat with people chatting as they supported them. The food looked appetising. One person did not wish to eat the meal they had chosen, so staff removed the meal and returned with something else to tempt the person. This was enjoyed by the person. Everyone told us they enjoyed the food and confirmed they were offered a choice for each meal.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. They were aware of individual's dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. The service used Safer Food Better Business guidance to help ensure they maintained appropriate standards of food hygiene. The Food Standards Agency carried out an inspection of the service in September 2015 and awarded four stars. The cook was carrying out a number of checks and schedules however these were not always recorded. The registered manager assured us this would be addressed.

Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed. We saw sandwiches had been prepared in the fridge for people to eat after the cook had left the service.

Care plans indicated when people needed additional support to maintain an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. The clinical lead told us each person's intake was closely monitored for 48 hours when they arrive. To establish if any support was required. Anyone who was found to be losing weight at the regular checks carried out, had their food and fluid intake recorded and monitored. We checked these records and found them to have been regularly completed by care staff. The records included the amount of each meal that had been eaten and the amount of fluid that had been drunk by the person. These records were audited regularly to ensure they had been suitably completed and the intake was reviewed and any action needed was taken. We saw that one person, who had a poor food intake and had lost weight, had been started on high calorie meal supplements and their meals had been enriched with extra calories to help the person gain weight.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Good

Is the service caring?

Our findings

People told us; "Very good; they look after us," "They (staff) are good, they are patient with us and they are kind," "Yes they (staff) respect my privacy" and "They (staff) are all very pleasant."

External healthcare professionals told us staff were caring and kind. Families were positive about the care provided by staff at the service.

During the inspection we saw unnamed moving and handling slings and belts in the corridors throughout the service. These pieces of equipment were being used communally by staff and shared by people living at the service. This did not respect people's dignity and could be an infection risk. The registered manager and deputy manager agreed this was not acceptable. This matter had been recorded on the minutes of the last staff meeting and it had been agreed that each person would have their own specific sling named for their own use. However, this had not taken place at the time of this inspection. The registered manager assured us this would be addressed immediately.

During the day of the inspection we saw many positive interactions between people living at the service and staff. Staff were happy in their work, some sang as they worked.

We spent time in the communal area of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

People's dignity and privacy was respected. Staff knocked on doors before entering and ensured doors were closed when personal care was being carried out. Staff spoke to people quietly when asking if they needed assistance to use the bathroom.

People had some life histories documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. Staff told us there were sufficient numbers of staff to allow them to have some time to sit and chat with people and read or sing with them. One staff member told us; "I could sit and chat with them all day it is fascinating what you find out about them and their past."

Bedrooms were decorated and furnished to reflect people's personal tastes. People had personal belongings in their rooms such as photographs and pictures. It was important to people to have things around them which were reminiscent of their past.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted. Staff were kind and respectful when

supporting people. Staff were not rushed and showed patience and empathy when supporting people.

People and their families were involved in aspects of the running of the home as well as their care. People were asked for their views on the service. Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

The registered manager, clinical lead and care staff were aware of people's views as they spoke with them every day. One member of staff told us, "If there is something they are not happy about, you know."

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in gentle and understanding way. Staff were clear about the backgrounds of the people who
lived at the home and knew their individual preferences regarding how they wished their care to be provided. We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

Good

Is the service responsive?

Our findings

People told us; "I was told to treat it (the service) as home and was free to come and go," "People come in to entertain us, singers, we have quite a lot of people come in to entertain us" and "I do puzzle books; I'm not bored I keep occupied."

Relatives told us; "They do not have an easy job with my (the person) they are not easy, but they are very good. They are well cared for" and "They (management) always call me if necessary to let me know if the doctor has been or if they are not well."

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager and clinical lead were knowledgeable about people's needs.

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. Family members were given the opportunity to sign in agreement with the content of care plans if the person was unable to do this themselves.

Wound care was well managed with regular assessment and photographs taken to show the changes that had taken place in a specific wound. We saw evidence of improving wounds in one person's care file. External healthcare professionals were involved and supported the wound care provided.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. Monitoring records such as re-positioning charts were regularly completed by care staff. Skin bundles were used for everyone at the service. These are records which support staff to check and report on each part of the
person's body for any skin damage at regular intervals. This is done to help ensure any change in the condition of the person's skin would be noted quickly and addressed. The clinical lead indicated clearly in each person's file how often these checks should be carried out for each individual according to their assessed risks. Staff were thorough in their recording of all required monitoring checks.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and
friends. The knowledge staff had of people's needs and preferences helped ensure there was a consistent

approach between different staff. This meant that people's needs were met in a similar way each time.

The service did not have a dedicated activities co-ordinator. Activities were provided by staff and external visiting entertainers. Staff told us they had access to resources such as skittles and card games. However, staff stated that they were only able to provide activities when time allowed them. There were regular bus trips out in to the community and film nights were held at the service. Religious services took place every two weeks. Many people were confined to bed due to their healthcare needs, or chose to stay in their rooms. It was not clear what meaningful activity was provided for these people. The service's recent quality assurance survey feedback showed 6% of people who responded felt that access to activities was poor. During the inspection we did not see any activities taking place at the service. The registered manager told us that some people were not able to take part in activities due to their healthcare needs. Some people had poor sight and were not able to watch the television. We asked the registered manager about having a radio or audio books so that people could enjoy listening to something they enjoyed. We were told this had been tried but only one person was currently using audio books. The registered manager assured us this concern would be addressed.

People had access to quiet areas in the service as well as secure outside space. There were extensive countryside views from many people's rooms, which were enjoyed.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff responded to the requests for help, from people in their rooms, in a reasonable time.

The service did not hold residents meetings. The registered manager explained that many people living at the service were not able to express their views and experiences easily. So the service asked for the views of those that could contribute and sought the views of families and friends.

People and families were provided with information on how to raise any concerns they may have. People told us; "I would say something if I wasn't happy" and "I would talk to the carers." Details of the complaints procedure were contained in the pack provided upon admission to the home. People told us they had not had any reason to complain. The registered manager confirmed they had not received any complaints in the last year.

Good

Is the service well-led?

Our findings

Relatives and staff told us the registered manager and her management team, were approachable and friendly. Any concerns or issues raised were dealt with effectively and in a timely manner. Relatives felt they were always contacted by the management if anything changed with their family.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager who also worked at the service's sister home. The clinical lead supported the registered manager and was responsible for managing the nursing care needs for people at the service. They had the responsibility for auditing the various aspects of care provision as well as managing the administration and ordering of medicines. Regular monthly audits of food and drink charts, skin bundles, MARS and repositioning charts had led to an improvement in the quality of information recorded by care staff. These monitoring charts were reviewed regularly and any required action was taken. If a member of staff was found to have not recorded appropriate information, that staff member was spoken with and the matter addressed.

Staff told us they felt well supported through supervision and regular staff meetings. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. One member of staff commented; "The staff meetings are good, we all get to have our say, they go on for a while, and then things are taken back and dealt with, they really listen."

Each staff group, such as nurses and senior carers were given an opportunity to meet up, share ideas and keep up to date with any developments in working practices.

The registered manager worked in the service every day providing care and supporting staff this meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the home and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the home were aware of the current needs of each individual.

There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. They carried out regular repairs and maintenance work to the premises.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The boiler, electrics and gas had been tested to ensure they were safe to use. There were records that showed manual handling equipment and stair lifts had been serviced to help ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.