

Review of compliance

Cornwall Care Trewartha

Region:	South West
Location address:	Trewartha Trewartha Estate Carbis Bay St Ives Cornwall TR26 2QT
Type of service:	Care home service with nursing
Date the review was completed:	10/05/2011
Overview of the service:	<p>Trewartha is one of eighteen (18) homes for which Cornwall Care Ltd is the registered provider.</p> <p>The provider endeavours to plan all admissions, and to avoid emergency admissions whenever possible.</p> <p>The accommodation for residents at</p>

	<p>Trewartha is on one floor with four wings radiating out from a central communal area. Each wing has its own bedrooms, toilets and bathrooms. The wings are arranged in pairs, each pair with a shared dining area and sitting rooms.</p> <p>The garden areas are secure with a large paved area, seating and a wooden summerhouse.</p> <p>The bedrooms are single occupancy rooms.</p> <p>Trewartha is accessible for people who have mobility difficulties or use a wheelchair. The home is close to community facilities in the immediate area and is a short distance from St Ives.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Trewartha was meeting all the essential standards of quality and safety we reviewed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 10th May 2011, observed how people were being cared for, talked to people who use service, talked to a visitor, talked to the manager and staff, and checked the provider's records.

What people told us

We spoke with some people who were able to talk to us about the service and about how they make choices in the care they receive. They told us that they have the opportunity to express preferences and make choices. There is a stable team of care workers that work hard to meet the needs of the people that live there. Comments received from people that live at Trewartha confirm their confidence in the care workers and the manager. People said they were satisfied with the care provided and the kindness and politeness of the care workers.

A representative from the Department of Adult Care and Support (DACs) told us that "there are no current concerns about this service".

What we found about the standards we reviewed and how well Trewartha was meeting them

Outcome 1

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People have an input into the routines of their day. When people are not able to give consent, there is a record of how their preferences or wishes are to be taken into account. There is good liaison with other agencies and professionals to ensure changes are in the person's best interest, with any relevant consent.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 2

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Care is provided in a private and dignified manner. Care records include how people choose the manner, how, and when their care is delivered. The service liaises well with other agencies and professionals. The choices and preferences of people using the service are recorded.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 4

People should get safe and appropriate care that meets their needs and supports their rights

People using the service experience effective, safe, and appropriate care, treatment and support that meet their needs. Records show there is an accurate means of identifying if people have received appropriate care. The service demonstrates the efforts made to ensure that people's choices and preferences are supported, but does not always show people's involvement in their care.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 5

Food and drink should meet people's individual dietary needs

People are supported to have sufficient food and drink. People with identified health needs maintain an adequate weight and this is monitored.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 6

People should get safe and coordinated care when they move between different services

The home works well with other agencies and professionals to support the needs of people using the service.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 7

People should be protected from abuse and staff should respect their human rights

There are policies in place for staff to follow to protect people from abuse. Staff have received sufficient training to ensure they are aware of the actions they should take if an allegation of abuse is made and to protect people living at Trewartha.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 8

People should be cared for in a clean environment and protected from the risk of infection

We found that there were robust systems in place to ensure the safety of care workers and people using the service. Training in infection control is provided to care workers.

Infection control has been managed well to date, but the facilities provided pose a potential risk for future management of infections.

- Overall, we found that Trewartha was meeting this essential standard, though improvements can be made.

Outcome 9

People should be given the medicines they need when they need them, and in a safe way

The management of medications at the home is safe and protects people from risk of harm. Training in medication management is provided.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 10

People should be cared for in safe and accessible surroundings that support their health and welfare

The environment of the home is suitable and promotes the dignity of people using the service, though the service does not always ensure areas within it are properly and promptly maintained.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 11

People should be safe from harm from unsafe or unsuitable equipment

We found that equipment is available and it is used to promote the wellbeing and independence of people using the service.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 12

People should be cared for by staff who are properly qualified and able to do their job

Recruitment procedures are robust and ensure that people using the service are protected from risk of harm.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 13

There should be enough members of staff to keep people safe and meet their health and welfare needs

Staffing levels are appropriate for the current dependency of people using the service.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 14

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Induction training is provided for all new staff. Supervision is ongoing and takes place regularly. Staff training is being offered and provided. This contributes to the ongoing safety and welfare of the people living at Trewartha.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 16

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The service seeks to ascertain the views of people and or their relatives and other professionals in order to improve the service offered.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 17

People should have their complaints listened to and acted on properly

The service has a satisfactory complaints procedure in place to ensure people using the service, and their representatives, are listened to if they have concerns about the operation of the service.

- Overall, we found that Trewartha was meeting this essential standard.

Outcome 21

People's personal records, including medical records, should be accurate and kept safe and confidential

Records are accurate, fit for purpose and kept securely to ensure the dignity and confidentiality of people using the service.

- Overall, we found that Trewartha was meeting this essential standard.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We talked with people who reside at Trewartha, and a visitor, and asked them if the service meets their preferences and choices. People told us they were happy there and were able to make choices. People told us they could raise concerns to staff or the manager if the need ever arose. We observed that privacy and dignity were respected during our visit and no issues were raised by people using the service or staff. We observed people moving around the home with no restrictions.

A representative of the Department of Adult Care and Support (DACS) confirmed that there were no current concerns.

Other evidence

Trewartha has policies and procedures in place covering dignity and human rights, equality and choice which are reviewed at least annually, more often if required.

We were told people have their needs assessed prior to moving into the service, and this is supported by the care records seen. This is so that the service can ensure that they are able to meet individual care needs.

People are provided with information to enable them to discuss their care, treatment and support options and make informed choices. Risks are assessed, recorded, and action taken to minimise them whilst recognising the individuals' right to take informed risks, and is concluded in the care records with a 'Risk Management Overview'. The care records show liaison with other agencies to ensure the persons' best interests are served. A visitor to the home confirmed that people's preferences and wishes are taken into account and this is supported by the care records. The registered manager told us that people and/or their relatives are involved in determining their care, and this is recorded in care plans. A visitor confirmed that they felt they were fully informed about their relatives' care.

People are provided with information about the service, including how to make a complaint, fees, confidentiality policy, and local resources. This information is available in large print. We discussed other options for providing information (e.g. audio/visual). Things that are important to people are ascertained and recorded.

There are clear policies and procedures, and these are accessible to staff. Training is given on dignity and respect, which covers enabling people to make choices and decisions themselves. The registered manager told us that all new staff are informed of policies and procedures, undertake the Skills for Care training, and are fully informed of the importance of confidentiality. Great emphasis is also placed on the understanding of patient choice, equality and human rights. Staff records show that the services' policies and procedures are covered at induction for new staff.

A key worker system is used, which means that the senior staff are each responsible for the care of a small group of the people living at Trewartha. Periodically, the groups are rotated amongst the senior staff so that they have a good knowledge of all the people living there.

Minutes are available of past 'residents meetings' and staff meetings. Opportunity to make comments or complaints is given at these meetings, and in day-to-day contact with staff and the registered manager.

Staff were observed to interact with the people living at Trewartha in a pleasant, professional, and adult manner. They explained where necessary, and were heard to offer choices relevant to the activity being carried out at the time. Staff were seen to have meaningful conversations with people. The people and staff we saw were unhurried and relaxed, and this reflected the overall atmosphere at the home.

Breakfast was seen to be served throughout the morning. We saw that there was a good choice of food on the menus.

Our judgement

People have an input into the routines of their day. When people are not able to give

consent, there is a record of how their preferences or wishes are to be taken into account. There is good liaison with other agencies and professionals to ensure changes are in the person's best interest, with any relevant consent.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People we spoke with told us they have the opportunity to express preferences and felt supported to do so. One person living at Trewartha and a visitor confirmed that staff do talk to them about their care. People told us they do have a say, and can make choices about their lives.

Other evidence

People are provided with information to enable them to discuss their care, treatment and support options and make informed choices. The service liaises well with other agencies, such as the Department of Adult Care and Support (DACs) and District Nurses to ensure that people's 'best interests' are served. This is shown in the care records, where there is good evidence of the involvement of people (or their representative) in determining their own care.

Risks are assessed, recorded, and action taken to minimise them whilst recognising the individuals' right to take informed risks. Induction training and ongoing training

includes confidentiality, the Mental Capacity Act, and Deprivation of Liberty.

A consent policy is in place on obtaining informed consent and clearly documents this. Where capacity is in question, the Mental Capacity policy gives guidance to staff and a process to follow that enables staff to get valid consent.

Bedrooms were seen to reflect the lifestyle and preferences of the person living there. People are given the opportunity to speak to staff, or the registered manager.

Photographs, word of mouth from staff and a visitor, and other evidence around the home show that there is a significant amount of time invested in group activities and one-to-one activities. Unfortunately, care records do not always reflect this. A high proportion of staff have undertaken dementia care training.

Common induction standards are undertaken by all new staff, which supports informed choice and enabling staff to give people the information they need to give consent. Training records show that twenty one (21) care workers have achieved NVQ in care at Level Two (2) or above.

Our judgement

Care is provided in a private and dignified manner. Care records include how people choose the manner, how, and when their care is delivered. The service liaises well with other agencies and professionals. The choices and preferences of people using the service are recorded.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us the staff were supportive, and friendly. People living at Trewartha, and a visitor to the home, had no complaints regarding the care provided by the service, and were complimentary of all the staff. People said they can get up and go to bed when they wish, our observations, and the care records reflect this and other day-to-day choices made.

Other evidence

Trewartha completes a pre-admission assessment prior to any admission. A care plan is developed, and these are reviewed at least monthly or more frequently should the needs of people change. The involvement of people (or their representative) in their own care is not always shown in the care records. Those seen were not signed by the individual, or their representative. Discussions with staff confirmed that those selected and seen could have been signed as the people do have capacity. However, one person confirmed that they determine their own lifestyle and activities, and a visitor confirmed that they were kept well informed.

Care plans are detailed to allow desired outcomes to be met, and identify risk and

any appropriate action needed to minimise risk. The care plans identified equipment to be used to aid moving and handling and promote skin integrity by relieving pressure. The service consults relevant professionals to ensure people's wellbeing is maintained. Risk assessments assist staff to ensure support is given in the manner the individual wishes. All accidents and incidents are reviewed annually and the findings are displayed within the home.

The registered manager described some of the activities and efforts made to ensure that people can participate in activities and events of their choice. The home made great efforts to make the recent royal wedding a celebration for all: pink-champagne breakfasts, and staff dressed up. There are photographs of past times displayed on the walls of the lounge areas. The home has a new minibus, three (3) staff drivers (with two more being trained), and the registered manager said that it was their aim to get the bus out on trips every day during the summer months. We were told that a gardening club was starting up in the next week or so.

Bedrooms are identified with names and photographs, and bathrooms and toilets are clearly signed. We discussed the options for making the signage clearer, and more personal, such as the use of colour to indicate function.

Our judgement

People using the service experience effective, safe, and appropriate care, treatment and support that meet their needs. Records show there is an accurate means of identifying if people have received appropriate care. The service demonstrates the efforts made to ensure that people's choices and preferences are supported, but does not always show people's involvement in their care.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

A visitor to the home said the food provided was very good and confirmed that people had choices about what meals they ate and where they ate them.

Other evidence

We saw that nutritional assessments are completed, and that referrals to other professional services are requested for people with eating or swallowing difficulties. A care plan for nutrition is completed for everyone. People's weight is monitored. There are consultations with GP's when supplements are required.

Staff were observed to be bringing breakfast up to people mid-morning, demonstrating a flexible routine and observation of individual preferences. Any meals missed or offered late are recorded in the daily records, as well as the actions of the staff to resolve this.

Choice of meal is displayed on the menu in the central lounge area on a daily basis, and includes photographs of the meal choices available. Staff offer choices at meals, and snacks and drinks outside of meal times. People told us that they had choices about what meals they ate and where they ate them. The dining tables are laid attractively with table clothes and table decorations. Additional equipment (e.g. plate guards) are provided where necessary. We observed the lunchtime meal

which was relaxed and unhurried in pleasant dining rooms.

The main meal of the day is served at lunchtime and the evening meal is a lighter meal, though there is always a hot option available. Hot and cold drinks are served through the day, including smoothies and milk-shakes. The menu reflects seasonal changes. The registered manager told us that the menu is currently being reviewed and the main meal of the day will switch to being the evening meal in July. We were told this is because research shows that people are more alert during the day with a light midday meal, and sleep better at night with the main meal in the evening.

The kitchen was seen to be large, clean, and well ordered. We saw that visitors were also offered drinks.

Our judgement

People are supported to have sufficient food and drink. People with identified health needs maintain an adequate weight and this is monitored.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us

People told us they were happy with their care. Care plans recorded the visits and input of visiting health professionals, these included GP's, nurses, and other professionals.

Other evidence

Records show that advice is sought readily as needed. Care plans show access to other professionals, such as chiropodists, doctors, and district nurses.

People that live at Trewartha told us they were happy with their care.

Our records show that any reportable incidents or accidents are reported promptly by the service. We saw that procedures are in place in case of a fire.

Our judgement

The home works well with other agencies to support the needs of people using the service.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We were told by the Department for Adult Care and Support that there are currently no concerns around safeguarding at this service. People we spoke to had no concerns regarding the care they received. People said staff were nice, caring, showed respect, and were mindful of their dignity. People confirmed that they would feel able to voice any concerns.

Other evidence

Trewartha has a Cornwall Care safeguarding policy which supports the Local Authority policy on safeguarding. This policy is accessible to all staff and is included on induction training for new staff. The registered manager is aware of the safeguarding process and of the appropriate actions to take should an allegation be made.

We saw the staff training matrix and discussed this with the registered manager. The vast majority of staff have completed training on Safeguarding, and the Mental Capacity Act to ensure people are protected and enabled to make choices and give consent. According to the training records a large number of staff are due to attend

Deprivation of Liberties training next month.

All the staff spoken with confirmed that they would feel able to report any concerns, and would feel supported to do so.

People are protected from financial abuse as no dealings with clients finances are undertaken at Trewartha. The people living there have responsibility for their own finances or have them taken care of by their delegated family member, power of attorney, or elected advocate.

Care plans show that risk assessments are undertaken.

Our judgement

There are policies in place for staff to follow to protect people from abuse. Staff have received sufficient training to ensure they are aware of the actions they should take if an allegation of abuse is made and to protect people living at Trewartha.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We received no specific comments from people that use the service or from other professionals about infection control at Trewartha. People were happy with their care and their accommodation.

Other evidence

We saw that cleaning schedules are used to identify what to clean, when, how often and what with. There is a deep cleaning schedule for equipment such as wheelchairs and hoists. Staff are allocated tasks to complete on each shift, which include cleaning tasks.

We saw that the laundry room is well equipped, with a modern industrial size washing machine. The washing machine can provide a range of washes from cool to over 90°. The registered manager and laundry person confirmed that red soluble bags are used for linen contaminated with body fluids and that spillage of body fluids is cleaned according to procedures. Clothes were labelled and sorted to ensure people got their own clothes back.

The home has two sluice rooms for the cleaning and sterilisation of toilet aids, neither of which offers an automated facility. Both rooms provide a sink-type

porcelain fitting that requires staff to manually sluice soiled equipment.

We saw that protective aprons and gloves were provided for staff and used appropriately. Hand washing facilities are available throughout the home with liquid soap and paper towels in place. We saw staff using these throughout the visit.

We saw that the majority of staff have received training on infection control. We saw a copy of 'The Code of Practice for health and adult social care on the prevention and control of infections and related guidance' published by the Department of Health. An infection control policy is in place, and staff are informed of this policy on commencement of employment and then through induction and additional training.

The home has predominantly single rooms. Therefore if isolation were needed, the individuals' own room would be used.

Our judgement

We found that there were robust systems in place to ensure the safety of care workers and people using the service. Training in infection control is provided to care workers.

Infection control has been managed well to date, but the facilities provided pose a potential risk for future management of infections.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

Staff undertake to manage medications for everybody at the home. We did not receive any other comments about medication. People were happy with their care.

Other evidence

A Cornwall Care medication policy is in place and in use, and this has been reviewed.

Records show that the home is guided by the GP on medication. People's records document reviews of medication and also requests for visits following any change in a persons' condition. Relevant guidance and reference material is available within the home on medication. We were told that if people lack capacity, decisions concerning medication are made in their best interest and will involve other professionals, family and advocates as required.

We observed nurses administering medicines appropriately, ensuring the medicine trolleys were secured when they needed to leave the immediate area.

Training records show that staff are given training prior to administering medication

without supervision. There is a current and accurate record of staff signatures.

Medicines are stored securely in locked cupboards and access to the medicine keys is restricted to nurses trained to administer the medicines. There is a designated medicines fridge. Variable doses are accurately recorded, and there were no gaps seen in the Medicine Administration Records (MAR). Photos are included in the MAR to aid identification.

Controlled medication used within the home is covered in the homes policy, and additional support is gained from the dispensing pharmacy. Monthly and daily audits are carried out on medication, and this identifies any issues with all areas of administration, ordering, storing, and also the disposal of medicines.

Our judgement

The management of medications at the home is safe and protects people from risk of harm. Training in medication management is provided.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People told us they liked their rooms and these were seen to be personalised. The service was seen to be clean throughout.

Other evidence

Trewartha is situated in a residential area of Carbis Bay in its own grounds. The main entrance is accessible for wheelchair users. The accommodation is on one level. One area of the building has further floors used as offices, training room and a sleeping-in room for duty managers. The entrance hall leads to a central activity and sitting area. The four wings are arranged in two pairs, each pair with their own dining and sitting areas.

Cornwall Care Ltd continues to maintain and refurbish the home's décor and furnishings. Some areas of the home are in need of redecoration, but Cornwall Care are applying for planning permission for a new purpose built home nearby.

Furniture is of good quality and in good condition. People living there, and a visitor, said that the home is kept clean and fresh. The gardens are accessed through two sets of doors. There is an extensive paved area with garden furniture.

Bedrooms were seen to be comfortable and pleasant, and kept clean.

The washing machines and tumbler driers are industrial standard. Clothes and linen for laundry is transported through the home in sealed red bags or covered containers. People said they were satisfied with the laundry service. Peoples' clothes appeared well cared for.

There are five assisted baths and one level entry shower. The toilet and bathroom doors have clear signs and suitable locks. Toilets are situated throughout the home. All the bathrooms and toilets inspected were fully tiled, and clean.

Facilities for staff hand washing, with hand wash and paper towels, were situated throughout the home. We saw that there were good supplies of gloves and aprons. Equipment and adaptations were in place to assist with mobility and transfers.

Our judgement

The environment of the home is suitable and promotes the dignity of people using the service, though the service does not always ensure areas within it are properly and promptly maintained.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

We received no specific comments from people that use the service or from other professionals about equipment at Trewartha.

Other evidence

Care records show that equipment needs are assessed on admission, and that equipment is serviced at intervals in line with requirements and service record sheets are kept. Maintenance contracts are in place for essential equipment repairs. Portable Appliance Testing is completed by competent engineers and engineer reports are kept. Medical devices are monitored to ensure continued compliance and compatability with the individual.

Care records included risk assessments for people who had equipment needs.

Our judgement

We found that equipment is available and it is used to promote the wellbeing and independence of people using the service.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People said they were happy with the support they received from staff. People that live at Trewartha were seen to be comfortable around and with staff. A visitor to the home said the staff were “excellent”.

Other evidence

We saw three randomly selected staff files. A recruitment policy and a equal opportunities policy is in place, which gives guidance on the checks to do prior to the offer of any employment within the home and also to ensure no one is discriminated against during the recruitment process. All employees are required to complete an enhanced Criminal Records Bureau (CRB) check. Some employees will commence employment prior to this check being received, but only once an Independent Safeguarding Authority check first confirms the worker is not barred from working with vulnerable people and once the manager has put a risk assessment in place. Whilst waiting for the full CRB check the staff member will be working under the supervision of an experienced member of staff at all times. For workers from overseas checks of legal entitlement to work in the UK are made, and that their qualifications, competence and experience are equivalent to the UK's.

Ongoing training is provided, relevant to the job the staff are expected to carry out.

Our judgement

Recruitment procedures are robust to ensure that people using the service are protected from risk of harm.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People did say they felt they were well looked after. One person said “The staff are lovely”.

Other evidence

Staffing levels are adjusted considering the occupancy and the dependency of the people in the home at any one time. The duty rota is available in the home which shows planned staffing levels. The registered manager told us that night staffing levels have been increased to one (1) nurse and two (2) carers on duty.

At the time of the inspection there were eight (8) care workers and two (2) nurses on duty, with 37 people living at Trewartha. There were also additional kitchen, laundry, and cleaning staff on duty.

We saw staff attending to the needs of people living in the home to a good standard, appearing attentive and caring. People were complimentary of the care they received and of the staff.

The training record shows that:

- Twenty one (21) care staff have achieved NVQ in care at Level Two (2) or above.
- Nearly all staff have completed dementia training stage 1. Care staff are expected to complete dementia training stage 2, and senior staff complete dementia training stage 3.
- All staff are in receipt of statutory training.

Our judgement

Staffing levels are to be appropriate for the current dependency of people using the service.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We received no comments from people that use the service or from other professionals about staffing at Trewartha.

Other evidence

Trewartha provides training for staff, which covers induction, NVQ, and other required training. Employment records seen show that staff receive a comprehensive induction period that takes into account the Skills for Care standards.

We saw the training matrix showing what training current members of staff have received. This covers training required by law and also what training staff need in order to meet the needs of the people living in the home (e.g. fire training, moving and handling, first aid, medication, etc). This shows that staff receive the training required.

Supervision of staff is important to ensure that staff are supported to provide care and treatment to people who use the service. There is a detailed record of supervision for each staff member.

Our judgement

Induction training is provided for all new staff. Supervision is ongoing and takes place regularly. Staff training is being offered and provided. This contributes to the ongoing safety and welfare of the people living at Trewartha.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We received no specific comments from people that use the service or from other professionals about assessing and monitoring the quality of service at Trewartha.

Other evidence

We saw that risk assessments are in place to promote the safety of people using the service and they are located within each persons' care plan.

Feedback is sought using quality assurance questionnaires, and we saw some completed that included views on meals, care, outings and activities, daily living, and management. The responses were very positive. These show satisfactory methods of measuring the quality of the service, and bringing about improvement when this is required.

Monthly, quarterly, and annual audits are carried out to ensure the quality of service provision remains high and covers many different areas of provision, including: food provision, staffing, complaints, fire training, care planning, and management issues.

The results are fed into a risk-matrix, which highlights any areas of concern.

Our judgement

The service seeks to ascertain the views of people and or their relatives and other professionals in order to improve the service offered.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

People using the service told us that they felt they could complain.

Other evidence

The complaints process is included in the statement of purpose, which is provided to the people using the service and their families, or those acting on their behalf, as part of their admission procedure.

Information from the provider told us that people using the service and those acting on their behalf can be confident that their comments and complaints are listened to and dealt with effectively. Historically this home receives very few complaints. The named contact for complaints is the registered manager. People we spoke with confirmed they would feel able to complain if they had cause.

The registered manager confirmed that the home does have a record of complaints (showing date, source, summary, and outcome), though none had been received in the last 12 months.

All complaints are treated seriously, acted on within required time scales, appropriate investigation is undertaken, and documentation maintained throughout. The complaints procedure is clearly identified in the service's policies and in the Statement of Purpose.

Complaints are reviewed and collated by Head Office.

Our judgement

The service has a satisfactory complaints procedure in place to ensure people using the service, and their representatives, are listened to if they have concerns about the operation of the service.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us

We received no specific comments from people that use the service or from other professionals about record keeping at Trewartha.

Other evidence

Policies for record keeping are in place and are reviewed annually or more often if necessary. These policies detail what information should be stored in each person's records.

Care plan audits are done to ensure that the information within the files is accurate and has been reviewed. Data protection and confidentiality policies give guidance on how information can be stored and transferred safely. Consent to release information forms are available should they be needed.

People and their relatives are encouraged to contribute to the plans of care, and this can be seen with their signature on the plans and on the reviews.

Cornwall Care have advised us that records are disposed of in accordance with the

Data Protection Act.

Our judgement

Records are accurate, fit for purpose, and kept securely to ensure the dignity and confidentiality of people using the service.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons requiring nursing or personal care	12	8
	Why we have concerns: Infection control has been managed well to date, but the facilities provided pose a potential risk for future management of infections.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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