

Cornwall Care Limited

Trewartha

Inspection report

Trewartha Estate
Carbis Bay
St Ives
Cornwall
TR26 2TQ

Tel: 01736797183
Website: www.cornwallcare.org

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection visit took place on 20 April 2017 and was unannounced.

Trewartha is a care home providing nursing care for up to 37 people predominately living with dementia. The service is in the Carbis Bay area of St Ives. It is a single storey purpose built service within a housing area. There are a range of aids and adaptations to support people. The service is close to local amenities and a transport network. There is a large garden area which is not overlooked. At the time of the inspection visit there were 34 people living at the service.

At the last inspection in March 2015 the service was rated overall 'Good' with 'Outstanding' in the domain responsive.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse. Incidents were logged, investigated and action taken to keep people safe. Risks to people's health and safety were assessed and clear plans of care put in place to help keep people safe.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

The registered manager had systems in place to record accidents and incidents and take action when required. Where sudden and unexpected incidents occurred staff had the knowledge and skills to deal with them safely and effectively. We observed an example of this during the inspection of the service. Staff worked together to ensure there was minimum disruption or change affecting other people.

Recruitment checks were carried out to ensure suitable staff were employed to work at the service. Our observations and discussions with staff, relatives and people who lived at Trewartha confirmed sufficient staff were on duty both day and night. People said, "Always around when you need them (staff)" and "I visit a lot and there are always staff to be seen. They (staff) take time to see what residents need."

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were supported by a system of induction training, supervision and appraisals. 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 being provided. For example, care of people living with dementia and for people with specialist dietary needs.

Staff had the skills, knowledge and experience required to support people with their care and meet their social needs. The registered manager had instilled a culture where staff were open to learning and shared new skills with their colleagues. For example, researching meaningful activities and acting as 'leads' in areas of infection control.

There were enough staff available to ensure people received prompt and attentive care. Staff had time to chat with people as well as meeting their care and support needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, staff using one to one support for continuity and by having the time to let the person take the lead and control of what they wanted to do.

The service provided a varied range of meals and drinks for people. There was a sufficient choice and people received appropriate support where required. Where people required specialist support with their dietary intake and fluids, systems were in place to monitor and manage their needs.

Medicine procedures at Trewartha were safe. Staff responsible for administration of medicines had the competency and training required. Medicines were stored securely with access only by designated people.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and as people's changing needs recorded. Wherever possible, people and their relatives were involved in the reviews. A family member told us, they had been thoroughly involved in their relatives care planning and initial assessment. "I look at (person's name's) care plan whenever I come. It's always up to date and I can see what care (the person) had received." Nursing care plans were comprehensive and regularly updated.

The premises were safely managed. By observing all areas of the service we found it was being well maintained, was clean and hygienic and a safe place for people to live. Equipment had been serviced and maintained as required.

We observed staff engaged with people in a caring and relaxed way. People were spoken with respectfully and their dignity was upheld at all times.

People who used the service and their relatives knew how to submit compliments, raise a concern or to make a complaint. 'Have your say' forms were available and signposted in the entrance hall to encourage people to make comments. People told us they felt confident they were listened to and that any concern would be taken seriously. Families felt very involved in the service by way of communication through a relative s external quality group.

The registered manager was supported by an area manager as well as senior staff including a nurse. There was an administrator and a team of care and ancillary staff. The staff team were all totally committed to providing an exceptional caring and supportive environment for people living at Trewartha. Staff meetings were held regularly. These allowed staff and management to communicate information and air any concerns or suggestions they had regarding the running of the service.

The registered provider had extremely robust quality assurance process in place to drive improvement in Trewartha. These included regular audits of the service, annual surveys, resident meetings and staff meetings to seek the views of staff and people about the quality of care at the service.

The registered provider demonstrated a positive approach to developing the service by supporting and nurturing staff's personal development in the work place.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service remains Outstanding

Is the service well-led?

Good ●

The service was very well led.

Excellent and creative leadership was demonstrated at all levels.

There was an exceptional positive, caring and professional approach evident throughout the staff team.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

Trewartha

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.

This inspection visit took place on 20 April 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed the information we held on Trewartha. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people who lived at the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the service. This included two people who lived at the Trewartha, eight staff members and four relatives. We also spoke with the registered manager and area manager. We looked around the premises and observed care practices

We used the Short Observational Framework Inspection (SOFI) during the morning and over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We looked at care documentation for four people living at Trewartha, the medicines records for five people,

three staff files, training records and other records relating to the management of the service.

We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live. This involved a walk around the premises.

We spoke with three professionals visiting the service. We received comments from another professional after the inspection visit. We contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Trewartha.



Our findings

Some people using the service had limited verbal communication. In these instances we spoke with relatives and friends. People told us they felt they or their relatives were safe when being supported with their care. Observations made during the inspection visit showed people were comfortable in the company of staff supporting them. Comments included, "I leave here very satisfied (person's name) is safe and well cared for", "They (staff) always call me if there has been a fall or (Person's name) is not well" and "Yes, I feel very safe here."

Care files included risk assessments and measures staff should take to minimise risk. For example, the use of bed rails and reducing the risk of pressure ulcers. Where people had been identified as at risk from falls, the records directed staff on the actions to take to reduce this risk. For example, equipment in people's bedrooms such as call bells and mobility equipment. This helped ensure staff provided care and assistance for people in a consistent, safe way. Staff told us the risk assessments were clear and informative. One staff member told us, "Risk management is the most important thing because people have such different needs. We use care plans and daily handovers to keep updated." Risk assessments were reviewed regularly by the registered manager and overseen by the clinical lead to ensure they were accurate and up to date. Individual records demonstrated where there had been changes to ensure risk was being managed effectively. For example, where a person had developed swallowing problems the service referred them for a Speech and Language Therapist (SLT) assessment. This is a healthcare professional trained to work with people with feeding or swallowing difficulties. This demonstrated the person's risk from choking was being managed safely.

The management team had procedures in place to minimise the potential risk of abuse or unsafe care. Staff were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on safeguarding adults; and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area. The address and contact details of the local safeguarding team were available in the entrance area of the service.

Recruitment records showed staff had been recruited safely. All necessary checks were in place to ensure people were safe to work with those who may be vulnerable. Staff had the knowledge, skills and experience required to support people with their care needs. The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. Observations throughout the day of the inspection showed staff were available to people in all areas of the service and

call bells were responded to quickly. Three staff members told us they worked well as a team to make sure people were safe.

Medicine records were complete and accurate. Registered nurses maintained responsibility for medicines which required tighter controls. They were also responsible for receiving and recording medicines into the home as well as managing all returns. There were secure storage facilities for medicines to make sure they were stored safely.

We looked at how medicines were managed and administered. We found people were receiving their medicine as prescribed. It was observed that medicines which required administration at specific times had been noted to show that there was a safe timespan before being administered again. This meant people were having their medicines when they needed it.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

Trewartha was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. For example, records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

The service had introduced an emergency 'grab bag'. It contained a first aid kit, blankets, a mobile phone with all staff numbers stored and head office contacts, as well as emergency lights. This demonstrated the service was prepared for emergency situations.



Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. When talking with staff they told us they were provided with regular training which gave them the skills and knowledge to support people effectively. A staff member said, "The training is excellent and it gets updated regularly. It means we can care for people because we have the skills." Two visiting health professionals told us the staff team listened to their advice and felt they were very competent in their individual roles. One said, "Many staff have worked together for a long time. They work really well as a team and take on board any advice we might give them." Where necessary new staff without previous care experience completed the care certificate. The care certificate is a training scheme for staff in social care which it is recommended that all staff new to care complete.

There was a system in place to support staff working at Trewartha. This included regular support through supervision and appraisal. Staff had regular access to managers or senior staff if they needed additional support in a less formal way. Staff told us, "We (staff) all get the support we need. In fact it's there all the time not just in supervisions," "A great place to work, the training and support we get is second to none" and "As well as (manager's name) we get support from other senior staff. I know there is always someone there to support me. It gives me confidence."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. Assessments had taken place and applications submitted where restrictive practices were in place. Staff were very aware of enabling people to live with the least restrictive practice. For example, people had space to move around the service independently. Good clear signage designed to support people living with dementia was in place throughout the environment. Staff supported people to use external areas of the garden which were safe and secure. A staff member told us, "We (staff) do all we can to help residents move around the home both inside and out."

There was good evidence to demonstrate how staff knew how best to support people who needed regular and additional time for assistance to be effective. For example where a person had difficulty expressing themselves in what they wanted or needed. It was clear the staff member understood the person's focus and

enabled them to take the lead at all times. The person was not rushed or prevented from doing things, like walking in the garden. It was evident the member of staff took account of the person's mental capacity. We did not observe people being restricted or deprived of their liberty during our inspection. People had access to healthcare professionals including doctors, dementia and mental health support. Regular checks were in place with dentists, chiropodists and opticians. A visiting dentist told us they were always supported by the staff when visiting Trewartha in gaining any updates or information about a person they may be visiting. They said, "Staff are very supportive and always help me especially if it's a person who doesn't quite understand why I want to see them." Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. For example, a person's weight was fluctuating and a referral had been made for a SLT assessment. A visiting professional told us staff were very quick to recognise any changes to weight and diet. A relative said, "They (staff) have always kept us up to date with any changes in (person's name) health." People's healthcare records were informative and included the reason for a visit and what the outcome had been and any necessary action to take.

Meals and mealtimes were planned around the needs of people using the service. While there were set times they were flexible. For example, throughout the morning period people were having breakfast in the dining room, their own bedroom or in other lounge areas. Times were flexible to meet people's choices. One person told us, "I like to take my breakfast later, it suits me."

There were visual aid pictures of the choice for the day's lunch. These showed there were alternative meals available. The chef told us they had the resources to provide choices to people daily. They were familiar with people's dietary needs. For example, if they were diabetic there were choices of sugar free deserts. People were served when they came into the dining room at different times. There was no requirement for people to sit and eat at the same time. This showed there was flexibility in routine which was person centred. We observed people being assisted with their meal. Staff members spoke with the person about what they were eating. This demonstrated staff were attentive throughout lunch and aware of people's needs. Comments were positive about the choice and quality of meals. One person said, "Lovely food and plenty of it." A relative said, "They make lovely homemade cakes and the quality of the meals is very good."

Drinks were available throughout the day. The service had taken a decision to serve drinks individually instead of serving them from a trolley. A staff member told us, "It was so institutional but now it's like it would be at home or if you were in a café." This showed the service promoted person centred support and was keen to move away from institutional practices.

The service's environment was well maintained. Trewartha is a single storey building. It was a purpose built care home therefore designed to enable people to move around the service with little restriction. As well as a main lounge area there were four individual areas which had a kitchenette and dining area in them. This meant people had options as to where to eat. Signage was in place to support people with dementia. For example, people's rooms had a photo of the person and a picture of a hobby or interest. Each of the four individual areas were named after film stars from the 1930's and 40's. One person had a particular interest in a 1940's film star and this was particularly poignant for them. This meant the service was using creative ways of supporting people to recognise areas of the service which helped them navigate effectively. Two people told us about the names of the stars. They were animated and it demonstrated how successful this approach was. A family member told us their relative spoke about the film star on most visits.

There were a range of aids and adaptations in place to support people with mobility and personal care. For example, a range of supported bathing facilities, including a Wet Room and an assisted bath. The service had been decorated sensitively to embrace the level of light available. Colour schemes were generally neutral and calming. There were fresh flowers and other flower arrangements around the service which

made it homely. There was a range of suitable seating which included a number of armchairs on wheels. These were used for people with limited mobility but it also reduced the need for the use of hoists or equipment that would be needed to transfer people from wheelchairs. Staff told us the chairs made it much easier for them to move people between various areas of the service. For example, from the lounge to their dining table without causing any distress to the person.

Some people had limited access to the garden and used the conservatory, which had artificial grass as a floor covering. The registered manager told us this was aimed at making it an extension to the garden. People were using the conservatory and told us they liked sitting in it and looking out onto the garden. There was a large secluded garden. It was well used by people, and those with an interest had access to a raised vegetable garden, with some of the produce grown being used in the kitchen.

A summer house which had previously been used for storage had been developed into a tea room named 'Tilley's'. This was in memory of a passed resident. The person's relative told us they felt very honoured to have it named after their husband. People were using the summer house through the afternoon period and were served afternoon teas. A relative told us it was very well used and had proved to be popular with residents and visitors alike. They said, "It's been a great idea and everyone loves it, especially the afternoon teas served on cake stands." This demonstrated the service were creative in thinking about how to use the facilities available to them.

There was a sweet shop in one of the areas off the main lounge. People could purchase sweets if they wanted to. It had an old fashioned till which encouraged topics for discussion. This showed the service looked at diverse ways to make the environment one in which people with dementia could associate with it in a positive way. We observed it was an area well used with people and their visitors during the afternoon period.

Televisions and radios were in lounges and were used in a meaningful and respectful way. The volume was not too high to disturb people who had no interest. Staff made sure people were interested in what they were watching. For example, staff walking through the lounge areas checked people were still interested in what was on. A member of staff was sat with two people going through what was on television that weekend.



Our findings

We spent time in the communal areas of the service during our inspection to observe how care was delivered and received. Throughout the inspection we observed people were comfortable in their surroundings. Where a person became agitated staff were quick to calm them in a kind and respectful way. The person responded well to this caring approach. Staff were kind, respectful and spoke with people considerately. There were lively exchanges of conversation between people and staff. Throughout the inspection staff were observed to stop and engage with people when moving through lounge and dining areas. There was a relaxed and friendly atmosphere with easy conversations and laughter heard throughout the service. Family members were positive about the care provided and told us, "Such a difference since (person's name) came to live here. I can't thank them enough" and "Excellent in every way. So caring and patient."

People were observed being supported by staff who were caring in their approach. People told us they or their relatives were happy and satisfied with the level of care provided at Trewartha. A relative told us, "They (staff) have so much patience and never seem to be rushed." A person using the service told us, "I am very happy with the care I get here. All the staff are nice and kind." A staff member said, "We (staff) are always told the residents come first." A professional said, "The staff team are very caring. I see that every time I visit the service."

Supporting people and their families through end of life was seen as an essential and continuing part of care by the service. The registered manager and staff gathered as much information as necessary during the assessment and review process, in order to record information that would support the person and their family when entering the final stage of their life. For example, choice of funeral arrangements and the people to inform who were significant in the person's life. The registered manager was addressing a situation on the day of inspection. They were sensitive, respectful and caring with relatives, which supported them at a distressing time.

There were no restrictions on visitors and this was seen throughout the inspection. Two visitors told us they were welcomed at any time and had not experienced restrictions for visiting the service. Comments from relatives included, "Always made to feel welcome," "Visiting hours are open" and "Can visit every day and confirm he is well."

The lunchtime meal was observed to be calm and relaxed. Staff supported people sensitively and in a dignified way by sitting down with them. Talking with them about their meal and supporting them at the

person's own pace. A family member told us they liked to support their relative with their meal. They said it was important to them and staff respected the importance of this. A staff member said, "(Person's name) was the main carer before (person's name) came into Trewartha and while we now give the care it's important to them to be able to support (Person's name) with their meal." This showed staff understood and respected the importance of supporting relatives and making them feel valued.

People's dignity and privacy was respected. Staff ensured doors and curtains were closed when personal care was being provided. People's bedrooms were decorated and furnished to reflect individual personal tastes. People and their families were told that as long as they lived there they could decorate their bedrooms how they wished. Where people were being supported to move around the service staff spoke sensitively and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. People were dressed in clean and coordinating clothes and looked well cared for.

Family members told us the management team and staff fully involved them in their relatives care planning. Care planning records included reference to people's preferences and how they wished to be cared for.



Our findings

Our last inspection judged that the service was Outstanding in this Key Question area. The service continues to use innovative ways of providing choice and how staff had responded to these choices. There had been a very successful introduction of a 'wish list', which incorporating people's interests and ideas into planned activities and events. This was found to be continuing at this inspection. For example, a new gardening club had been very successfully introduced. Families said that a lot of people that used the service had enjoyed gardening before living with dementia. The service had responded by building a raised garden area to improve access for people when planting and tending to vegetables and flowers. Two staff members told us, "It's been great for staff who love gardening, we can really support people" and "I've learnt a lot from the residents. It's amazing how some things come back to them." Some of the garden produce was used by the kitchen but also sold to local residents. Planning for this year's crop was well advanced. The gardening club was further engaged with the local community and peoples' relatives and friends through open days, events and a garden party.

There was a 'Magic Moment' poster in the entrance hall. This explained the service's aim to introduce people to a range of activities which were both meaningful and would support people with cognitive impairment to have a better quality of life. For example, a recently formed 'gentleman's club', was aimed specifically at men using the service. A male member of staff led the activities which were planned for every other Saturday. To date there had been a fishing trip, football and for the summer there were plans to go to some cricket matches. A ladies club was also being planned. A member of staff said, "It's a really good idea because they (people using the service) are in the company of their own gender which is what they would have probably done when they were younger." Other plans for magic moments were; an 'around the world cuisine night' and celebratory birthday meals.

A garden party was also being planned for the summer months which would involve a large tea room for everyone to enjoy. Staff said there was particular excitement about a celebratory evening of entertainment based on a current television talent show. Staff told us how the planning and taking part in all these activities had motivated them. One staff member said, "Never a dull moment. It's good because we all get involved."

Since the previous inspection the service had looked at introducing new ways to enable people using the service to become involved in community activities. The registered manager told us they were successfully networking with a number of groups, such as one called 'walking impressions'. People from the service were going to go in April with tis group for a creative walk through local woods discovering nature. The service

had also linked into a community ceramics project which enabled people to take part in pottery sessions outside the home. A number of people were currently enjoying this project.

The range of activities were aimed at lessening anxiety and irritability that dementia conditions can bring. Also to help people living with dementia feel more engaged with life. A staff member told us, "It has been very encouraging up to now."

The service was notably and consistently responsive to people's needs. The people we spoke with and their relatives told us they were cared for by staff who had an exceptional understanding of their or their relative's individual needs. Relatives were extremely positive. Two people told us that staff knew what their preferences were and how they liked to be supported. One person said, "The staff here are excellent. They know me very well and how I like things to be done." Families told us they were 'extremely' satisfied with the 'high' level of care their relatives received. Comments included, "I wish we had found this place first. (Person's name) has everything they need we could not wish for more. Excellent place", "They (the staff) go over and above to make sure (person's name) has everything they need" and "We are always kept informed about any change however little it is. It really puts our minds at rest."

Staff told us about the satisfaction they got from caring for the people that used the service. One member of staff said, "Most definitely a great place to work." Another staff member told us, "This is a home where we do things with people not to them, because it's their choice." Other staff comments included, "It is so important that we treat people individually because everyone is different. We offer choices in whatever we do from a meal, to how they like their room set out" and "We [the staff] respect that this is their home."

To enable staff to get to know more about a person they supported, where possible, relatives were asked to complete a life story book. A life story book was a way of staff learning about the person's past and what was important to them. One book showed photos of the person and their family through their life. It was supported with comments about many aspects of the person's life. For example, where they had lived, who their friends were, their interests and what they liked or didn't like. A member of staff told us that this additional information helped them to easily strike up meaningful conversations with people. Staff also told us that it often placed people at ease during care tasks such as while giving personal care.

Staff had outstanding skills in understanding the importance of acknowledging people's values and beliefs, which might influence a person's decision on how they wanted to receive care and support. For example, one member of staff told us, "Everybody has their own way of how they like things done. What's important for one is not an issue for another. We respect that. Everyone has a choice." Another person liked to smoke and while there was a restriction in the service they were supported to go to a designated area where they could smoke without affecting other people. We observed another person who chose to get up later in the morning. Staff were aware of this person's choice and made sure they were not disturbed until they were ready for support. Another person used language which might offend others. Staff members used song to divert the person's outbursts. This had a positive effect. A member of staff said, "We know the best way to distract (Person's name) without making a fuss and drawing attention."

In order to ensure the management and staff were able to meet a person's needs an assessment was carried out in partnership with people and their families as well as other professionals. During the admission process, information was gathered so staff knew as much as possible about the person and their previous life. This ensured a smooth transition into the service as well as ensuring the level of risk was known and a plan was in place to minimise risk to the person. For example, one person's risk of falling had increased. The service had referred the person to an occupational therapist who reviewed the person in the service and was able to provide a walking aid to support the person safely but retain their independence. This demonstrated

the service was monitoring and responding to peoples changing needs. A professional told us, "(They) Always call us whenever there is a change. Very responsive."

Each lounge had a list of staff with responsibility for first aid. This supported staff to respond quickly in an emergency situation. A staff member told us, "It has been very useful on more than one occasion." A medical emergency arose during the inspection. The registered manager and staff responded in a professional way so that there was no disruption and the person and family were treated with the utmost respect and dignity.

Care plans were seen as 'live' documents, meaning they were constantly updated to reflect the current needs of the person. The care plans were detailed and included current information about all aspects of the person's needs including, nursing care and individual social support needs. Records included information about how nursing needs would be met. For example, positioning charts, monitoring food and fluid intake and skin pressure area care. This information was shared with other relevant health professionals to ensure they had information about each person's nursing needs. A health professional told us they regularly spoke with the clinical staff about peoples' changing medical needs. This demonstrated the service was ensuring they were responding to the changing needs of people using the service.

Wherever possible, people were involved in the review of their care plan, depending on their level of mental capacity. Where this was not possible, the registered manager worked extremely closely with family members to engage in reviews. Two family members told us they were very involved in their relative's review of their care plan, both to support the decisions, while also giving them the opportunity to give their views and make comments. One family member told us, "I have been kept up to date about everything and I have been invited to all the meetings about (Person's name). I'm looking through the file now and there are no surprises at all, it's just as we discussed it." This showed the service was extremely open and transparent. Another relative told us how they had been involved in the planning and review process. They said, (Person's name) can't really communicate so I help (the person) get the message across. I am very confident they (staff) listen to (Person's name) even though they have limited understanding."

It was evident the service recognised the importance of responding to changes in people's needs to ensure a positive outcome. For example, one person's behaviour and mood had changed significantly. This was responded to by the registered manager and staff by initially making a new referral to the person's GP. The service's quick response to the issue and an urgent change of medicine successfully resolved the issue. This issue was being actively monitored by and shared with other professionals in the person's best interest.

Trewartha had a compliments, concerns and complaints procedure called 'Have Your Say' which was made available to people on their admission to the home and in the reception area. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. When speaking with families about this one person said, "I have no issues or concerns; however we were made aware of the process at the beginning."



Our findings

There was a registered manager employed at Trewartha. 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.

Trewartha is a location which is part of a larger organisation Cornwall Care. Since the previous inspection there had been some changes to the management structure. The service had an operational director overseeing the running of this and other services within the organisation. In addition an assistant operational director was assigned to this service and regularly visited to support the registered manager. This meant they were more visible at services and it helped them to engage with the service more effectively. The assistant operational director was available throughout the inspection. It was clear there was a positive working relationship between the registered manager and the assistant operational director. For example, the managers worked together during a medical emergency so that communication was effective and staff were supported.

The service was consistently compliant with previous CQC inspections and had always acted on any recommendations for good practice. For example, extending links with community groups. People told us they were extremely confident in the way the registered manager oversaw the service and that they felt it was the open and transparent approach to management that made it the service it was. Staff members told us the registered manager was visible, engaging and when necessary supported staff on some shifts. This enabled the registered manager to keep up to date with care practice as well as using the time as a useful observation of staff skills. The registered manager told us, "I do make sure I am around and will support staff where I need to. It helps me keep abreast of what is happening. I get a feel of how the home is doing." This showed us the registered manager led by example in their role and was not restricted to the administrative side of managing Trewartha.

The feedback we received throughout the inspection was overwhelmingly positive with people consistently telling us they were extremely satisfied with the care they or their relative received. It was evident there was a reciprocal respect between people living and working in the service. Throughout the inspection all members of staff, in whatever their role, demonstrated their enthusiasm in what they did. For example, staff always engaged with people if they were walking through lounge or dining areas. Staff told us the support they received from the registered manager and other colleagues was exceptional. The registered manager took time to make sure all staff understood what good quality care meant and encouraged staff to contribute

ideas. Staff told us, "It's an excellent home. They [managers] always take on board what we as staff say" and "Such a positive place to work and the support we get is second to none."

People, their relatives and staff told us that Trewartha was without exception well run. Relatives told us they had confidence in the way the service was managed. They said, "Everybody here including the manager does just a wonderful job. We are always made to feel part of the home" and "They (managers and staff) go over and above in every way. Everybody is respected and the manager and staff are always there for us especially when we are worried about anything. They (manager and staff) just seem to instinctively pick things up."

We observed staff responding to people's needs in an enthusiastic way. They did this by using effective communication both verbal and non-verbal, by using records and making general observations. It demonstrated excellent organisational skills. Staff told us, "We have really good direction from the manager" and "Teamwork is the most important thing that makes this such a fabulous service to work at."

The registered manager was proactive in supporting staff and backing their development in order to improve outcomes for people. The focus on care was a person centred inclusive approach, where staff had an understanding of equality and diversity. For example, looking at social opportunities for people to engage in activities which were important to specific genders, such as the gentleman's' and ladies' clubs. Relatives told us they felt the service was proactive in supporting them extremely well through the external quality group. This was where the service's approach to activities went beyond the usual and had been creative. For example, creating treasured memories and magic moment concepts which were person centred and looked at what was or had been important to the person. One relative told us, "We get so much out of the meetings because we are encouraged to be creative and the good thing is we can see our ideas coming into fruition."

In order to ensure continuing development of the service the registered manager was aware of the importance of forward planning. Quality assurance systems were used to measure the effectiveness of the service. These included audits in areas such as care plans, medicines, accidents and incidents. Audit results fed into a monthly monitoring plan completed by the registered manager and monitored by the assistant operational director as well as clinical leads. Management overview included analysis of information about the quality and safety of the service. There had been a number of internal and external audits taking place during the last twelve months including, five internal clinical audits and two internal quality assurance visits. Two external 'Secret Shopper' visits to independently measure the quality of the service and two external pharmacy visits. This demonstrated the service was continually reviewing its operational systems and were open and transparent to external scrutiny.

It was clear there was an extremely committed and cohesive staff team. Staff told us that they felt very much part of a team which had a clear vision and set of values based on compassion, respect, equality and safety. They said by having these values instilled through excellent management systems they were inspired in their work. One staff member told us, "The whole team from the manager to carers are committed to making life better for everyone living here." The registered manager told us they managed the service in an open and transparent way so that all stakeholders felt involved, respected and appreciated. Another staff member told us, "We (staff) are proud of the great care we deliver." Feedback from professionals reinforced this with comments of, "Very open to suggestions of good practice" and "Is committed to listen and take things on board for the best interest of residents and staff."

The service had recently won an award for being one of the top 20 care homes in the South West. Trewartha scored 955 from a possible 1000 points. The award was made following reviews from families and friends.

Some of the comments included, "The staff without exception. Are loving and friendly and residents are treated with respect and dignity" and "I would recommend the home and each and every member of staff are lovely." These comments reflected the positive responses made by relatives to the inspector throughout the inspection. Comments included, "Impressed with staff. Well organised and dedicated" and "All the staff work together at whatever level."

The service had a system for gathering the views of relatives, friends and people who lived at the service by means of annual surveys. Trewartha was rated highly within the organisation's care ratings. In March 2017 it scored an overall 955 with the average rating being 828 in an overall performance rating. The review focused on staff and care, home comforts, choice and having a say and overall quality of life. This positive outcome reflected the dedication and commitment of the registered manager and staff in providing a high quality service to people.

The management team worked in partnership with other organisations to make sure they were following current best practice, providing a quality service and ensuring people in their care were safe. These included social services, district nurses and other healthcare professionals. There were specialist support workers involved in supporting people with specific needs including a dementia nurse, diabetic nurse and continence nurse. A health professional told us, "They (staff) are always very welcoming and make time to spend to help complete a full assessment. On a couple of occasions I have called at very short notice. The standards have been no different whether they have been expecting me or not."

In addition to links with healthcare organisations the service had established links with a number of project groups which supported staff and people with additional advice and support. For example, the service had recently been chosen to be part of a Plymouth University Assistive Technology project, to support people with dementia conditions in ways which they would otherwise be unable to carry out certain tasks. Also, the Advisory group for the Royal National Institution for the Blind (RNIB), which involved providing practical and emotional support for people affected by sight loss. Some people attended a local memory café giving people with dementia or memory loss the opportunity to meet with other people and carers experiencing the same issues. There were often health professionals available to provide specific advice and guidance. The service worked closely with The Alzheimer's Society and were involved in fund raising events which helped support people living with dementia. This meant the service had an exceptional approach in keeping up to date with good practice guidance in relation to meeting people's needs.