

Cornwallis Care Services Ltd

# Trecarrel Care Home

## Inspection report

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Date of inspection visit:  
14 November 2019

Date of publication:  
28 November 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Trecarrel provides accommodation with personal care for up to 44 people. There were 38 predominantly older people using the service at the time of our inspection.

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

People received care and support that was individual to their needs and wishes. Care plans were regularly reviewed and updated and were an accurate reflection of people's needs and wishes.

Medicine systems and processes were in place. People received their medicines safely and as prescribed.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. The service was fully staffed at the time of this inspection. Some staff absence cover was being provided by Cornwallis's own bank of agency staff. Staff told us, "I have had three managers and this one is fantastic, she says she will do something, and it gets done" and "I am pleased to be at work now, it's so much better."

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

People told us, "When she (Manager) can, she comes and has a yarn with me" and "The manager is wonderful, very helpful and I'm happy with everything here."

Risk assessments provided staff with guidance and direction to provide person-centred care and support. Some equipment was not effectively addressing the identified risk, such as pressure mats. We have made a recommendation about this in the safe section.

Some people were living with specific long-term conditions. Not all care plans contained a specific section related to their condition. For example, separate diabetes or epilepsy care plans. The manager was aware of this and had begun to provide this information. They had also contacted the electronic care plan company to arrange for additional sections to be held in care plans for specific conditions. This would hold key information for staff in one place related to the person's specific needs.

People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. These were correctly set for the person using them.

Staff had received appropriate training and support to enable them to carry out their role safely.

There were activities provided for people both inside and outside in the garden and local community.

Audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service.

We observed many very kind and caring interactions between staff and people. Staff spent time chatting with people as they moved around the service.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Staff were well supported and felt valued. Comments included, "[The manager ] is our Celtic warrior, she does what she says she will and is always willing to roll up her sleeves and help us when needed, what more can you ask for?" and "We have never been so well managed she communicates with us all the time, she has high standards and expects us to have them too."

Complaints and their responses were recorded. The manager told us there were no on-going complaints at the time of this inspection.

Compliments received included, "Personally I am very pleased with care and attention of Mum. The staff are always very considerate, and the overall condition of the home is clean and tidy" and "Trecarrel Care Home is efficient and organised with a calm warm, friendly atmosphere. Staffing levels are very good and staff are very kind and caring to both residents and visitors. Needs have been anticipated and met, which has helped to make a very difficult time a lot easier. There have been no concerns, only reassurance and relief."

The manager had only been post for six months prior to this inspection. They had worked hard to bring about the improvements required at Trecarrel. They were open, visible and committed to further improving the service.

Healthcare professionals were positive about the improvements noticed at the service. One told us "I think [Manager] is outstanding. She is amazing, a strong leader that checks things are followed through. She is open and takes comments on board and acts on them."

Relatives told us, "The manager is tops, somebody you can speak to" and "If anybody said to me what do you think of Trecarrel, I'd say, its brilliant."

Rating at last inspection and update:

At the last comprehensive inspection, the service was rated as inadequate (report published 18 June 2019) and we took enforcement action. We carried out a focused inspection only checking the action the provider had taken in the safe and well-led sections previously rated as inadequate, the service was then rated as requires improvement (report published 15 July 2019). Requirement actions remained in place in the effective and responsive sections. The provider had already had a condition placed upon its registration due to concerns at an earlier inspection. The condition required the provider to send regular reports to CQC to show what they would do and by when, to improve. CQC had received reports as required.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations and the conditions applied to the providers registration will be removed.

Why we inspected: This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Trecarrel Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

This inspection was carried out by two inspectors, a member of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Trecarrel is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The manager was in the process of registering with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with seven people who used the service, three relatives, seven staff members, the manager and the provider. We reviewed the care records of four people and medication records for all the people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Trecarrel. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection:

We spoke with two external healthcare professionals who visit the service regularly.

# Is the service safe?

## Our findings

Safe –this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- People told us they felt safe, one person commented, "The staff make it very safe, they help you any way they can."
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified, assessed, monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence. However, there were not always risk assessments related to the specific conditions that some people were living with, such as diabetes and epilepsy. The manager was aware of this issue and had contacted the electronic care plan company to provide additional sections in the care plans for specific guidance for such conditions to be provided for staff.
- Staff supported people well when they exhibited behaviour that challenged others. Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour. The guidance in some care files required further specific detail to guide staff effectively on how and when to respond to such behaviour. The manager assured us this would be addressed
- Some people, who had been identified as being at risk of falls, had pressure activated alarm mats placed in their rooms. This was to help ensure staff would be aware when the person unsupported. Two of these mats had been rendered ineffective by the placement of furniture or equipment upon them and were not activated when walked on. Others were not always effective in managing this risk as the person was aware of how to walk around them or turn them off. The manager confirmed that a regular audit of these mats had been set up to review their use the day after this inspection.

We recommend the service take advice and guidance from a reputable source on ensuring that all specific risks identified have robust direction and guidance provided for staff which is regularly reviewed.



- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

#### Staffing and recruitment

- There were enough staff to meet people's needs. A number of staff who had left the service, had chosen to return on hearing the improvements at Trecarrel. Staff spent time with people helping them with tasks, going out on trips and supporting them to attend health appointments.
- There were no staff vacancies at the time of this inspection. However, staff absences were being covered by the providers bank of staff which support all the Cornwallis services as required.
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.
- People told us staff responded quickly to them when they called.
- People had access to call bells to summon assistance when needed.

#### Using medicines safely

- Medicine systems and processes were in place. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice. People told us, "They help me with my medication because I can get confused" and "They help me with my eye drops."
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- The cold storage of medicines was assured. Records were kept of daily checks of the medicine's refrigerator.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service. All medicines were counted at each medicine round to help ensure an accurate balance was held.

#### Preventing and controlling infection

- The service was clean and free from malodours.
- Infection control audit processes were in place and audits were regularly carried out.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Areas of concern found at the last inspection had been effectively addressed and improvements were noted at this inspection.
- Issues raised by people or their families had been listened to and addressed. Unplanned events that had taken place were reflected upon at staff meetings and through discussions at supervision so that learning could take place.

# Is the service effective?

## Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as requires improvement.  
At this inspection this key question has remained now changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At our last inspection the provider had failed to ensure there was adequate person-centred detail within people's records. This placed people at risk of unsafe care and treatment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Pre-admission assessments were gathered prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Care plans showed people's needs had been robustly assessed and planned for. Guidance and direction was provided for staff on how to meet those needs.
- People's needs, wishes and preferences were clearly recorded. This helped ensure staff were aware of how to provide person-centred care.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received supervision, appraisal and training as required. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Specific training, such as stoma care, was arranged to help ensure staff had the skills to meet specific needs.
- People's oral care needs were clear in care plans. Staff received training on oral care at induction. The service held a copy of the National Institute for Clinical Excellence (NICE) guidance on oral care in care homes.
- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided.
- Staff were given opportunities to discuss their individual work and development needs. All the staff we

spoke with confirmed they were well supported and were very positive about the new manager.

- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held regularly, and staff told us they felt able to speak and be heard. Staff were recognised for being nominated for a "Moments that Matter" award. Staff who had been successful in achieving this award were displayed on the wall in the service.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure there were robust quality assurance processes in place. Monitoring records related to the food and drink intake of people were not always completed. This meant people were at risk of receiving poor quality care which was not identified effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Staff recorded people's food and drink intake, where concerns had been identified. These records were automatically totalled by the electronic records system in use at the service. The manager monitored these records daily to ensure people had sufficient intake. Handover records clearly recorded each person who required additional support with their dietary intake.
- People were weighed regularly. One person's care plan stated they should be weighed weekly due to having experienced unplanned weight loss, this was not always carried out according to the direction in the care plan. It was being done roughly every 10 to 12 days. The person was receiving appropriate regular support and monitoring with their food intake and staff were aware of how to fortify their food and drink intake to meet their needs.
- People were offered a choice of food and drink. The kitchen staff were aware of people's preferences and these were well recorded in care plans. Pureed meals were presented in an attractive manner. Vegetarian meals were available. Fortified drinks and meals were provided to help people to gain weight where required.
- People told us they enjoyed the food provided. People told us, "Oh yes, it is very good" and "We always have plenty to drink."
- Many people required support with their meals. We saw staff supporting people with their meals in an unrushed manner, chatting with them as they did this.
- The atmosphere in the dining room was relaxed and sociable. Tables were laid with tablecloths, condiments and napkins.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were encouraged to attend regular health appointments. The GP, community nurses and dementia liaison nurse visited regularly.
- Visiting healthcare professionals did not raise any concerns about the care provided to people at the service. One told us, "We are revisiting some training we did a while ago with the staff. New staff have come to work there and so we will re-visit the training on specific conditions."
- Care plans contained details of healthcare professionals' visits. However, some community nurses' visits had not been transferred from the diary to the electronic care plan.

Adapting service, design, decoration to meet people's needs

- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- People had their pictures, and their names, displayed on their door to help them identify their own rooms. There was pictorial signage on the toilets/bathrooms. Contrasting coloured handrails supported people using the corridors. This helped people, living with dementia, to identify their surroundings more easily.
- Secure outside space was available to people. People were encouraged to spend time outside.
- As bedrooms became vacant they were redecorated and updated. The service was decorated to a good standard.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure appropriate records were kept demonstrating that the service was acting lawfully to protect people's rights. This was a breach of Regulation 11(Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- There were processes for managing MCA and DoLS information and there were accurate records held of which people had DoLS authorisations.
- There were five authorisations in place at the time of this inspection, two with conditions attached to them. These conditions were being supported and recorded.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- People told us, and we observed, staff always asked for their consent before commencing any care tasks.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). However, it was not always clearly recorded, in people's care plans, which legal power was held by families. This was addressed at the time of the inspection.

# Is the service caring?

## Our findings

Caring –this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement.

At this inspection this key question has now changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection we identified that staff were task focused and contact with people was only when a task was performed. We found unnamed toiletries in two bathrooms indicating people shared toiletries. We made a recommendation about this in this section of the last report.

At this inspection we found effective action had been taken to address this issue.

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- We observed many kind and caring interactions between people and staff. For example, staff regularly checking with people that they were comfortable, warm enough, or if they wished to move to another area or back to their rooms.
- One person told us they had asked for something to eat after the chef had finished their shift. They told us the manager went in to the kitchen and made them an omelette specially. The person told us, "It was the best omelette I have ever had."
- Staff had been provided with training to help ensure people's rights were protected at the service.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the manager and staff. People told us, "If I need to know something, I can just ask" and "All the carers are lovely."
- Some care plans indicated that people who were able, had been involved in their own care plan reviews. The manager provided care and support to people at the service regularly and spoke with people to discuss any changes they wished to make to their care and support.
- The manager asked people for their views and experiences of receiving care at various opportunities such as planned meetings, when supporting them or when having an informal chat.

Respecting and promoting people's privacy, dignity and independence

- Care staff were person-centred in their interactions with people. They knew people well and held many relevant and meaningful conversations with people throughout the inspection visit.

- Three communal toilet/shower/bathrooms did not have locks that worked. This did not ensure people had privacy when using the facilities. We were assured that this was addressed immediately after the inspection.
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress. One relative told us, "The staff are as good as gold, they even ask me if I want a cup of tea when I visit."
- People told us they felt respected. We observed care staff lowered their voice when speaking with people about any support they may need.

# Is the service responsive?

## Our findings

Responsive –this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement.

At this inspection this key question has now changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure robust quality assurance processes were in place. Despite regular internal and external audits, care plans were not reviewed regularly, monitoring records were not checked, pressure relieving mattresses were not set correctly and required person centred care training had not taken place as planned. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Staff had a good understanding of people's individual needs and provided personalised care. One person told us, "The girls are lovely and very helpful."
- The electronic care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Daily notes reflected the care people had received.
- Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people understand information effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A visiting healthcare professional told us, "The activity co-ordinator is amazing. She work so well with

people who have specific needs, really calm and effective."

- The activity co ordinator showed us a pack of 'Let's talk ' cards which included topics such as 'Name one thing that relaxes you ' and 'Talk about one of your favourite singers ' encouraging people to talk. This helped prompt meaningful conversations and activities.
- Activities were provided for people both inside and outside the service. Raised beds enabled people to become involved in planting and growing things. People were supported to attend the local memory café.
- Activities provided daily, were planned and advertised throughout the service. People had been asked what they enjoyed spending their time doing. One to one activity was provided to people who chose to spend time in their rooms. People told us, "I like to read, the activity person brings me books in" and "I join in everything I can and visit the Fowey memory café."
- One person had a great interest in sport and had a large smart television which enabled them to watch sky sports when they wished.
- Visitors were encouraged at any time. People were supported to communicate with families and friends using tablet computers, using skype to talk in real time with people who could not visit in person. Comments from relatives included, "Yes, I come regularly, it's a good place" and "I can't fault it, my relative is always looked after."

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- We were told there were no formal complaints in process. Past concerns had been recorded along with any resolution or action taken.
- Many compliments had been received by the service. Comments included, "Personally I am very pleased with care and attention of mum. The staff are always very considerate, and the overall condition of the home is clean and tidy" and "Trecarrel Care Home is efficient and organised with a calm warm, friendly atmosphere. Staffing levels are very good and staff are very kind and caring to both residents and visitors. Needs have been anticipated and met, which has helped to make a very difficult time a lot easier. There have been no concerns, only reassurance and relief."

End of life care and support

- The staff were supported by the community nursing team to provide good quality end of life care to people.
- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.
- Staff encouraged people to think about and discuss what they would like to happen at this stage of their lives. Not everyone was ready or willing to take part in these conversations. This was respected and periodically re-visited with people in a sensitive manner.



# Is the service well-led?

## Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. That inspection was focused on the safe and well-led domains rated as inadequate in June 2018. Whilst there was no breach of the regulations found in well-led, we did not review the breaches found in the effective and responsive sections at the last focused inspection. A new manager had been recruited and a programme of provider monitoring, and improvement had just begun at that time.

At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager had only been in post for six months prior to this inspection. They had worked extremely hard to ensure they had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- The provider had supported the manager effectively to help ensure improvements had been implemented at Trecarrel.
- Residents and family meetings had been held to share information with people and seek their views of the service provided.
- People told us, "When she (Manager) can, she comes and has a yarn with me" and "The manager is wonderful, very helpful and I'm happy with everything here."
- Relatives told us, "The manager is tops, somebody you can speak to" and "If anybody said to me what do you think of Trecarrel, I'd say it's brilliant."
- Staff told us, "I have had three managers and this one is fantastic, she says she will do something, and it gets done" and " I am pleased to be at work now, it's so much better."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur.
- One visiting healthcare professional told us, "[The manager] is very open and responds well to any advice given. She has worked really hard at improving the home a great deal. My only concern is that they may not be delegating enough and may burn out."

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

- Roles and responsibilities were clearly defined and understood. The manager was supported by a deputy, senior care staff and the provider. Staff were very positive about the changes made since the new manager had taken over.
- The provider had a defined organisational management structure and there was regular oversight and input from the provider. The manager told us, "[The provider] is here twice a week at least, and has been really supportive."
- The manager was very familiar with people's needs and preferences and worked alongside the care staff when necessary. Staff told us, "The manager is amazing, best ever, she will do anything to help. We are told to go to her with any concerns and she sorts it out. It is really so much better here now."
- Detailed audits of many aspects of the service were taking place including infection control, care plans and medicines administration. These audits had been used to make improvements to the service. External audits had been commissioned and all actions from these had been addressed.
- The ratings and report from our previous inspection were displayed in the entrance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings took place to give staff an opportunity to discuss any changes to working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Communication between people, staff and families was good.
- The manager made a point of speaking with everyone during their walk around the service. This took place several times a day. Everyone we spoke with knew the manager by name and confirmed they were happy to speak with them at any time.
- Life histories were documented. This helped ensure staff were aware of the backgrounds of the people they were caring for.

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

- The manager was in the process of registering with the CQC to be the registered manager.
- Staff were clear about their roles. The manager was in the process of delegating some responsibilities, previously held by themselves, to other senior staff. This would help ensure recent improvement would be sustained, continually reviewed and further improvement could take place.
- People were protected by effective quality assurance arrangements. Systems to ensure clear oversight of the service were in place.

Continuous learning and improving care

- Externally commissioned audits along with regular internal audits had ensured the manager was aware of any issues that needed improving at Trecarrel. Issues that were raised at this inspection were either already known to the manager and in the process of being addressed, or were addressed by the day after the inspection visit.
- Regular management meetings were held to support shared learning and share information about the organisation.
- The manager was passionate about ensuring people living at Trecarrel were well cared for and had worked hard to make necessary improvements to meet the requirements of the regulations.
- The manager ensured the staff were well informed and were aware of the further improvements which were in the process of being implemented. The manager told us that everyone was expected to work as part

of the team to deliver the best care to people.

#### Working in partnership with others

- The provider had commenced a project with the acute hospital to facilitate timely discharge. The manager assessed people and took them, if appropriate, at short notice, to be cared for at Trecarrel. A visiting healthcare professional told us, "This does cause quite a lot of work for us and the GP practice, in supporting people's needs when they arrive at very short notice. However, communication is good with the manager and we work together well."
- The service communicated with commissioners and DoLS teams appropriately about people's care.
- Care records held details of external healthcare professionals visiting people living at the service as needed.
- The community nurses visited people at the service regularly to support any nursing needs. They had no concerns about the service provided.
- One visiting healthcare professional told us, "I think [Manager] is outstanding. She is amazing, a strong leader that checks things are followed through. She is open and takes comments on board and acts on them."