Tre' Care Group Limited

Tregenna House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on the 22 February 2018. The last comprehensive inspection took place on the 25 January 2016. The service was meeting the requirements of the regulations at that time.

Tregenna House is a 'care home' that provides nursing care for a maximum of 49 adults, with a range of health care needs including dementia, nursing and mental health. At the time of the inspection there were 43 people living at the service. 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.

Tregenna is situated in the town of Camborne. It is an extended detached house over two floors and in its own grounds. All rooms were single occupancy. The service is divided into three distinctive units. One for people with dementia conditions, one for males only with other associated mental health needs and a first floor general nursing unit. Each area had its own lounge and dining areas. There were a range of bathing facilities in each area designed to meet the needs of the people using the service. There was a passenger lift serving the upper floor. The gardens were designed to support people with limited mobility.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. However, all three mattresses which were in use at the time of this inspection were set incorrectly for the people using them. There was no evidence of these settings being regularly checked to ensure they were set at the correct pressure. We have made a recommendation about this.

Systems to manage medicines were not always being managed effectively. While the medicine room was locked when not in use, the medicine trolley was not secured to the wall meaning it was at risk of being moved. The medicines fridge temperature in one unit was not always being recorded regularly to ensure medicines requiring colder storage were accurate.

Where hand written entries were being made they were not always countersigned by another staff member. There were no dates being added when creams or eye drops were opened meaning staff would not know the expiration date when the medicine would be effective. We have made a recommendation about this.

Systems were being audited regularly by the registered manager and administrator. However, as stated above some systems required improvement to ensure monitoring was effective. The registered manager was taking immediate action to address this.

The service had sufficient staffing levels in place to provide the level of support people required. The registered manager told us they were currently recruiting more nurses but that, "It can be a lengthy process, so we use a regular nursing agency to meet any gaps." People told us staff were responsive and available

when they needed them.

Staff were sufficiently skilled to meet people's needs. Necessary pre-employment checks had been completed and there were systems in place to provide new staff with appropriate induction training. There was a wide range of training available to all staff which met the diverse needs of people being supported.

Staff were supported by the registered manager through regular updates in handovers and meetings. However the registered manager acknowledged formal supervision had lapsed for care staff but not nurses in recent months. There was a revised supervision and appraisal plan ready to be introduced in order to formalise the support.

People's risks were being managed effectively to ensure they were safe. Records showed where changes in people's level of risk were. Care plans had been updated so staff knew how to manage those risks.

Accidents and incidents were being recorded and reported and any lessons learned were shared with staff. The service learned by any mistakes and used this as an opportunity to raise standards. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.
Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

People received care and support that was responsive to their needs because staff had the information to support them. Staff supported people to access healthcare services. These included, Social Workers, Psychiatrists, General Practitioners (GP) and speech and language therapists (SALT). Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

The manager used effective systems to record and report on, accidents and incidents and take action when required.

The service was generally maintained. Maintenance staff were employed and a new first floor bathroom was in construction at the time of the inspection. The registered manager told us, "This is a large old building and areas are continuously being updated." It was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed and there were appropriate procedure in place to manage infection control risks.

Care plans were well organised and contained personalised information about people's needs and wishes. Care planning was reviewed regularly and whenever needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

Meals were appetising and people were supported with their meals by staff where necessary. Special diets were catered for. Some people told us there was no choice of meal displayed on the daily menu board. Staff told us if people did not like the food there was always an option and we observed this was the case, with some people making regular daily choices. When we pointed this out to the chef they recognised the importance of including a choice and agreed to address this issue immediately. Where necessary staff

monitored what people ate to help ensure they stayed healthy.

Some people living at Tregenna were living with dementia and were independently mobile around the service. The service had clear pictorial signage to help people who needed additional support to recognise their own rooms which looked like front doors with a letter box. Toilets and shower rooms also had signage.

There were a range of quality assurance arrangements at the service in order to raise standards and drive improvements.

All levels of staff engaged with all stakeholders of the service. People's views were taken into account through regular communication and surveys. The results of the most recent survey had been positive.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not totally safe. Not all medicine systems and pressure mattress pressures were being maintained to follow good practice guidelines. We have made a recommendation to improve this.

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

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

Recruitment procedures were in place to ensure staff were suitable to work with people who required care support.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led.

Tregenna House

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 unannounced inspection took place on 22 February 2018. The inspection was carried out by two adult social care inspectors a specialist advisor and an expert by experience. The specialist advisor had a background in nursing and the expert by experience had personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eleven people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We spoke with two visiting relatives. We looked around the premises and observed care practices on the day of our visit.

We spoke with the registered provider and registered manager, the three nurses and eleven care staff. During the inspection we spoke with an external professional and following the inspection we received comments from one professional associated with the service. We looked at five records relating to the care of people, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. However, the three mattresses in use at the time of this inspection were set incorrectly for the people using them. There was no evidence of these settings being regularly checked to ensure they were set at the correct pressure. The registered manager confirmed there was no regular check of these devices but that this would be put in place immediately. Records showed there had not been any impact on people's well-being at the time of this inspection.

It is recommended the service puts in place more robust monitoring systems good practice guidelines are in place to monitor pressure mattresses.

Systems in place for managing medicines were not always in line with clinical guidance. For example, medicine rooms were locked when not in use but the medicine trolleys for each unit were not secured to the wall meaning they were at risk of being moved by people not responsible for medicines. The medicines fridge temperature on one unit was not always being recorded regularly to ensure medicines requiring colder storage were accurate. Where hand written entries were being made they were not always countersigned by another staff member. There were no dates being added when creams or eye drops were opened meaning staff would not know the expiration date when the medicine would be effective to. Although medicines audits were taking place, the frequency of these were limited to six monthly meaning that incidents would not be quickly identified.

It is recommended effective medicine systems are put in place to ensure the service follows current good practice guidance in medicine management.

People and their relatives told us they felt it was safe living at Tregenna. They told us, "My [relative] is very well cared for here and had no problems with falling because the staff all know to look out for [person's name] and supports them when they want to walk around" and "If there are any safety concerns the carers notice and do something about it. They accompany people to the shops on occasions, if they think it's necessary, and will watch out for people all the time." A staff member told us, "I know some of the people who live here can be confused, hard to predict and even angry at times but I have had good training and I am always able to look after them and myself, calling on a colleague for support if needed."

Incidents and accidents were recorded in the service. Appropriate action had been taken and where necessary changes made to learn from the events or seek specialist advice from external professionals. For example, all accidents and incidents were reported and reviewed by the service administrator, before sharing the analytical information with the registered manager to identify any patterns or trends. In some instances there was evidence of reviews taking place when a person's risk level had increased. This sometimes generated referrals for Physiotherapy and occupational therapy assessments, to support people to use equipment to reduce the level of falls occurring. The registered manager used this information as a way of making changes through a 'lessons learnt' exercise. For example following an incident relating to the use of a hoist, staff identified wires under the bed had the potential to be a hazard. There were now regular

checks in place to ensure wires would not hinder the use of equipment.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and hydration, and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such the environment and whether current mobility aids remained suitable. Staff were able to tell us about people's individual risks and how they were being managed. Records were up to date to show where risk levels had changed. For example, a person's mobility had deteriorated with more falls occurring. Staff had responded to the changes by making the necessary referrals to ensure suitable equipment was in place to safely support the person.
Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were stored securely in a locked cabinets and were accessible to staff and visiting professionals when required.

Staff did not work in the service until all the necessary safety checks had taken place to ensure people were safe to work with people who may be vulnerable. Staff recruitment files contained all the relevant recruitment checks to show they were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. While the service asked for staff to state their employment history it did not ask for a 'full employment history' or to report on any gaps in employment. We discussed this with the registered manager who acted to ensure the application form was amended.

We observed the service was being staffed in numbers which met people's individual needs. Call bells were responded to quickly. Some people required care in bed due to health needs. Staff were available to them at regular intervals to ensure their welfare was protected. Some people required one to one support from staff. There were dedicated staff to support those people so their personal risks were being managed safely. Where people required support to move or reposition with two staff members they were always available. A staff member told us, "We always make sure there are two of us if that's what's needed. It makes it safe for everyone."

The level of support that each person required was assessed and used to determine staffing levels. The staffing rota showed there was a skills mix on each shift so that senior staff worked alongside care, domestic housekeeping and catering staff. A staff member told us, "It's a good team and we support each other." This helped ensure consistency of care. The service was currently using agency nurses to fill in some gaps while recruitment was taking place. An agency nurse told us they were well supported by the registered manager and other nurses. They told us, "I get all the information and support I need when I cover shifts here."

People were protected from the risk of abuse because the service had a safeguarding adult's policy which reflected current good practice guidance. Staff were aware of the safeguarding procedures for the service and how to use them if they had any concerns. Safeguarding was regularly discussed at staff meetings and training was routinely updated. Any concerns raised were fully investigated and reported as appropriate to the local safeguarding unit for external investigation. This meant the service was open and transparent in making referrals and people were safeguarded from the risk of abuse.

Each person had information held at the service which identified the action to be taken for them in the event of an emergency evacuation of the premises. This helped ensure the service was safe for people to live in.

Equipment used in the service such as moving and handling equipment, wheelchairs, stand aids and the passenger lift were regularly checked and serviced by professionals to ensure they were always safe to use. All the necessary safety checks and tests had been completed by appropriately skilled contractors.

Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service. There was a fore training event taking place on the day of the inspection. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

The environment was clean and there were no unpleasant odours. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when needed. Housekeeping staff were employed to work every day and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear Personal protective equipment (PPE) such as aprons and gloves. This equipment was used during the inspection and used appropriately to reduce cross infection risks.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet their individual needs. People using the service told us they were confident that staff knew them well and understood how to meet their needs. One person told us, "I have my own routines and the staff know them and that it's important to me that I go through things in order."

We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us. This enabled us to observe and record the day-to-day activity within the service and helped us to look at the interactions between staff and those who lived at the service. We observed staff continuously engaged with people. For example, some people chose to sit alone or did not engage with those around them. Staff always took time to stop and speak with the person to ask if they were comfortable or wanted something. In all instances we found staff interacted with people effectively and those who lived at the service looked comfortable in the presence of staff members.

People's healthcare needs had been monitored and discussed with the person or relatives as part of the care planning process. Care records showed visits from health professionals were taking place on a regular basis. There were General Practitioners (GP's) and a range of specialist professionals who supported people's health and wellbeing while living at Tregenna. Two people and a family member told us that their own family GP still kept responsibility for the person even though they had moved into Tregenna House, and that this continuity was very helpful.

Most people told us they enjoyed their meals at Treganna but some said there was limited choice. One person said, "I never feel I don't have enough to eat, or the food is anything less than good. There isn't much choice really, but we like what the cook makes anyway." A relative thought staff took the opportunity to support a person whose diet was limited due to a health condition. They said, "My [relative] doesn't eat anything but a sort of high energy thick soup which is prescribed for him, but the staff make sure [the person] gets what they need, including drinking enough water." Visiting families sometimes had a meal with their relatives when they visited. One relative told us staff offered them a hot meal especially if they had travelled some distance.

There did not appear to be any choice of meal being offered on the daily menu board. Staff told us if people did not like the food there was always an option and we observed this was the case, with some people making regular daily choices. When we pointed this out to the chef they recognised the importance of demonstrating there was a choice available and agreed to address this issue. We observed some people had requested alternatives. One person was offered a ham sandwich which they declined and decided upon a snack of their choice instead. Some people liked to eat food of their choice for example hot dogs, or 'takeaway meals'. Staff supported people to have the choices they wanted. A staff member told us, "I often nip to the shops to get [person's name] favourite foods and snacks."

Some people needed to have their food and drink intake monitored to ensure they received sufficient each day. Staff monitored people's weight regularly to ensure they maintained a healthy weight. Records

recording food and fluid intake had been accurately recorded and monitored. This meant they were a meaningful record to support the monitoring of people's health needs.

People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible.

Hot meals were served to each unit in a heated food trolley. This meant it could be served individually to people by staff who knew what sort of portions the person preferred and could manage. People had access to drinks and snacks at any other time of the day or night. Staff told us some people whose sleep patterns were disturbed often liked to have a snack in the night. One staff member said, "It's not unusual for some residents to have toast, sandwiches and hot drinks in the night."

There was some use of assistive technology to support people. This included pressure mats to alert staff when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment. An assistive care planning system was being designed to be introduced and to be used instead of paper care records. The registered manager told us it was envisaged staff would be able to record care in the 'real time' rather than write up notes after the care had been delivered and this would be more effective.

People received effective, safe and appropriate care which was meeting their assessed needs and protected their rights. This was because they were supported by an established and trained staff team who had a good understanding of their needs. Family members said that they trusted the staff to always act in the best interests of their relative and that this was a major reason they felt the service was right for their family member. A person using the service told us, "I have every confidence in the staff here."

Staff were supported by the registered manager through regular updates in handovers and meetings and by being available to staff on a day to day basis. However the registered manager acknowledged formal supervision had lapsed for care staff but not nurses in recent months. There was a revised supervision and appraisal plan ready to be introduced in order to formalise the support for care staff.

Staff told us the level and range of training they received kept them up to date with good practice. For example, nurses regularly updated their clinical practice as required for their professional development. The service's training matrix showed a range of training available to all levels of staff so they had the knowledge and competencies in meeting the requirements of their role. The training plan was regularly reviewed by an administrator with the registered manager to ensure training was up to date. This demonstrated the service was committed to develop the skills of all levels of the staff team. Staff were also supported to gain qualifications and some staff had attained or were working towards a Diploma in Health and Social Care.

Newly employed staff were required to complete an induction before starting work. This included, training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Most people living at Tregenna had restrictive practices in place. The service had applied for people to have potentially restrictive care plans authorised. There were a number of current DoLS authorisations in place at the time of the inspection. Where people did not have representation to support them in their best interest the service sought advocacy support. Some people had an Independent Mental Capacity Advocate [IMCA] to support decisions including making decisions about medical treatment, financial or accommodation issues.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We observed throughout the inspection that staff asked for people's consent before supporting them with any care or support. People were supported to make their own decisions about how they wanted to live their life and spend their time.

Tregenna is a large house with additional extensions. There was a maintenance employee who attended to general maintenance with contractors undertaking any specialist work. Each of the three units were designed differently to meet the needs of people using the units. For example the dementia unit had doors which resembled front entry doors with letter boxes. Each one painted a different colour and pictorial signage to support a person with dementia to negotiate the area and identify their room, bathrooms and toilets. Another area for men only was bright with large windows and people moved around freely. On the first floor nursing area there was a bathroom being built to accommodate equipment to support people who required a specialist bath. Garden areas were accessible to people. There was a large summer house and covered area for people to use when they wanted to. Staff told us they had lots of activity in the garden in the summer months. There was also a memorial garden area which was planted in a way which provided people with a calm space if they wanted to use it.

Good

Is the service caring?

Our findings

There was an equality and diversity policy in place and staff received training on this topic. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people. They were able to describe the importance of acknowledging people's individual characters and helping to protect people from any type of discrimination and ensure people's rights were protected. For example, respecting the person for who they were, asking people sensitively if they needed assistance. There was a sensitive and caring approach observed throughout the inspection visit. The service respected the diverse needs of staff. For example, where the condition Dyslexia had been identified the service extended the induction programme for staff to have the time to complete the written work required.

People told us and we observed many caring interactions between staff and people using the service. A relative told us, "The staff do so much for my [relative] and they always pop their heads in when I am here to ask if we need anything. If I notice something, or want to get some help for my [relative], I only have to ask once."

At lunchtime a family member had brought in a bottle of wine to share with their relative. A member of staff had provided wine glasses on the tray-table so the family member and their [relative] were able to enjoy a glass of wine with their meal. The relative told us, "I couldn't come to see my [relative] on Valentine's Day and this upset me. After 54 years of marriage we still like to have a glass for Valentine's Day. The staff are very caring and help us keep our relationship as meaningful as it can be, with [my relative] living here and me living in a different care home. It means a lot to us both."

We observed one care assistant who partially drew the curtains across a window because they could see that the sunlight was shining into the person's eyes making it difficult for them to see the food on their plate.

Staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors and waited to be invited in and bathroom doors were closed before support was offered. One external professional told us that most of the staff working at the service were respectful of people's individual space and need to be private. However, they told us some staff occasionally did not consider whether there was anyone in a room they worked in. They said, "Some of the staff have a habit of just walking into the room I use without knocking. I use this room when I am working with service users on a one-to-one basis and the door is closed to respect the privacy of the service User." We shared this with the registered manager so they could remind staff to be alert to this issue.

Staff spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. People, who were able to verbally communicate, engaged in friendly and respectful conversations with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them.

People were at the centre of the service and routines were led by those living at Tregenna. There were some restrictions in place for some people as part of their health and welfare plan. Staff understood this and supported those people in a way which meant it was the least restrictive way possible. For example, some people liked to go out each day. Staff were observed encouraging those people to think about what they were going to wear because it was a cold day and without that kind of caring support they may make a poor decision. It was clear that the culture of the service was one where each person was treated as an individual rather than being defined by the type of service they were living in.

Staff had a good understanding of protecting and respecting people's human rights. Staff members and people who lived at the service were observed throughout the inspection to have easy and friendly relationships. People told us that staff listened to them, respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating so that people could clearly understand them. Staff took time to talk with people and put them at ease if they appeared confused or distressed. For example, one person had limited communication due to an advanced condition. The person became agitated and frustrated when they wanted staff attention. Staff understood this and looked for visual signs before the person became too distressed. A staff member told us, "[Person's name] gets so frustrated about things but we [staff] know what to look for and usually get to [the person] before it all becomes too much." This approach enabled staff to support the person in a more relaxed and managed way. This demonstrated the staff understood how to use individual prompts to effectively communicate with people.

People were supported by staff who maintained their physical independence by providing verbal instructions to assist them to stand up and walk with their walking frame.

Staff supported people to keep in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. One relative told us, "Always, made to feel very welcome."

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Good

Is the service responsive?

Our findings

People who were able communicate with us told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them. One person said, "Before I came to live here I really struggled to remember to do things for myself. Now I know the staff will help me to remember". Call bells were answered quickly and people did not have to wait long. The people we spoke with said they were happy with their care and the attention they received from staff. Comments included, "I'm happy. If I need help the staff come to me." A relative told us that whenever they visited there were always enough staff around to meet people's needs. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner.

People who wished to move into the service had their needs assessed to ensure the service was able to meet those needs and expectations. Care plans were in place for people and were accurate and up to date to reflect current nursing and care needs. The care plans were detailed and included information about people's nursing care needs as well as their social support needs and how their wishes would be met. For example, end of life care, positioning charts, monitoring food and fluids and dementia care. Care plans were clear where people required additional nursing care, for example with medical interventions. This information was shared with other relevant health professionals to ensure they had information about individual nursing needs. This ensured people received care that was provided with a person-centred approach. Staff were knowledgeable about the support people in their care required.

Care planning was reviewed regularly and whenever people's needs changed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in reviewing peoples care where there was evidence they had the legal permission to act on the person's behalf. Family members told us, "I come in most days so I know when my [relative's] needs are changing. I can tell the staff and they update their Care Plan" and "I am always kept informed by telephone, even if it's in the middle of the night if it's serious. If something has happened the staff know to call me, and they will do so because they know I feel much better having all the information so that I can decide if I need to do something or it can wait till I next visit." People who were able to communicate with us told us they knew about their care plans and staff would regularly talk to them about their care. In one instance a person's review identified the need for staff to be more vigilant to mood and behaviour changes. Additional staff support had been provided and the person's care records updated to inform staff of this change. This demonstrated the service was responsive to the changing needs of people using the service.

Where people were assessed as needing to have specific aspects of their care monitored, staff completed records to show when people were re-positioned, their skin was checked, their weight was checked or food and fluid intake was measured. Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors. We found records were accurately completed.

Daily handovers provided staff with up to date information about people's needs and kept staff informed as

those needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and staff were available to respond to their needs.

There were examples of staff ensuring peoples individual choices were met. A Rabbi had been contacted for a person whose religious faith was important to them. This had ensured the persons religious needs had been met as they were entering the final stage of their life. Another person practiced a healing faith and staff supported the person to engage with certain aspects of their belief. One person had requested a 'wicker casket' on death and the service had arranged this for them. This demonstrated the service responded to what was culturally relevant to people.

The service had an accreditation with the Gold Standard Framework (GSF) (a systematic evidence based approach to optimising care to people approaching the end of their life and providing training for this with organisations enrolled with them) achieving a Platinum award for the care and support for people entering the final stages of their life. The registered manager told us it was important people who had lived at the service for some time had the opportunity to end their life around people they knew. The service worked closely with families and health professionals, reducing the need for avoidable hospital admissions and providing the right care at the right time. People's end of life wishes had been recorded so staff were aware of these.

A health professional commented positively about how responsive the service was. Comments included, "Some people need skilled support and the staff team have the skills to manage certain behaviours which might challenge" and "Staff recognise when one to one support is needed and it's provided. The manager really understands." A visiting professional told us they worked closely with the service and had visited that day due to the changing needs of a person the staff recognised required additional support. They said, "I work well with the staff team. They are very good at taking things forward and listening to advice."

There were activities available to meet the diverse range of needs of people living at the service. For people who were more active and mobile they were supported to go out into the community. They were supported to do this with members of staff. For example, one person liked to go to a local 'pub' each day and was supported by a staff member. Other people were involved in activities arranged by the activity coordinator. Staff said activities could be quite predictable and while likes and dislikes of people were regularly sought, there was not a lot of change. There were quizzes, board games, crosswords and relaxation exercises. Where people were unable to join in the group activities the activities coordinator and care staff spend time each day with them on an individual basis. There was an independent massage practitioner who supported people specifically with dementia conditions as this was found to be good therapeutic practice. On the day of the inspection there was a drumming session taking place which people appeared to enjoy. One person told us it could get a bit noisy but there were other areas people could use if they did not want to be involved.

There were regular opportunities for people, relatives and friends to raise issues, concerns and compliments. People told us the registered manager was always accessible to them and they would raise any matters they may have with the registered manager and were confident it would be dealt with efficiently. When concerns had been raised these had been dealt with in a timely manner and plans had been put in place to make any necessary improvements. There were no current complaints being investigated by the service.

Good

Is the service well-led?

Our findings

A registered manager was in place. '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.'

The service had the latest CQC rating on display where people could see it. This has been a legal requirement since 01 April 2015.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

There were audits taking place to review and manage the operation of the service regularly. This included incidents/ accidents analysis and the environment. The registered manager was taking immediate action to improve the auditing of medicines systems and improve monitoring of pressure relief mattresses.

People, relatives and staff told us the registered manager was approachable. They said, "Every confidence in the manager. She listens and acts on things." A staff member told us, "The physical environment of Tregenna House has been improved a lot in the last few years and that same attitude has been brought to how the nursing home is run and managed. Staff are encouraged to be innovative and take responsibility for making everything better for the people who live and work here." A relative told us, "Whenever I call in I usually have a chat with [registered manager]. I think it's a very well run home. No complaints at all." Comments from a health professional associated with the service told us they, "Had every confidence in the way the home was run."

The service had a positive culture that was person-centred, open and inclusive. The management team acted as role models for staff about the standards of care and attitudes they expected, and monitored and supported staff in their practice. Staff told us throughout the inspection that they had a lot of confidence with the management team and felt very supported by them. Nurses told us that with three nurse vacancies which were being actively recruited into, they could at busy times be 'pushed'. The registered manager acknowledged this and told us that the higher than average use of agency nurses was a temporary situation until the vacancies had been filled.

The registered manager was very visible in the service on a daily basis. This meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communications between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they engaged with people.

The registered manager, nurses and team leaders regularly worked alongside staff to monitor the quality of

the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice, they would address this through additional supervision and training.

There were systems in place to support all staff. The management team shared the on-call out of hours support for the staff at the service. There was constant daily communication between the registered manager and staff as well as regular staff meetings. Staff meetings took place regularly for each team such as housekeeping, kitchen and care staff. These were an opportunity to keep staff informed of any operational changes or working practices. They also enabled staff to voice their opinions or concerns regarding any changes.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including general practitioners and district nurses.

There were quality assurance procedures in place to gain the views of people using the service. Bi monthly resident and family meetings took place to keep people informed of any changes or events. Annual surveys took place looking at satisfaction with the care, environment, daily living, food and management. The results of the last six years were on the notice board and showed a general growth each year in most areas. The overall ratings were over 89.7% satisfaction. This reflected what people told us about their general satisfaction of the service they received.