

Mr N and Mrs S Hart

Tresillian Residential Home

Inspection report

Tresillian
41 Eastcliffe Road
Par
Cornwall
PL24 2AJ

Tel: 01726814834

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Tresillian is a small family run care home for a maximum of six younger adults with physical and learning disabilities. People's bedrooms and living areas are on the ground floor and the owners live on the first floor.

We carried out this inspection on 21 September 2017. At the last inspection, in October 2015, the service was rated Good. At this inspection we found the service remained Good.

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments from people included, "I am very happy living here", "Staff make me feel safe", "Everyone is safe living at the home. We trust staff implicitly" and "I am very happy that he lives at Tresillian. They are brilliant."

We spent most of the inspection in the communal lounge observing and talking with people. The atmosphere in the service was calm and relaxed and people happily chatted to us as they went about their day. People's independence and wellbeing was promoted because staff had developed positive and meaningful relationships with people. There was plenty of friendly and respectful interactions between people and with staff. Staff interacted with people in an unhurried way and supported people at a time and pace convenient for them.

People were encouraged and felt confident to make decisions about their daily lives. Routines were led by the people living at the service. It was clear the service was run for and by the people who lived there. The culture in the service was one where there were no unnecessary rules or routines, put in place to suit staff, rather than the people that used the service.

Risks in relation to people's care and support were identified and when systems were put in place to manage any risks these were agreed with people. People were encouraged to be as independent as possible and because of this people managed their own risks with minimal intervention from staff. A relative told us, "They encourage people to do things for themselves while still keeping them safe."

People were able to take part in activities of their choice and staff supported people to develop goals and aspirations about how they wished to live their life. Each person decided what activities they wanted to pursue and this included setting monthly goals. People had individual activities that they took part in every week and there were other days where everyone decided together where they would all like to go out. The service arranged regular holidays for either the whole group or a smaller group depending on the type of holidays people wanted to go on. During our inspection people spoke at length about the holidays and leisure pursuits that they had taken part in, including a recent holiday to Exmoor.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. These had been developed with people and were reviewed regularly with the individual

person's involvement. 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.

People had access to healthcare services to help them maintain good health. They saw their GP and attended other necessary appointments such as the hospital visits, dentists and opticians when they needed to. Staff supported people to access annual health screening checks to maintain their health. Specialist services such as occupational therapists and dieticians were used when required.

Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained.

Staff supported people with their food choices to help them maintain a balanced diet. People were involved in meal planning and this was done in a way which combined healthy eating with the choices people made about their food. Where people had specific dietary needs staff supported them to plan meals that met those needs.

There were sufficient numbers of suitably qualified staff on duty. Shift times and rotas were flexible to fit in with the activities people wanted to take part in. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to apply the principles of the MCA in the way they cared for people.

People and staff worked together as a whole team with staff and people equally contributing to the culture of the service. Staff had a positive attitude and told us the registered manager provided strong leadership. There was a stable staff team where most staff had worked at the service for many years. Comments from staff included, "I love my job", "We are all open with each other and share ideas", "Communication is good" and "It's not like coming to work, we are all good friends."

People and their families were given information about how to complain. People and relatives all described the management of the home as open and approachable. Relatives told us, "My admiration goes out to [registered manager] and the staff they do such as good job" and "Never come across an establishment like it, truly amazing."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager worked as part of the staff team and this enabled them to observe staff practice and check if people were happy and safe living at Tresillian. People were involved in all aspects of the running of the service and were clearly comfortable in sharing their views with the owners.

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?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Tresillian Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 21 September 2017 and was unannounced. The inspection was conducted by one adult social care inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

During the inspection we spoke with all six people who used the service, the owners (one of whom is the registered manager) and two care staff. We looked at four records relating to the care of individuals, two staff recruitment files, staff training records and records relating to the running of the service. We looked around the premises and observed care practices on the day of our visit. After the inspection we spoke with three relatives.

Is the service safe?

Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments from people included, "I am very happy living here", "Staff make me feel safe" and "Everyone is safe living at the home. We trust staff implicitly."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Safeguarding procedures were regularly discussed with staff to ensure they were familiar with recognising and reporting any potential abuse. Staff told us if they had any concerns they would report them to the registered manager and were confident these would be followed up appropriately. People living at the service also knew what was meant by the term safeguarding and told us information about who to contact, outside of the organisation, was on their notice board.

There were robust systems in place to support people to manage their finances. Some people managed their own finances and others needed support from staff. Suitable arrangements were in place for people to keep their money securely in their rooms. Where people needed support from staff records of when staff gave people their money were kept and regularly checked by the registered manager.

Risks in relation to people's care and support were identified and when systems were put in place to manage any risks these were agreed with people. People were encouraged to be as independent as possible and because of this people managed their own risks with minimal intervention from staff. For example, one person went out on their own to the local shops. They told us they had decided to take a particular route because by going that way they could cross a road that was less busy than an alternative route. They had made this decision independently and taken responsibility for their own safety. A relative told us, "They encourage people to do things for themselves while still keeping them safe."

Records of incidents and accidents showed that appropriate action had been taken and where necessary changes made to learn from the events. For example, one person had fallen a few times since their strength and mobility had decreased. We observed staff talking to the person, about a recent fall, discussing how the person should try to do things more slowly especially when washing and dressing. The person agreed to do this while staff respected that they wished to continue to complete many tasks independently.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Tresillian. On the day of the inspection there were two care workers and the two owners on duty. The number of staff on duty, and the times of the shifts, varied depending on what activities people living at the service were

doing. For example, on some days staffing numbers were increased to enable some staff to transport people to various activities and others to stay in the service to support people who might prefer not to go out. When people wanted to go to an event in the evening shift times were adjusted so staff finished later to fit in with the timing of the event. Staff regularly took people on holidays and days out either individually, or as a small or whole group. The numbers of staff allocated for these activities was appropriate for people's needs and the assessed risks of the activity. People and their relatives told us there were always enough staff on duty to meet their needs.

Medicines were managed safely at Tresillian. All medicines were stored appropriately and detailed records kept of the support the person had received in relation to the management of their medicines. Medicines Administration Record (MAR) charts were fully completed and the registered manager carried out monthly medicines audits. Sometimes people needed to take their medicines with them when they went out for the day or away on holiday. Appropriate protocols were in place for staff to transport medicines.

The environment was clean and well maintained. There was an on-going programme to re-decorate people's rooms and make other changes to the premises when needed. All necessary safety checks and tests had been completed by appropriately skilled contractors. Gas appliances and electrical equipment complied with statutory requirements and were safe for use. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Is the service effective?

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. Staff they told us they were provided with relevant training which gave them the skills and knowledge to support people effectively.

There was a programme in place to make sure staff received appropriate training and refresher training was kept up to date. Staff told us, "We get constant training and updates", "We get training for any new care treatments that people need, [registered manager] thinks ahead and pre-empt changes in people's needs so we are ready to provide new treatments" and "[Registered manager] is always around and she checks that we really understand the training we have."

There was a system in place to support staff working at Tresillian. This included regular support through one-to-one supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. The registered manager worked alongside staff which meant they could provide informal support on a daily basis. Staff were also supported to gain qualifications and all care staff had attained a Diploma in Health and Social Care.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, mental capacity and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction was in line with the Care Certificate, which is an industry recognised induction to give staff, that are new to working in care, an understanding of good working practice within the care sector.

People had access to healthcare services to help them maintain good health. They saw their GP and attended other necessary appointments such as the hospital visits, dentists and opticians when they needed to. Staff supported people to access annual health screening checks to maintain their health. Specialist services such as occupational therapists and dieticians were used when required. One person was undergoing a series of tests and checks as their health had significantly deteriorated. While this decline was an inevitable outcome of their long-term condition staff had supported the person to explore every option available to them. The registered manager had arranged for staff to receive training so the treatment could be provided at the service to minimise hospital visits.

Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made. One relative said, "Staff are helping [person] to attend lots of hospital appointments at the moment and they keep me informed of everything."

Staff supported people with their food choices to help them maintain a balanced diet. People were involved in meal planning and this was done in a way which combined healthy eating with the choices people made about their food. People chatted to us about how they were regularly involved with menu planning, meal preparation, cooking and baking cakes.

Where people had specific dietary needs staff supported them to plan meals that meet those needs. One person was unable to eat certain foods because of a health condition. Staff supported them to plan meals and maintain the discipline of their restricted diet. Their relative told us, "Staff are meticulous about weighing out [person's] food and what they cook is really interesting, which is amazing considering the food groups they cannot eat."

Records showed that everyone living at the service had signed to consent to the support that had been agreed with them. We observed throughout the inspection that staff asked for people's consent before providing any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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 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. At the time of our inspection the service did not have anyone who required a DoLS authorisation.

The design, layout and decoration of the building met people's individual needs. All bedrooms were on the ground floor and corridors and doors were wide enough to allow for wheelchair access. The kitchen had been designed with some lower work surfaces so people with wheelchairs could help with meal preparation and cooking. People's rooms had been personalised with their belongings and decorated in a style of their choosing.

Is the service caring?

Our findings

At the last comprehensive inspection Tresillian was rated Outstanding in this domain. At this inspection the service remains Outstanding.

We spent most of the inspection in the shared lounge observing and talking with people. We met all six of the people living at the service. The atmosphere in the service was calm and friendly and people happily chatted to us as they went about their day. Everyone had lived at the service for some years, the longest being 24 years and the most recent three years. There was also a consistent staff team, the two newest staff were recruited 18 months ago. The three other staff had worked at the service for a number of years. This stable staff team, and a group of people that had lived together for many years, had resulted in a 'family' type culture.

Staff told us they treated people like they were their own family, while still respecting that this was people's home and maintaining appropriate professional boundaries. Staff interacted with people in an unhurried way and supported people at a time and pace convenient for them. Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Staff told us, "We treat people as equals", "We all want the best for people" and "People like it when we have a laugh with them, but we always remember this is their home." We observed plenty of warm, compassionate and respectful interactions between people and staff.

At the last inspection we saw many examples of how staff's inclusive, enabling and caring approach had improved people's daily lives and enhanced their well-being. At this inspection we found more examples of how staff had continued to support people to live as full a life as possible. One person had been doing some volunteer gardening work for a number of years. In recent months their balance and mobility had declined and they had fallen on a few occasions. However, it was clear from discussions staff had had with the person that for them to give up this work would be detrimental to their well-being. The suggestion from staff that they might want to work shorter hours had been agreed by the person. Staff had also, with the person's consent, discussed the situation with their place of work and the workplace were happy for them to continue. The person, their workplace and staff all agreed that the situation would be regularly reviewed. It was hoped that with some changes to times, and some discreet monitoring by the workplace, the person would be able to continue in their chosen work for a lot longer. This demonstrated that staff recognised what was important for people and then acted to support it.

Staff had also supported this same person to attend hospital appointments to investigate possible causes of their physical deterioration. This had proved to be a lengthy process with gaps in between appointments waiting for test results and possible physiotherapy appointments. The process of doing this had been very stressful for the person and this had made them very anxious as well as being in pain. The registered manager, in consultation with the person, decided to book a private appointment for some treatment to help alleviate their pain and anxiety. The person went for the appointment during our inspection. On their return they were clearly much happier, not only because it had helped the pain, but also they felt more positive because they were taking some action rather than just waiting. The person told us, "I am really

pleased that I went, the person was nice to me and told me there was nothing to worry about." This action by staff had helped the person's anxiety levels and well-being.

A parent of another person living at the service had recently died after a short illness, which had come as quite a shock for the person. Staff and people living at the service all attended the funeral in support of their 'friend'. In order to help the person come to terms with their loss staff and the other people at the service suggested arranging a charity event at the service. The person, with the help from staff and other people, organised the event. Neighbours, local people and relatives were invited and many people attended. People sold their craft work and held a raffle with donated items. The event raised £470 and it was clear the person was very proud of their achievement. The registered manager obtained a photograph of the person's parent and had this framed. They hung this on the wall by their bed and this had been a great comfort to them.

As a result of a long term condition one person's health had significantly deteriorated and doctors advised that they would soon need to have specialist ongoing treatment. The person had limited sight and staff were concerned about how easily they would be able to cope with continuous hospital visits to receive the treatment. The registered manager had met with a specialist healthcare professional to explore the possibility of the treatment being given at the service. This had been agreed and would be given during the night so as to minimise the impact on their daily life. Staff training had been arranged to help ensure the treatment could be given in line with the person's needs. The person understood what had been arranged and told us they were very happy that they could receive the treatment at their home. This demonstrated the provider acted to ensure care was delivered in a person centred way taking into account all the person's needs.

Some people living at the service had computer skills and used their phone and tablet to access the internet. Other people were not familiar with using a computer or tablet. The service had arranged for these people to attend a computer course over a number of weeks. While completing this course people decided that they would like to set up a Facebook page so they could share photographs of their outings and activities with their families. People had also used their new skills to research days out and where they wanted to visit when going on holidays.

At the last inspection everyone at the service attended a day centre for some days every week. A few months ago changes to the way in which some services were commissioned resulted in everyone no longer attending day centres. These visits to day centres were the main structure of each person's week, so resulted in quite a dramatic change to their lives. The registered manager spoke with everyone to see how they could turn this change into a positive and what other ways people would like to spend their time. Some people had taken up some individual outside activities such as going to a craft centre and other people attended a computer course, as detailed above. The idea of having group days out each week had started to fill the gap from the loss of the day centre places. It was clear from talking with people that they were happy with the new arrangements and no one mentioned to us missing going to a day centre. To accommodate these additional outings the registered manager had increased staffing levels.

Staff recognised and celebrated people's achievements. Throughout the inspection staff praised people for the things they were doing for themselves. There were pictures on the walls around the service showing what people had achieved while on holidays and at day centres. Relatives told us the service regularly rang them to let them know when people had achieved a goal they had set like going out independently or completing a household task.

People were supported to maintain contact with friends and family. Relatives told us they were always made welcome and were able to visit at any time. One relative told us they spoke with the person most days, over the telephone, and enjoyed hearing about all the things they had been doing both inside and outside of

the service. At the last inspection a relative told us they were not able to visit as often as they used to and they were finding it more difficult to take the person out in their car. The relative told us they had discussed these issues with the service who had offered to help by providing transport for the person to visit their relative at their home. Many of these visits included coming with their 'friends' from Tresillian. The relative told us a few times a year everyone from the service came to their house for a meal. They said they really enjoyed this because it gave them the opportunity to understand and be involved in the person's life. At this inspection we found these visits had continued and people were planning a trip before Christmas.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. We saw notes of regular 'residents meetings', where people and their families had discussed activities, outings, menus and holidays. These meetings were arranged by one of the people living at the service and they kept the notes in their room. They proudly showed us the book where the notes from meetings were written. They clearly took ownership of these meetings and understood the responsibility of sharing these with the other people at the service. The service had at least one holiday a year that people agreed together they wanted to do. During our inspection people were talking to staff about plans for their next 'big holiday' and other outings.

When we asked people about their experience of living at the service, and how staff treated them, they were clearly relaxed and happy. One person told us this was, "The best place I have ever lived at." Some people had lived at the service for many years and their experience of living elsewhere was limited. This meant living at Tresillian was 'normal' for them and their comments about the service were understated. However, we observed that everyone within the service exuded a confidence and sense of enhanced well-being that indicated they lived fulfilling lives. People's behaviour and body language showed that people felt really cared for and that they mattered. Everything about the way the service was run and the way staff provided care and support was focussed on the individual person and involving them in their care. This approach had enabled people to develop a high level of self-esteem.

Relatives talked about the service as being unlike any other service they had had experience of. Relatives commented, "It's more like a family than a care home", "When I visit [person] I sit and talk with the other people as well. Everyone is included and involved in the conversations, just like you are visiting a family home" and, "I am very happy that he lives at Tresillian. They are brilliant."

People were encouraged and felt confident to make decisions about their daily lives and routines were led by the people living at the service. People told us they could choose where to spend their time and were able to participate in activities as they wished. Staff supported them to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. This meant they were able to maintain independence in their daily lives and this helped them to have a sense of ownership of their surroundings. Staff demonstrated an in-depth knowledge of people's individual needs around privacy and dignity. Although, the atmosphere in the service was one of fun and everyone doing things together, staff appreciated that sometimes people would want to be on their own. We observed that throughout the day people would decide to go to their room for some quiet time and staff respected their decision to do this.

It was clear the service was run for and by the people who lived there. The culture in the service was one where there were no unnecessary rules or routines, put in place to suit staff, rather than the people that used the service. During the inspection people frequently initiated conversations about what they wanted to do with their time or when they would like to have a meal. We heard a member of staff mention to people that it might be a good idea to change their bedding as the weather was good and the washed sheets would dry outside. Two people agreed it was a good idea and went to their rooms to take their sheets off ready for staff to wash them. However, there was no pressure for other people to be involved in this task and it was

clear this idea was suggested as a result of the fine weather rather than a set routine.

Comments from relatives about the way the service operated included, "They give him his freedom" and "No pressure for people to get up in the morning. Sometimes when I visit [person] is having breakfast at 10.30 and then someone else will come into the dining room to have breakfast. People really can do what they want."

Care plans showed that people's wishes about end of life care had been discussed with them. People had recorded their preferences and choices about their end of life care.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Tresillian. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. 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. For example, some people wanted to carry out their personal care, like showering, independently. Their care records stated this and also recorded that, with the person's agreement, staff would wait outside the bathroom in case they needed any assistance.

People were involved in planning and reviewing their care. Records showed that people had signed to confirm their involvement in their care plan. People told us they knew about their care plans and the registered manager would regularly talk to them about their care.

Daily handovers were led by the registered manager. These provided staff with clear information about people's needs and kept staff informed as people's 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 support.

People were able to take part in activities of their choice. Each person decided what activities they wanted to pursue. People had individual activities, such as swimming, volunteer work and going out for coffee, that they took part in every week. There were other days where everyone decided together where they would all like to go out. During the inspection people were discussing where they all wanted to go the following day, as it had been planned as a group day out. It was decided they would go out on a steam train and have lunch. A member of staff explained to everyone that they would ring in the morning to check if the train was running that day. An alternative trip was also agreed with everyone in case the train was not running.

The service arranged regular holidays for either the whole group or a smaller group depending on the type of holidays people wanted to go on. During our inspection people spoke at length about the holidays and leisure pursuits that they had taken part in, including a recent holiday to Exmoor. People told us, "We went on holiday to Minehead", "We go to 'Yummy Scrummy'" and "I go to work, doing grounds work at the manor and I work in the garden here. I like being outside."

With the support of their key worker (a worker specifically allocated to support an individual) people set monthly goals about things they wanted to do or achieve. This included, arranging to go to the hairdressers, buying a birthday card, going to the cinema, sorting out their clothes and buying new clothes.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be

comfortable doing so because the owners were very approachable. However, people said they had not found the need to raise a complaint or concern.

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

The service was jointly owned and run by two people. The owners lived on site in separate accommodation on the first floor of the premises. One of the owners was the registered manager and was responsible for the day-to-day running of the service. The other owner managed the safety of the premises carrying out maintenance and repairs. Both owners worked at the service most days as part of the staff team, as well as being available to support people and staff at any time day or night.

The owners were clearly committed to providing the best level of care possible and promoting people's independence. Staff had adopted the same ethos and enthusiasm and this showed in the way that they cared for people and supported them to live as fulfilling lives as possible. This had resulted in people and staff worked together as a whole team with staff and people equally contributing to the culture of the service. We found staff had a positive attitude and told us the registered manager provided strong leadership. There was a stable staff team where most staff had worked at the service for many years. Comments from staff included, "I love my job", "Communication is good" and "It's not like coming to work, we are all good friends."

People and relatives all described the management of the home as open and approachable. Relatives told us, "My admiration goes out to [registered manager] and the staff they do such a good job" and "Never come across an establishment like it, truly amazing."

The registered manager sought the views of people living at the service. There were regular 'residents' meetings, facilitated by one person living at the service, and people completed annual surveys. A comment from the most recent survey was, "I am very happy living at Tresillian and enjoy everything we do. I like all the staff." We found that people were involved in all aspects of the running of the service. During the inspection we observed people talking with the registered manager and staff, sharing their views about the service and making suggestions for outings and holidays.

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the registered manager, at daily handover meetings, regular staff meetings and supervisions. One member of staff said, "We are all open with each other and share ideas"

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager carried out audits of care plans, daily records and medicines. At a recent audit they had identified that when completing daily records, about the care and

support provided for people, some staff were mostly writing about the tasks completed and less about the person. The registered manager had started to work with individual staff to support them to understand how to write more person-centred records. In addition, because the registered manager worked as part of the staff team this enabled them to observe staff practice and check if people were happy and safe living at Tresillian. It was clear that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.