

Cornwall Care Limited

Trevarna

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Trevarna on 28 November 2018. Trevarna is a care home with nursing which provides care and support for up to 53 predominantly older people. People living at Trevarna had physical health needs and mental frailty due to a diagnosis of dementia. At the time of this inspection there were 52 people living at the service. At the last inspection in July 2016 the service was rated Good. At this inspection the service remains overall Good.

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.

Trevarna is a single storey purpose built service. It is a service divided into five separate domains known as 'households', each named after a flower. They all contain an open plan living and dining area with people's rooms leading off the main connecting corridors. There is a secure central courtyard garden and side garden area. There are fifteen en-suite facilities and there are sufficient numbers of bathrooms and toilets. Some bathing facilities had been modified to support people who had restricted mobility.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. 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.

Since the previous inspection in 2016 the service had developed a model of care specifically designed to promote quality of life outcomes for people living with dementia and a mental health diagnosis.

Without exception families told us the service was the best place for their relatives to live. Comments included, "I know [relatives name] gets the best possible care at Trevarna" and "I have total piece of mind as soon as I leave that [relatives name] is being well looked after. I can stay and that's made such a difference for us." A professional told us, "The manager and staff are totally committed to doing their very best for my clients."

The registered manager was committed to ensure the services management systems were completely effective by completing auditing systems and acting swiftly to address any identified issues. They spoke passionately about their commitment to the development of the service and had oversight of care provision, service quality and everyone's safety.

Since the last inspection staffing levels had been reviewed. In response to feedback and an analysis of incidents an additional shift had been created to make sure people's needs were being met in a timely

manner. Staff were deployed effectively within the service.

Staff completed a thorough recruitment process to ensure they had the necessary skills for their role. Formal systems for supporting care staff were in place.

Risks to people were assessed and actions were identified and implemented to keep people safe. Staff understood people's psychological and emotional needs and appropriate support was provided to meet them.

People had regular access to healthcare professionals and staff worked collaboratively with them.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

People's medicines were managed and administered in line with best practice and staff had received medicines training and their competency had been assessed.

Staff understanding of ensuring people's legal rights were protected had improved because staff had been trained and supported by the management team to understand the legal requirements of the Deprivation of Liberty Safeguards (DoLS). Most people lacked the mental capacity to recognise the decline in their physical capabilities, which potentially put them at risk of harm, such as sustaining injuries from falls. These people were subject to restrictive practices or continuous supervision to protect them from the risk of harm and keep them safe. DoLS applications had been made to the local authority to seek the legally required authorisation to have these restrictions in place.

The design of the service meant people living with dementia conditions lived in one of the five independent areas known as 'households' depending on the level and effect of dementia they were experiencing. There were three mixed gender households and two single gender households. This was to mitigate risks due to the specific behaviours shown by people who were disinhibited due to their mental health.

In general, the atmosphere was calm and relaxed. People were not restricted in respect of their movement around the area of the household they were living in. People were observed to be spending their time in communal areas or their own rooms. We observed positive and meaningful relationships with staff and staff interacted with people in a caring and respectful manner.

The service used an electronic care planning system. Care plans contained information about the person and what their individual needs were and how they would be met. Care planning was frequently reviewed and people's changing needs were recorded. Daily notes were completed by staff responsible for people's care.

There was continuous engagement between the management and all levels of staff through meetings and daily handovers. Staff were supported by senior staff through regular updates. These kept the staff team up to date with any changes and provided any essential information that might be needed to be shared to support people's care and welfare. Staff told us they felt extremely supported by the management team and senior staff. Staff comments included, "I am so proud to work here and be part of a fantastic team" and "The manager and nurses are very supportive. They are visible as well, not just stuck in the office."

Infection control measures were in place. Where people were at high risk of infection staff were knowledgeable about the risk and action to be taken.

There was a housekeeping team who told us they had the training and equipment to keep the service clean and understood key issues for infection control.

People were regularly asked for their feedback and regular meetings took place which included relatives to involve them in the running of the service.

There was a complaints policy in place and records showed complaints were responded to in line with this policy.

Staff supported people to eat food that matched their preferences and met their dietary needs. Relatives told us they were made to feel welcome and staff knew what was important to people.

There was a maintenance and refurbishment plan in place to improve the service environment. There was work being carried out in one of the lounge areas. Some areas of the service required attention. This included general decoration and woodwork which was damaged in some areas due to the constant use of equipment. The registered manager assured us this was included in the organisations business plan and would improve.

The environment supported people living with dementia. For example, signage throughout the service showed pictorial images to indicate the rooms function. People had 'This is me' information to support staff to get to know the person, their likes and dislikes, hobbies and interests.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Trevarna

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 28 November 2018. The inspection was carried out by two adult social care inspectors and an expert by experience. 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. We checked safeguarding alerts, comments and concerns received about the home.

During the inspection we spoke with the registered manager, deputy manager, 13 staff members, including the cook and administrator, 15 people living at the service, and four visiting relatives. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment. Following the inspection visit we spoke with and received information from four professionals who worked with the service.

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

We looked at four records relating to the care of people, two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

Most people using the service had limited verbal communication. For this reason, we also spoke with relatives and staff to see how they felt people were supported to be safe. People told us they felt they or their relatives were safe when being supported with their care. Observations made during the inspection showed people were very comfortable in the company of staff supporting them. Family members told us they visited unannounced at various times and felt there were always enough staff supporting their relatives. They told us, "When incidents occur the staff handle them in a professional manner" and "[Person's name] is very safe here. I walk away knowing that."

Some people demonstrated behaviours which were risky or challenging to others. To respond to those needs and keep people safe the service undertook detailed risk assessments. There were risk assessments for each person for a range of circumstances including, moving and handling, nutritional needs and the risk of falls. Where risks were identified there was guidance for staff on how to support people appropriately. This was to minimise risk and keep people safe whilst promoting as much independence as possible. For example, how to de-escalate a challenging situation and calm the person. The registered manager had turned two areas of the premises into single gender households. This had helped to decrease the number of incidents of aggressive or disinhibited behaviours by one person towards another. Monitoring records of behaviour that challenged staff and others meant any changes could clearly be seen and responded to quickly.

Staff were very aware of people's needs and triggers because of the level of detail in care planning records. For example, "[Person a] can become agitated if [person b] walks or sits close by." We observed staff supporting a person on a one to one basis to keep them safe. They were observed to spend time near to the person but not in a way which was overbearing. Where people required equipment to support them when moving, records clearly showed how many staff were needed and staff were seen be safely operating equipment during the inspection. Staff could tell us about people's individual risks and how they were being managed.

There was a skill mix in each 'household' which helped support people's specialist needs, for example dementia or other mental health needs. Call bells were being responded to in a timely way. The registered manager told us an additional shift had been added following a review of the management of skin care. The additional shift pattern had reduced reports of pressure issues as more staff could assist with repositioning. A staff member told us, "We have time to do what we need. It can be hard at times but I think we have enough staff to do what we need." Daily handovers identified where there may be shortfalls in 'households' so they could be responded to. The continuous review of staffing levels and the deployment of staff meant challenges could be responded to.

Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks. A recent infectious outbreak had been reported by the

registered manager to the necessary health authorities and CQC as required. All necessary action had been taken to prevent the infectious outbreak to spread by closing the service to visitors and carrying out a 'deep clean'. This had resulted in a prompt resolution.

Where people required mattresses to minimise their risk of skin damage they were being regularly checked to ensure they were safe to use for the specific needs of that person.

The service held an appropriate safeguarding adult's policy. Staff were confident of the action to take within the service if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on safeguarding adults.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions taken to help reduce risk in the future. For example, one person was provided with a sensor mat so that staff would be aware of when the person was moving around in their room and provide timely support. Another example was the addition of an extra care shift to ensure additional welfare checks were made to reduce the risk of pressure damage.

Systems were in place for managing medicines in line with current clinical guidance. For example, staff responsible for medicines had the knowledge and skills to manage them safely and there were regular updates in medicines training.

Trevarna were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured.

The service had ordering, storage and disposal arrangements for medicines. Regular internal audits helped ensure the medicines management was safe and effective.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises.

Appropriate safety checks were completed to help ensure the building and utilities were safe. Records showed that manual handling equipment, such as hoists and bath seats had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Comments received from people who lived at the service included, "I have every confidence in the staff. They are very knowledgeable" and "[My relative] gets the best care from staff who know what they are doing."

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 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 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, and whether any conditions on authorisations to deprive people of their liberty had the appropriate legal authority and were being met. Records showed the service was acting in accordance with the conditions of authorisations. For example, providing meaningful activities for a person daily.

People's needs and choices were assessed prior to moving to Trevarna. The registered manager, deputy or senior nurse visited the person either at home or hospital, to carry out an assessment which took account of their physical, psychological and emotional needs. The registered manager worked closely with a range of health professionals to ensure Trevarna was the most suitable place to meet a person's needs. A health professional told us, "[Registered manager] works very closely with us to make sure the placement is right for everyone. There are times when the decision to place is not right and [registered manager] will not take a person unless they know they can meet their needs." The assessed information was used as the basis for a person's care plan which was created during the first few days of them living at the service.

People's healthcare needs were being monitored and discussed with the person or relatives as part of the care planning process. Care records showed visits from health professionals including GP's. A range of other health professionals were involved with people when necessary. They included social workers and dieticians amongst others.

Staff received training in equality and diversity which focused on current Equality Act legislation and ensured staff understood what discrimination meant and how to protect people from any type of discrimination. A staff member told us, "Everyone here has had a varied life and it's important we respect them for who they are, not what behaviour they might display now."

There was a refurbishment programme in place. Some areas of the service had been decorated and furniture and fittings replaced. Decoration was being carried out in one of the lounge areas. Some areas of the service required attention. This included general decoration and improving woodwork which was

damaged in some areas due to the constant use of equipment. The registered manager assured us this was included in the organisations business plan and would improve. There were garden areas which were safe to use as one was in a central courtyard and another had decorative fencing so people living with dementia were safe.

Signage was good throughout the service and supported people living with dementia by having the names of rooms in bright lettering. For example, 'Bathroom' and 'Toilet'. There were photos of people on their bedroom door, or pictures of a hobby or interest that was important to them. This helped people identify their room more easily. There was a 'quiet lounge' area with tactile objects which people could handle. There were also objects of interest to help stimulate conversation and focus people's attention. For example, a range of ticking clocks, clocks with pendulums, a chalkboard and a three-dimensional wall frieze of a horse at a stable door. Staff told us these things helped them to engage with and distract people when they were distressed or agitated.

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 people's risk assessment and mental capacity assessment.

Meals and mealtimes were important events where people could get together and share the experience. We observed staff encouraged communication between people. For example, we observed staff talking with two people about lunch and what they were enjoying most about it. Some people wanted to get up and move around and they were not restricted in any way.

We observed some people had trouble eating food with cutlery. Finger foods were offered to those people as a solution in those situations. This meant that the person could eat with their hands and enjoy what they were eating. This approach was recognised as good practice by The Social Care Institute for Excellence (SCIE). An organisation which improves the lives of people of all ages by coproducing, sharing and supporting the use of the best knowledge and evidence about what works in practice.

Staff were aware of the importance that people who lived at Trevarna were given the opportunity to consent to receive care and support. Where people did not have the mental capacity to agree to consent their legal representative, where possible acted on their behalf.

Where necessary there were positive support plans in place which provided staff with information about people's fluctuating mental health needs and what people's coping strategies were. Staff were supported through behaviour training and restraint management strategies to effectively support people at times of anxiety.

Staff were supported in their roles by the registered manager and senior staff to reflect on their practice and professional development. Nurses told us they had the opportunity to develop their professional practice to meet their registration requirement. The service closely monitored staff training and development. Staff told us they were reminded when training updates were required and there was an expectation that they attend training as required.

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. Staff new to care also completed the Care Certificate which is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a probation period to ensure it could be determined if it was the right job for the staff member and that the organisation was

satisfied with the performance.

Staff received support from the registered manager and senior staff in the form of supervision and annual appraisals. They told us they felt well supported by the management team and told us they were encouraged to ask for additional support if they needed it. A member of staff said, "It doesn't matter what it is but if you are not sure of anything [registered manager] tells us to let her or the nurses know so that we can have more training. It really gives me confidence knowing that."

Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service. Staff told us they felt the meetings were useful. One said, "It makes me feel valued and that what I have to say is listened to and appreciated."

Is the service caring?

Our findings

Each 'household' was distinctive in the way in which it supported people. For example, due to the health needs of people, some areas were often noisy and challenging to staff. It was clear staff understood how to respond in a caring, patient and dignified way. For example, staff were seen sitting with people or walking with them. They were using these times of one to one support to engage in communication. For example, "Just look at the garden today the wind is making the trees lose the last of the leaves." This helped the person focus on this and it prompted them to engage in conversation. In another instance a person was looking at a newspaper. The staff member was talking about some of the topics which again engaged the person. Another person was sat with their eyes closed but not asleep. A staff member was sat with them holding their hand. The person was tapping the staff members hand in a distinctive motion and this was making them smile. All engagement was seen to be positive.

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. This enabled us to observe and record the day-to-day activity within the home and helped us to look at the interactions between staff and those who lived at Trevarna. Staff positively engaged with people. For example, some people chose to sit alone or did not engage with those around them. Staff were observed to stop and speak with the people, to ask if they were comfortable or wanted something. Where people needed one to one support, this was being carried out in a dignified and sensitive way, so that the rights of the person was respected by the care worker who gave them the space to move around unrestricted. During the SOFI observations we found that staff were continuously engaging with people effectively and people appeared comfortable in the presence of staff members.

Where people were more independent they were being supported to do things they liked, for example moving around the service at their own pace but with staff being alert as to their wellbeing. Where people had very limited mobility staff were frequently checking on their wellbeing.

One person became distressed and a member of staff sat beside them and spoke in a low tone making eye contact as they did. This approach helped the person to recover. It was clear staff knew people's individual needs and how to respond to them in a respectful and dignified way. These examples were not exceptional and there was evidence they were occurring throughout the inspection.

People were at the centre of the service and routines were flexible. 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 walk around their household. They were not restricted from doing this as and when they chose to. Staff supporting them were discreet. Staff were observed encouraging those people to think about what they wanted to do or talk about. 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.

People told us they visited regularly at different times and were always greeted by staff who could speak

with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and had their nails painted. One couple had recently celebrated their wedding anniversary. A relative told us it had been made a very special occasion with the support from the staff team.

Staff had a good understanding of protecting and respecting people's human rights. Staff members and people who lived at Trevarna were observed throughout the inspection to generally have a relaxed relationship, although this could be inhibited at times due to people's mental health needs. Relatives told us they had confidence in the care that staff delivered to their family member. They told us staff listened to them and respected and considered their family members wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could clearly understand them.

Some people had limited communication due to either their physical or sensory conditions. Staff made sure people's hearing aids were checked to ensure batteries still worked. Where people required glasses, appointments were made for checks to make sure their prescription was correct.

The storage and use of personal information relating to people who used the service was stored securely and was accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff respected people's privacy by always knocking on bedroom doors before checking on people's welfare.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and could visit at any time. People could see their visitors in one of the lounges or in their own room. We observed staff greeted visitors on arrival and made them feel comfortable. One visitor told us, "I can come here anytime it's never discouraged." We saw family members bring sweets, another brought photographs which their relative clearly enjoyed as we witnessed them engage with their family members. These families clearly felt able to bring in things that would interest and engage the resident.

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 Trevarna. Staff spoke knowledgeably about how people liked to be supported and what was important to them. One staff member said, "Everyone is different and we respect that."

The service was using an electronic care planning system. This was a system which was 'live', meaning staff were recording care interventions and events as they occurred. Staff told us they thought it was a system that had less room for error. The registered manager and the organisation had access to the system at any time to support effective auditing processes. The registered manager told us, "It makes such a difference. We have all the staff on board with this. They all find it much better and the information can be relied upon." A staff member told us this system, "Had helped us pick things up quickly where there has been a change." For example, we observed records which showed behaviour patterns occurred at certain times of the day when a person became more agitated. Staff had responded to this by providing additional staff support at these times so they could focus on an activity with the person. The incidents had subsequently decreased in number.

Care plans were person centred. There were records of people's individual likes and dislikes and what and who was important to them. For example, a section entitled 'What I want and what I do to live my life' gave a list of topics including hobbies, foods and personalities that were important or of interest to the person. A staff member told us this helped them gain an oversight of the person and helped them engage in meaningful communication.

The care plans included information about people's care needs as well as their emotional and social support needs and how they would be met. For example, end of life care and what activities they enjoyed. Where necessary this information was shared with other relevant health professionals, with consent, to ensure they had information about people's individual needs.

Family members told us they felt involved in care and decisions about their relative's treatment. They told us staff were visible and that their relatives needs were being responded to by a dedicated staff team. We observed staff asked people if they were happy for them to go ahead before providing any care and support. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. However due to people's capacity this involvement was often limited, and consultation could only occur with people's representatives such as their relatives.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand

information. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Reviews took place every month or sooner if changes occurred. They reflected on topics highlighted during the previous month and this was documented in a person-centred way. This showed the person was at the centre of their care and review. Reviews reflected changing needs and how they would be met.

A family member was supported to stay with their relative on a regular basis. This had enabled them to continue their relationship and had helped the persons moods and behaviours, by having a person who they knew close to them. It was clearly a positive move when observing the interaction between them and staff members.

People sometimes needed regular monitoring because of a decline in their health. For example, one person had recently been having their food intake monitored and some people had their skin checked regularly so staff would be aware of any deterioration. Monitoring records were completed appropriately. This meant staff could monitor and respond to people's health effectively.

Daily handovers provided staff with clear information about people's needs and kept staff informed as those needs changed. Daily records maintained by staff on duty detailed 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. A staff member said, "There are lots of changes because of the needs of residents. The communication is very good."

Managers and staff at Trevarna were aware of the need for group and personal activities which were meaningful to people. The registered manager told us each household responded differently to activities. This was because of the dependency levels and mental capacity of people.

There were dedicated staff to support activities. We observed staff spending positive one to one time with people, sitting with them, engaging in reading a newspaper, just speaking with people about a topic or providing hand massages. We observed a member of staff play a game of noughts and crosses with a person using a wooden board which was appropriate for their mental and physical abilities. A Christmas activity programme had begun with family members telling us they liked to be involved wherever they could. Specific calendar dates were celebrated for example, Easter, Christmas and Valentine's Day amongst other events. People had access to a mini bus and a family member told us their relative had enjoyed trips out especially to a local garden centre.

There were end of life procedures in place to take account of people wishes wherever possible, as well as ensuring the service could access any specific medical needs for people at these times. This helped the service to contact and liaise with the end of life service ensuring peoples urgent care needs were supported. The service worked closely with the family and health professionals, reducing the need for avoidable hospital admissions and providing the right care at the right time.

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.

Is the service well-led?

Our findings

The registered manager worked closely daily, with the people who lived at Trevarna and the staff team. The registered manager had extensive management experience and a leadership style which was inclusive. Throughout the inspection staff, relatives and external professionals told us it was a positive style of leadership which people appreciated and responded to. Families told us they were very happy with the care their relatives received living at Trevarna. They said, "This is an exceptional home for [my relative]. It's all down to the manager." "This is the best home. They all go over and above what I could expect" and "Fabulous management. Always have the time for me and make sure I am happy with everything. Always catch me before I leave and we [relatives] are definitely made to feel part of the home and what we say is valued."

Feedback through a care home review website included many positive examples of people's satisfaction. Comments included, "The professional care is exemplary, the involvement and kindness to residents by the staff is amazing" and "I was very impressed by the friendliness and helpfulness of the staff and management. Trevarna I felt was very friendly and comfortable." Families told us they appreciated the regular relative engagement meetings because it was an opportunity for them to gain information about any changes or developments in the service. One relative told us they were made to feel totally involved in what was happening and that they felt their views were very much valued.

The feedback we received from professionals was also positive. They told us they found the registered manager was open and transparent to any advice or guidance. They told us the registered manager actively sought training for themselves and staff which was focused on the specialist needs of people living at Trevarna. Comments included, "[Registered manager] is doing a very good job in how they are developing the home. They are always looking at models of care that would be good for clients and improve their quality of life" and "The manager is proactive in that they contact us whenever they are not sure about something or if anything changes. It means they are on top of things before they develop."

The registered manager had ensured the staff team were aware of the need to continually update people's records to make sure they gave a current and accurate picture of people's needs at any time. The registered manager had implemented and embedded the importance of these systems to be maintained, so that staff were kept up to date and responded to the level of care necessary for people who lived at Trevarna. Details included each person's current DoLS, behaviour, activities, risks, food and fluid intake, changing health concerns and ongoing care planning. This approach ensured staff and the management team were fully involved in and committed to, the organisations ethos of service monitoring.

The registered manager aimed to inspire the staff team to continuously improve the lifestyle and wellbeing of the people they cared for. This meant they were committed to providing the best service they could deliver. For example, A relative told us, "[Registered manager] has been just amazing in supporting me at a difficult time. It's not just her though, it's all the staff and it's not just one or two its all of them."

Records showed audits were regularly carried out. For example, the call bell answering system was

frequently analysed to check staffing levels met people's current and changing needs. This system also monitored how quickly call bells were answered and the length of time staff took to provide support with a record of the assistance delivered. Where necessary staff undertook daily monitoring of each person's pressure areas to check they were intact. Where pressure damage had occurred, they assessed the effectiveness of the relevant care plan and amended this if it was not working. This gave the registered manager and organisation oversight of care provision, service quality and people's wellbeing.

The registered manager continuously looked at ways of developing the competence levels of staff to respond to the specialist need of people living with dementia or mental health needs. They had investigated training options and enrolled on a vocational qualification, which following assessment of content and validity, would be offered to other staff. The registered manager was supported by the organisation to promote this approach for staff development.

There were systems in place to support all staff. There was constant daily communication between the registered manager, deputy manager and staff as well as staff meetings. These were essential for a crossover of information. The registered manager was committed to ensuring all staff had access to meetings including night staff. A staff member told us, "[Registered manager] is totally committed in what she does. Worked so hard over the last couple of years and is continuing to do so." Staff told us, and records showed, staff were encouraged to make comments. For example, staffing levels had been increased at a particular time of day. The rationale for the change had been shared with staff so they were fully informed and understood why the change had been implemented. Staff told us meetings gave them an opportunity to voice their opinions or concerns regarding any changes. A staff member said, "It just the managers approach. We [staff] are made to feel valued in how we work and what we say. It's given me loads more confidence."

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, accidents and incidents. The management systems introduced by the registered manager had in the last twelve months resulted in a reduction in these reportable incidents. For example, one of these changes was the introduction of 'households' solely for the use of males or females which had reduced the number of incidents. This demonstrated the registered manager had implemented strategies which provided extremely positive outcomes for people. A staff member said, "It's a lot calmer now. Although there are times when things get loud and people still get distressed, we [staff] are much better at identifying and responding to it."

The management team consisted of a registered manager, deputy manager, senior nurse's and customer relation administrators. Each had responsibility for specific care and clinical audits. Family members told us they were confident in the management team. They felt that there was a strong sense of community and staff teams worked well together. An administrator told us, "If they [family] have had a difficult visit. I sit and talk with them before they go to make them feel better and that it's not their fault."

People's views were considered through annual surveys. The most recent survey showed people were very satisfied with the care and support they received. The information was analysed to identify any themes or trends and act on them. However, there were no specific issues found during the most recent survey and comments were overall positive. The service also used an external quality assurance service to review the quality of its operation. This involved a 'secret shopper' to test out the experience of the responsiveness of staff to queries, looking at the environment and general observations. The most recent report showed the service scored highly. It also measured scoring from the previous visit to bench mark where there could be improvement or further development.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. Systems were in place to ensure staff were protected from discrimination at work. There were policies and procedures to support the management team in this.

The registered manager worked in close partnership with other organisations to make sure they were following current good practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GP's, district nurses and dementia liaison nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The previous CQC rating was on display in the reception area of the service, where people visiting the home could see it.