Cornwallis Care Services Ltd

Trewidden Care Home

Inspection report

Trewidden Road
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Trewidden was previously known as Cornwallis Nursing home. The service no longer provides nursing care and had changed its name. Trewidden remains owned and operated by Cornwallis Care Services Limited who operate other services in Cornwall. Trewidden offers care and support for up to 51 predominantly older people. At the time of the inspection there were 34 people living at the service. Some of these people were living with dementia. The service occupies a detached building over three levels, with a passenger lift to provide access to the upper floors.

This unannounced comprehensive inspection took place on 27 March 2018. The last inspection took place on 31 January 2017 when the service was not meeting the legal requirements. The service was rated as Requires Improvement at that time. There were some aspects of the premises that required attention, such as re-decoration and carpet replacement. Induction of new staff was not always recorded. Not all staff had received training on the Mental Capacity Act as stated in the service's policy. The registered manager was not able to take effective action on audit findings due to lack of resources. This meant that identified improvements were not being implemented. Following that inspection an action plan was sent by the provider to CQC stating how they would meet the requirements of the regulations. This inspection was scheduled to review the actions the provider had taken.

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

The service is required to have a registered manager, and at the time of this inspection there was a manager in post who was in the process of registering with CQC. 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.

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect. People told us, "I love it here," "It's lovely here, the staff are lovely" and "I am very happy." Relatives told us, "The staff are lovely and caring, some in particular, [person's name] is

treated really well and is always clean and happy when we come," "Staff seem to know everyone here really well, they know what people like and don't like, so it feels really personal and homely" and "It's such a relief knowing that [persons' name] is well cared for and I can come and visit any time so it is lovely to see [person's name] looking happy with everyone here."

The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes. The premises were being maintained. During this inspection there were rooms being renovated and bathrooms updated. However, as noted in our previous report there continued to be tape used to hold down torn/lifted areas of carpeting in places throughout the service. This posed a trip hazard where the tape was lifting in some places. Upstairs carpet was uneven. We were assured this was being addressed with new carpet being laid shortly. Equipment and services used at Trewidden were regularly checked by competent people to ensure they were safe to use.

The service was registered for dementia care, there was some pictorial signage to support people, who were living at the service with dementia, who may require additional support with recognising their surroundings.

Care plans had been recently transferred to an electronic system. Care plans were well organised and contained accurate and up to date information for staff. Some areas of the electronic care planning system were not yet in full use. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff. Risks in relation to people's daily lives were identified, assessed and most were planned to minimise the risk of harm whilst helping people to be as independent as possible.

The service used a dependency tool and had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had some staff vacancies at the time of this inspection and these posts were being covered by agency staff. The agency staff used were mostly consistent and were very familiar with the service and the people living there. This helped ensure the care and support for people was provided in a consistent manner.

There were systems in place for the management and administration of medicines. It was clear that people had received their medicine as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration and these were effectively identifying if any error occurred such as gaps in medicine administration records (MAR). We saw no gaps in these records.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. People had access to activities. An activity co-ordinator was in post. On the day of this inspection we saw people enjoying a variety of activities in small groups as well as on a one to one basis.

The use of technology to support effective care delivery was limited. Alarmed locks had recently been fitted to all bedroom doors. This provided the opportunity for people to lock their rooms if they chose. One person's door was locked at all times to ensure that their room was not accessed by other people uninvited. This had been supported by the person's family as the person was cared for in bed and unable to call for assistance independently. Staff held the key which was required to open this person's door.

New staff were supported by a system of induction training and this was recorded. Staff received appropriate training and regular updates. The manager had a record which provided them with an overview of staff training needs. Staff records that we reviewed did not contain evidence of all the one to one supervisions the provider stated had taken place. Staff we spoke with did not recall having regular one to one supervision. However, annual appraisals had been completed by the manager.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance.

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 was supported by the provider and a recently appointed deputy manger. We had mixed feedback from the staff we spoke with regarding the support they received from the manager. Twenty five staff had left the service in the last year for various reasons. Of 19 care staff working at the service nine had begun working since January 2018. This meant the service was going through a process of change which challenged some staff.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the manager and the provider who visited regularly to support the manager. Audit findings were acted upon and the service was striving to continuously improve the service it provided.

We made some recommendations in this report, that the service seek advice and guidance from a reputable source regarding the regular provision of one to one support to all staff, to standardise the support provided for people by one to one staff and to review how all care and support is consistently recorded. The service was improved from the last inspection and whilst there were no breaches of the regulations we have judged the overall rating of the service remains Requires Improvement due to concerns found.

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 entirely safe. Risks such a trip hazards due to rucked and torn carpets, and the risk to people and property on the ground below a person's window had not been managed robustly.

People told us they felt safe using 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.

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

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not entirely effective. Annual appraisals had been carried out. Whilst the provider stated one to one supervision had been provided four times a year staff did not always recall this support. Some staff did not feel valued and well supported.

The best interests process was not always used effectively in the making of decisions about peoples care and treatment.

Care and support was not always being consistently provided or recorded by one to one staff in the same manner. For example using the computerised system.

People had access to a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. However, the best interest process was not always evident before decisions were made about people's care and treatment.

Is the service caring?

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans were well organised, up to date and relevant.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to a variety of activities.

Is the service well-led?

Good

The service was well-led. The service was going through a period of change. There had been improvements made at the service. There was a new manager in post and many staff had changed over the past year.

There were clear lines of responsibility and accountability at the service.

There were systems in place to assess, monitor and improve the quality of the service provided

People were asked for their views on the service.

Trewidden Care 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.

The inspection took place on 27 March 2018. The inspection was carried out by two adult social care inspectors, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has experience of using this type of service, or is the carer of a person who does.

Before the inspection we reviewed 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 spoke with 14 people living at the service. Not everyone we met who was living at Trewidden was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with ten staff, the administrator, the manager, deputy manager and the operations manager. We spoke with two visitors and an external healthcare professional.

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

We looked at care documentation for four people living at Trewidden, medicines records for 34 people, four staff files, training records and other records relating to the management of the service.

Requires Improvement

Our findings

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Safeguarding was discussed at staff meetings. 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.

People were asked for their views by the manager about if they felt safe at the service at meetings. If people were involved in safeguarding enquires or investigations, they were offered an advocate if appropriate or required. One relative told us, "Yes, [person's name] is definitely safe here, [person's name] wasn't safe at home any more so it's a big weight lifted off my mind that staff are taking such good care of her so she can't come to harm."

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the manager investigated these issues. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity, this was in the process of being introduced to the staff so that they were aware of this legislation. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

At the last inspection we identified issues with the standard of décor, with walls and doorways damaged and in need of redecoration. Damaged furniture and worn, marked and damaged carpeting in some communal areas. Tape had been placed over a tear in the carpet and this had lifted, posing a potential trip hazard to people. We made a recommendation about this in the last report.

At this inspection the service had been redecorated in many areas. Furniture generally was of a good standard. New carpets had been laid since the last inspection. However, carpet in the main entrance, first floor, and in some people's bedrooms, was torn, worn or rucked. Again tape was seen used in an attempt to reduce the trip hazard this posed to people. As at the last inspection we again found this tape had come loose and was raised and rucked in some places. This meant the potential trip hazard remained. We were

assured by the maintenance person, and the operations manager that replacement carpeting was again planned in the near future to remove this potential trip risk.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely or if a person needed support to eat and drink. However, one person living on the first floor, regularly threw things out of their window down on to the car park below. We were told the person had thrown a radio out once. Their television was boxed in to prevent them throwing it out of the window. This posed a risk to people and property on the ground below their window. We asked the manager about this risk and how it could be reduced by possibly moving the person to a ground floor room. We were told they had been offered this option but had refused to move. The maintenance person told us that every day they collected discarded items from the ground area below the person's window. There was no evidence of how the service were managing this on going potential risk of items landing on people or cars below.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one care plan gave clear guidance for staff about what would successfully distract and calm the person.

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

The service held an appropriate medicines management policy. We observed staff administering medicines during the inspection. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. However, it was noted that the staff member did not have any hand sanitiser available on the medicine trolley to use between administering medicines to different people. The service was holding medicines that required stricter controls. The records held tallied with the stock held at the service. Records of people's medicines travelled with them when they went to hospital. Trewidden 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 and external audits helped ensure the medicines management was continuously improved, safe and effective.

Staff training records showed all staff who supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns.

The manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. If the manager had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was felt to be appropriate.

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. However, the audit did not record any necessary action that may have been taken to help reduce further events. We were assured by the manager and deputy manager that action had been taken to address identified concerns.

Care records had been recently computerised and were accessible to staff via hand held tablets and individual passwords. Visiting professionals recorded their visits in a book when required. We were told this type of information had yet to be added to the newly installed computer care plan system.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and lead staff who monitored infection control audits. The manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately, for personal care, throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency awarded the service a one star rating a month prior to this inspection, with immediate actions required. We saw these actions had all been completed and the service was awaiting a return of the agency to review the rating.

Information was held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the premises. Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of suitable references.

The manager reviewed people's needs regularly. A dependency tool assessed how many staffing hours were needed. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. Staff comments about staffing were mixed. Some staff felt that as there were eight people who required two staff for all care, that there were not sufficient staff to enable them to have time to chat with people. One member of staff told us, "I haven't time to talk to you I'm just too busy and I won't get everything done." Other members of staff told us, "The seniors are all hands on, I like that they help out" and "If there are low levels of staff then the managers and seniors will help out."

There were 34 people living at the service, eight required two care staff for all care and support. We saw from the staff rota there were four care staff on each 12 hour shift, from seven in the morning to seven in the evening, supported by two senior care staff. Although there were seven staff on duty on the day of this inspection. There were three care staff who worked at night supported by one senior carer. Some staff told us they felt there were not sufficient numbers of staff to always meet people's needs.

We recommend that the provider review the staffing in relation to the dependency of the people living at the service.

The manager told us they were always available for staff, people, relatives, and healthcare professionals to approach them at any time. The manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary.

Requires Improvement

Our findings

People's needs and choices were assessed prior to moving in to the service. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were visiting the service daily to see people with nursing needs. There were no pressure sores that required dressings at the time of this inspection. Other healthcare professionals visited to see people living at Trewidden when required, such as opticians and dentists.

The use of technology to support the effective delivery of care and support and promote independence, was limited. At the last inspection we had been concerned about people's rooms being locked by staff when people were downstairs. We were told this was to prevent unwanted access by other people living at the service to other people's rooms. We observed people having to ask staff to open their bedrooms when they wanted to go in to them. At this inspection, Trewidden had recently installed new door alarms/locks on people's bedroom doors. This meant that bedroom doors could be locked if requested or would alarm, if set, to alert staff if the door was opened. One person's bedroom door was locked at all times to ensure that no one could enter uninvited. This was agreed by the family as the person inside was vulnerable and unable to call for assistance independently. Staff facilitated access to this room with a key. Most people's rooms were open and people could come and go to their rooms as they wished. People were seen moving around the service and using the lift to go to their rooms as they wished. Each corridor, running from the main stairs, was locked with a coded lock. One person was seen coming and going around the service and knew the codes to operate all the doors necessary to go where they chose.

Maintenance was in progress at the time of this inspection. A vacant bedroom was being renovated and the bathroom replaced. Several other bathrooms had been replaced with new suites.

Some people living at Trewidden were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was some pictorial signage which clearly identified specific rooms such as toilets and shower rooms. People's bedrooms displayed a number, their name and a picture to help identify their room.

Training records showed staff were provided with appropriate training for their role. The manager had a record of all training attended and when updates were due. At the last inspection we found not all staff had completed Mental Capacity Act training as stated in the service policy. At this inspection we found that all, except very newly recruited staff, had attended this training.

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. At the last inspection we found there had been no record made of new staff inductions. At this inspection we found inductions were now clearly recorded. 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. This provides an adequate understanding of good working practice within the care sector. The manager had appointed a senior care worker as a 'care certificate mentor' to support new staff in a consistent manner. 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 completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

We saw a supervision contract in a staff file which stated that staff should receive one to one supervision every two months. Some weeks after the inspection the manager told us that the supervision contract seen in staff files did not reflect the supervision policy. Upon recognising the error, we were told subsequent supervisions were completed on current Cornwallis paperwork in line with the policy which states staff should receive supervision at least four times a year. We were subsequently provided with a matrix which showed staff had received regular supervision. Whilst the provider states staff receive one to one supervision four times a year, care staff we spoke with did not recall this support being provided. Staff had received an annual appraisal. Staff meetings had been held to communicate information to staff and discuss any changes planned. We received mixed feedback from staff about the support they received from the manager. Some told us they felt well supported by the manager and were able to ask for additional support if they needed it, others did not feel valued and felt criticised. Comments included, "We feel the lowest of the low," "We are not valued," "I love my job" and "I am happy here." Twenty five staff had left the service in the last year for various reasons. Of the 19 care staff working at the service, nine had begun working since January 2018. This meant that nearly half of the staff were new to the service. The service was working through a time of change which had unsettled some staff members.

We recommend the service reviews the regular support it provides to all staff.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us they provided good care. The service had an equality and diversity policy in place. All staff received training in relation to the Equality Act and human rights.

Relatives told us, "The staff are lovely and caring, some in particular, [person's name] is treated really well and is always clean and happy when we come," "Staff seem to know everyone here really well, they know what people like and don't like, so it feels really personal and homely" and "It's such a relief knowing that [persons' name] is well cared for and I can come and visit any time so it is lovely to see [person's name] looking happy with everyone here."

People were supported to eat a healthy and varied diet. Staff consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. The records clearly showed the total amount each person had eaten and drunk every 24 hours. Staff monitored people's

weight regularly to ensure they had sufficient food. However, one person's weight appeared to have reduced by over 5 kilograms from one record in January to the recording in March 2018. We raised this with the deputy manager and was told this was a recording error and they were confident the person had not lost weight, despite this there was no indication in the person's records to substantiate this.

We recommend the service reviews the systems and processes used to monitor and record people's weight.

Some people were unable to communicate, despite this staff were observed giving a constant reassuring commentary about what they were doing. For example, "I am just going to straighten you up for lunch now, let me get you nice and comfy then I'll help you with your lunch. It's hot pot, you enjoy that, it's lovely and warm. Are you ready?". The person responded with a big smile.

Family members could have a meal for a nominal charge, but a member of staff commented, "If we know [persons' name] husband is coming in, we'll save him a meal because he probably won't have had anything decent to eat and we set up a little table so they can eat together. It's important to do things like that."

We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting residents in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate in moulds to help the meal look appealing and people were able to see what they were eating.

People commented, "the food is lovely," "It's just like proper home cooking," "The food is beautiful," "The portions are just right, I can't eat too much," "I love the puddings" and "If I don't fancy it, I can always choose something else."

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. At the last inspection we found not all staff had attended training on the Mental Capacity Act and associated Deprivation of Liberty Safeguards despite this having been directed in their policy at the time. At this inspection we found most staff had completed this training with only the newest members of staff awaiting a date to complete this. We were assured by the manager there was a plan for all the new staff to attend this training in the near future.

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. The service had applied for some people to have authorised restricted care plans. However, the electronic care records did not demonstrate that a formal capacity assessment had always been carried out before the DoLS application was made. The conditions had been applied to some of these authorisations and were being supported by the service.

Some people required their medicines to be given covertly. This means medicines hidden in food or drink. The service medicine policy covered covert medicines and stated, "Care staff should discuss the case with the resident's GP, relatives, and obtain their written consent and approval prior to any covert administration of refused medication." The assessments which were in place for people who required to have their

medicines covertly were not comprehensive. The GP had stated, "Appropriate to give meds covertly when needed." There was no evidence of the best interest process having been carried out to ensure this was the least restrictive action and in the person's best interests. There was little information for staff on how the medicine should be given and to ensure the person always took the dose in full. There was no evidence this decision had been shared with family members and no review date set. We were assured by the manager this would be addressed immediately.

People were asked to consent, where they were able, to their care and to have photographs of them displayed in their records. These consents were signed on paper forms and these were held in their paper care files. Where people were unable to consent themselves due to their healthcare needs, other people were sometimes asked to sign on their behalf. However, whilst the service was aware of power of attorney being held by family members, and this was recorded on their electronic care records, it was not clear which power of attorney was held. For example, property and finances or care and welfare. This meant it was possible that family members could be asked to make decisions that they were not legally empowered to make. We were assured by the manager that they were aware of this and that this was due to be clarified in the next stage of the use of the new electronic care records.

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. People chose when they got up and went to bed, what and then they ate and how they spent their time. People were able to go out in the grounds and local area as they chose. Some people required support to do this and this was provided by staff. There was also secure outside spaces that people could enjoy. One person required one to one staff support during the day. The staff member providing this support told us, "Things here are much improved, it is much more homely. [person's name] can now go into each lounge and goes out. Previously they were not welcomed in the lounge, now it is much better for them." Two people were observed being accompanied outside to have a cigarette. A carer commented, "We don't encourage smoking but we do allow it because it's important to enable people to be independent. If it's one of the few joys they have left, we have to ensure they can still do that."

Some people required one to one support and this was provided mostly by agency staff. From the activity records it appeared there was some variation in what support the one to one staff provided and how this was recorded. Some agency staff spent time carrying out activities with them or took the person out in to the community, others were not confident in doing this. Some agency staff recorded in the paper records and others on the electronic system. We noted some people's rooms still contained some old skin condition checks and personal care records when this information was now being recorded electronically.

We recommend that the service standardise the support provided by one to one staff and how all care and support is recorded to ensure consistency of care.

Good

Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. People told us, "I love it here," "It's lovely here, the staff are lovely," "I am very happy," and "She (the carer) is lovely, she looks after me."

Staff were observed treating people with kindness, respect and maintaining dignity during moving and handling. Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at Trewidden. Comments from staff to people such as, "It's alright I am in no rush, take your time" were heard. One person became upset, in the lounge, and asked staff to help them. This was done quickly with no fuss and lots of patience. Staff spoke with people at their level and provided calm reassurance, held their hand and calmed them effectively. One person was heard to repeatedly say she was frightened and staff responded each time saying, "It is alright, there is no need to be frightened, I am here."

Staff always asked people before providing any care and support if they were happy for them to go ahead. 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 involvement this was often limited, and consultation could only occur with people's representatives such as their relatives.

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout. Two care staff used a portable hoist to get a lady up into a wheelchair to be taken to the toilet and were observed re-arranging her clothing to ensure that her skirt was in place, preserving her dignity.

During the day of the inspection we spent time in the communal areas of the service. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

When people came to live at the service, the manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they

are today. Information in care plans about people's past lives was variable. However, staff did help to complete this information with people if they were able to participate in this exercise. Staff were able to tell us about people's backgrounds and past lives.

Electronic care records and information related to people who used the service was stored securely and accessible by staff on electronic tablets with individual passwords. Visiting healthcare professionals recorded their visits on paper at the time of this inspection. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. Staff knew some visitors well and chatted with them in a relaxed manner.

The manager had held residents meetings which provided people with an opportunity to raise any ideas or concerns they may have. Minutes of meetings were held at the service. People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about the care plans and the manager would invite them to attend any care plan review meeting if they wished.

Good

Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The manager was knowledgeable about people's needs. Each person had an electronic care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health.

The care plans were regularly reviewed to take account of any changes in a person's needs. Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met.

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. All of the mattresses we checked, were correctly set for the weight of the person using them.

Some people required regular re-positioning. We saw this was mostly provided according to the guidance in the person's care plan. No one, living at the service, had any skin damage due to pressure. No one needed any dressings at the time of this inspection. The district nurses supported the staff at the service when people required any skin care.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. This helped ensure there was a consistent approach between different staff and meant that people's needs would be met in an agreed way each time.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People and families were provided with information on how to raise any concerns they may have. Details of

the complaints procedure were contained in the complaints policy. People we met told us they had not had any reason to complain. We saw concerns that had been raised to the manager in the past, had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

The activities coordinator was positive, enthusiastic and had made considerable efforts to provide inclusive and stimulating activities, alongside more personalised one to one time for those people who responded well to that approach. A white board in the lounge showed the events for the current week. Activities included: films, art club, card games, singing, games (carpet skittles etc.), keep fit, chair zumba and pamper time (hairdresser and manicures). At the time of the visit, some residents were decorating Easter masks for an Easter egg hunt.

People commented, "I like the things [Activities Coordinator] does, they are fun," "I like doing colouring, I used to do this at home," "I love the singing, I love a good sing-song," "I can join in when I want, or not, it's up to me," "I like having my hair done, I like to still look nice" and "We do singing, dancing, watching telly, games and go out a bit, it's lovely." Staff took people out in to the local area. One member of staff told us, "Some people have bus passes but the bus driver all know us here so they stop and pick up all up anyway, It's a real community thing." One person told us, "We went down town last week and I went in all the charity shops. I love doing that. I bought this (showed a necklace) isn't it beautiful?"

Two people who were unable to answer questions with clear answers were visibly happy in the arts and crafts session and were encouraged to touch and feel the different textures of the materials.

Relatives told us, "Mum loves the activities. She can't communicate much but I told them what she liked to do at home and they help her do them here. Her face lights up when she is doing crafts so I know she is happy," "It's lovely for Mum here because there is plenty going on each day and she is well looked after. It's a weight off my mind knowing she is happy," "There are lots of things going on. We try to come in for the events so [relative] keeps having fun and associates us with that. It's hard because [relative] doesn't really communicate much any more so it's important to see her happy."

A notice board in the communal area had photographs and cut outs of handprints. The activities coordinator reported that these are changed every couple of weeks. One of the residents stopped when we were looking at the board and pointed to herself stating, "That's me there, look, that's me smiling."

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. Other people had limited communication skills and there was guidance for staff on how to support people. For example, one person often 'lost' their hearing aid and required staff to write things down for them. Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day for the next days meals. Staff helped people to make a choice of meals. 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.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. The deputy manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

Good

Our findings

The service is required to have a registered manager. The service had a manager in post who was in the process of registering with the Care Quality Commission.

People's care information was kept securely and confidentially, and in accordance with the legislative requirements. Staff had their own password access to the new computer system to help ensure the care plans were kept up to date with changing situations. Although some records were still being held on paper.

The manager spent time within the service so was aware of day to day issues. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them. However, we identified some staff felt unsupported.

There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by a newly appointed deputy manager and regular visits by the operations manager.

Staff meetings took place. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Senior care workers also had regular team meetings.

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. The previous rating issued by CQC was displayed.

The provider had a quality assurance policy. People, their relatives and staff had recently been given a survey to ask for their views on the service provided at Trewidden. Responses were positive. People responded by saying they felt the staff were professional, knew them well and respected their wishes. Comments included, "Thank you for looking after my mother so well, we would not hesitate to recommend your care home to another potential resident," and "I have always been satisfied with the way staff have treated my sister."

There was a system of audits to ensure quality in all areas of the service were checked, maintained, and where necessary improved. Audits regularly completed included, infection control, care plans, accidents and incidents, the medicine administration system and checking property standards were to a good standard. This had led to improvements in the quality of staff recording of medicines, slings available to each named person, improved staff handovers, and the level of activity provided to people. There had also been learning from a recent safeguarding concern, the report on which had been shared with staff to enable some changes to take place in how care plans are updated in a timely and accurate manner.

There were staff with the responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use. The environment was clean. People's rooms and bathrooms were kept clean. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

The manager was not present at this inspection until the feedback at the end, due to a pre arranged appointment. The deputy manager was extremely capable in providing much of the information needed for this inspection in the absence of the manager.

Lessons were learned from events, any comments received both positive and negative we seen as an opportunity to constantly improve the service it provided. The manager accepted that the concerns found at this inspection were a fair judgement of the service at this time. They recognised they were in a period of transition with care plans and staff support and that further work would take place in the near future to ensure all concerns were addressed.