

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

Trevarna is a care home with nursing which provides care and support for up to 53 predominantly older people. People at Trevarna had physical health needs and or were living with dementia. At the time of this inspection there were 39 people living at the service.

Trevarna is a single storey purpose built service. It is divided into 5 separate areas known as 'households', each named after a flower. Each 'household' contained an open plan living, kitchenette and dining area with people's rooms leading off the main connecting corridors. There is a secure central courtyard garden and side garden area. Most rooms have en-suite facilities and there were sufficient numbers of bathrooms and toilets.

In October 2022 Cornwall Care Ltd was purchased by Sanctuary Care and is now part of the Sanctuary care group.

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

People, relatives and health and social care professionals spoke positively about the changes made to the service. This had resulted in the standard of care for people improving, staff skills, knowledge and support increasing and relatives feeling more assured that their family members were being cared for safely. Some comments from people and relatives included "I can't fault them", "I'm happy and family are happy too", "Its peace of mind that I know he's there and safe" and "I'm completely satisfied with the care [person name] receives" and "I will give them 10 out of 10 with everything."

The managers of Trevarna spoke positively about the support they had received since the take over of Cornwall Care by Sanctuary care. They acknowledged there had been changes in the service, such as a review of staffing levels, quality audits and changes in systems and processes which had been unsettling for some staff. The changes had been communicated with staff so that they had the opportunity to share their views on the upcoming changes to the service.

Prior to the inspection we had received a concern around staffing levels. Staff varied in their view as to if there were sufficient staff on duty. People and relatives told us they felt there was sufficient staff to meet their family members care needs. The provider had implemented a 'staffing ladder' tool which calculated the necessary staffing levels to ensure each person's health and care needs were met safely. Rotas evidenced that sufficient staff were on duty to meet people's current needs.

People's views on the quality of food and drinks were mixed. Our observations of food on the first day of the inspection was not positive. This was feedback to the provider who took immediate action. On our second unannounced visit the food was appetising, and a review of catering services was being undertaken. We have made a recommendation that the provider should seek advice on how to provide choices of food and drink to meet people's diverse needs, making sure the food and drink they provide is nutritionally balanced

and supports people's health.

The provider had invested in the environment and had a plan of works for future changes to be made at the service. Comments from people, relatives, staff and health and social care professionals were positive about the changes.

The provider had implemented new systems and processes that had improved the standard and quality of the service. For example, systems to assess and monitor the quality and safety of the care provided were more robust and were driving improvement. The service had clear and effective governance systems in place.□

The service had an electronic application to record people's care plans, their risk assessments and people's daily notes. Care plans were person centred and had detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs.

People, and their relatives were involved in the development and review of their care plans which detailed their needs and preferences. Staff knew people's care needs well. People were supported to engage in activities.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by the registered manager and her team.

People's medicines were managed safely. Staff responsible had the necessary skills to administer medicines. Oversight was in place to ensure medicines were managed safely.

There were processes in place to manage infection control risks and there were regular cleaning procedures in place. Visiting was encouraged and there were systems in place to enable relatives to visit safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Last rating and update

The last rating inspection found that the service was good (published 28 November 2018). We also carried out an infection control inspection in 2022 which did not provide a rating.

At this inspection we have again rated the service as good .

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Recommendations

We have made a recommendation in relation to the provision of food. We will check if the provider has acted on this recommendation at our next inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

# Trevarna

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Trevarna is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We visited Trevarna care home on the 8 June and the 15 June 2023. 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.

We spoke with 8 people who used the service about their experience of the care provided and 2 visiting relatives. We spoke with 12 members of staff including the registered manager, regional and deputy manager, team leaders, care staff, domestic staff and chef.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke on the telephone to four relatives. We received feedback via email from 3 staff members and a health and social care professional about their experience of Trevarna.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Prior to the inspection we had received a concern around staffing levels. Staff varied in their view as to if there were sufficient staff on duty. Some staff acknowledged that with the reduction of the number of people they supported and care needs changing that staffing levels had decreased. However, in certain areas of the service staffing levels had been increased to meet people's needs.
- The provider had implemented a 'staffing ladder' tool. This looked at the dependency needs for each person in the service and calculated the necessary staffing levels to ensure these needs were met safely. This was monitored constantly by the registered manager and senior management team. It was evident that staffing levels were amended if a person's needs changed, or there were changes in the number of people supported in the service.
- People and relatives told us they felt there were enough staff on duty to meet people's needs. Comments included "They manage pretty well but they are so short staffed. They must go home shattered", "I think there's enough staff, they are always watching out for people" and "Normally there are sufficient staff but at times it can be pushed. I've not seen any agency staff. There's always staff around."
- Rotas confirmed that sufficient staff were on duty to meet people's current needs.
- The registered manager told us that they had recruited more staff which reduced the need to use agency staff. Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.
- The services recruitment practices were safe and all necessary pre-employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

### Systems and processes to safeguard people from the risk from abuse

- People told us they were happy living at the service and told us they felt safe. Comments included "Yes, I seriously think it's very good".
- Relatives said they were confident family members were well cared for and were safe. Comments included "Its peace of mind that I know [person's name] is there and safe" and "My [family member] is safe here."
- The provider had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- Safeguarding was discussed with people who used the service, staff and relatives, so all knew how to report concerns and what actions would be taken to ensure people were protected from harm.
- The registered manager and deputy manager were fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of



concerns.

#### Assessing risk, safety monitoring and management

- Staff knew people well and how to keep them safe.
- Risks to people's safety and wellbeing were assessed and well managed. Each person's care records included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- The managers reviewed all accidents or incidents and ensured that action was taken to minimise future risks for people and staff.
- Some people needed support from staff to help them manage their emotions or anxiety. Care plans provided staff with information on events likely to cause people anxiety and advice on how to provide support at these times.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

#### Using medicines safely

- People told us staff supported them with their medicines. Comments included, "I've never had any issues around my meds" and "They are always on time with my meds as I have to take them with my meals."
- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required', person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- Medicines audits were completed on a regular basis. This would identify if and where further improvements may be required and help ensure action would be taken to implement any improvements.

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives confirmed the service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits.

### Learning lessons when things go wrong

- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Relatives were complimentary about the assessment and admission process for their family member into Trevarna. Relatives confirmed that the registered manager had undertaken a pre-admission assessment in the person's home, with family present and explained the whole process. Comments included "[Managers name] did home visits prior to admission, I can't praise [manager name] enough, we were on our knees. She came out and asked enough questions so [family member] didn't get shirty with her. [Managers name] made the process easier."
- People's needs were assessed prior to their admission to the service so that they could confirm the service was able to meet individual needs safely and effectively.
- People and their family, together with reports from health professionals contributed to the assessment, which included their presenting need and people's preferences and routines.
- The needs assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.

Staff support, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. People and relatives were complimentary of staff and their skills.
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently. Staff told us they felt supported during their induction.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meeting's were held to enable staff to raise any issues and share ideas.
- Staff consistently told us they felt very supported by the management team and had access to a range of training to support them in their roles. Comments included, "The courses are quite detailed and informative."
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

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

- People's views on the quality of food and drinks were mixed. Comments received varied from "I've no problem with the food. There's a variety" to "The food is superior to hospital but still sloppy stuff, some of it

is dreadful. The vegetables are inedible. I think the meals are done on the cheap. The fish and chips are soggy and cold. One meal was fish fingers, coquettes and peas. All cold. The eggs are like concrete, the sausages are horrible. They do nice crumbles and sponges though."

- On the first day of the inspection agency staff were preparing the main meal. We observed food that was not presented nicely, some dinners were placed in front of people who were asleep and it went cold. It was noted that people were not eating the meal and there was a lot of wasted food on this day. Staff also told us that there was no access to food at night for people if they were hungry. This was immediately feedback to the provider.
- We visited, unannounced, the following week and from the feedback regarding the food, the provider had deployed a cook from one of their other services to review the catering services. Food presented in an appetising way, people told us they enjoyed their meal, and there was minimum food wastage. Staff told us that drinks and snacks were now available during the evening/night. We saw a variety of squashes were available on 3 out of the 4 households.
- The chef told us they were undertaking a review of the dining experience and would be completing a report and identify any lessons learned. A questionnaire for people to gain their views on the food had also been introduced.

We recommend the provider seek reputable advice on how to provide choices of food and drink to meet people's diverse needs, making sure the food and drink they provide is nutritionally balanced and supports people's health.

- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.
- Peoples weight was regularly checked to ensure that their health needs were monitored.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend health appointments, including their GP, dental examinations and vision checks.
- Relatives felt that staff along with the registered manager were quick to identify any health issues and act appropriately.
- People's health conditions were well managed. Staff were proactive in making timely referrals to health professionals when they had concerns around the person's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

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

- The provider had invested significantly in the building. The service is divided into 5 separate domains known as 'households', each named after a flower. They all contained an open plan living, kitchenette and dining area with people's rooms leading off the main connecting corridors. Each household had an environmental assessment and from this an action plan had been developed to address any shortcomings. For example, one household was in the process of being redecorated, other households had new floorings and furniture. The aim was to make the living areas that people used a more attractive area for people to spend their time in.
- Other environmental works, such as updating the fire system were planned.
- People's bedrooms were personalised to reflect their individual preferences. A person commented "It's clean and tidy. My room is cleaned daily, and the sheets are changed every day" and from a relative, "I'm happy with mum's room, it's clean and comfortable."
- Staff were positive about the changes to the environment.

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- Access to the building was suitable for people with reduced mobility and wheelchairs.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed, and staff engaged with external healthcare professionals including GP's, frailty nurse, district nurses, community psychiatric nurses and dementia liaison nurse.
- People told us that staff contacted relevant health professionals if they felt unwell. We saw people received emotional support from staff who would sit and talk with them about how they were feeling.
- Relatives felt that the provider was quick to identify any health issues and act appropriately.
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration and risk of falls.
- Health and social care professionals were positive in how staff were proactive in making timely and appropriate referrals to them when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- When people had approved DoLS conditions, these were regularly reviewed and communicated with relevant health and social care professionals.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service ensured decisions made on people's behalf would be in their best interest.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

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

- People and relatives told us that staff cared for people with compassion and respect. People commented "It's absolutely wonderful here, it's like being in an hotel. It's a lovely place to be, they can't do enough for me", "I'm happy here, it's nice. The staff are friendly. They look after me well" and "I love it here, it's just a nice place."
- Relatives commented, "{my relative} is always treated with dignity and humour", "I wouldn't have my [relative] anywhere else. They take good care of [them]" and "They are absolutely kind and respectful."
- Health and social care professionals also provided positive views on the caring approach by staff to people they supported.
- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- The way staff spoke about people they supported showed they genuinely cared for them. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.
- Staff respected people's individuality and supported them in a non-discriminatory way. Staff had received training in equality and diversity and knew how to support each person in a way that took account of their abilities and lifestyle choices.

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

- People were involved in decisions about what to do throughout the day. People told us they could get up when they wanted, and if they wanted to participate in planned activities.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make even the smallest of decisions.
- Staff supported people to make decisions about their care as independently as possible.
- Staff listened to people's and relative's views and ensured these were respected. A residents/relatives meeting was planned which would provide them with an opportunity to express their views.

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt that staff promoted their independence. People were encouraged to attend the local memory group in the community.
- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at

identifying when people were becoming distressed or feeling anxious. They consistently followed guidance in place to help people feel calm and reassured.

- The values of the service were based on enabling people to live as fulfilling live as possible and achieve the best possible outcomes.
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

### Planning personalised care

- People's care plans included information about their needs, routines and preferences. Staff followed care plans to deliver care and support which was individualised to each person's needs.
- Care plans were reviewed and updated regularly. This meant staff had information which reflected people's current needs. People and their relatives were involved in the development and reviews of care plans.
- The service had an electronic application to record people's care plans, their risk assessments and people's daily notes in 'real time'. Daily notes detailed what the person had done during the day and information about their physical and emotional well-being
- Care plans were person centred and had detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs, including support people needed to maintain their physical health and well-being, nutrition and personal hygiene.
- Where people had a specific health condition, such as diabetes or heart condition, guidance was in place for staff on how to manage those conditions.
- There was good communication within the staff team and staff shared information appropriately, about people's changing needs, at shift handovers.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

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

- An activity's coordinator planned activities for people to participate in, if they wished. We saw staff providing several activities which people enjoyed during the inspection. These included playing games, singing, listening to music, reading newspapers, enjoying the garden areas and receiving visitors.
- People told us they enjoyed the activities on offer. One commented "Everything is OK, I don't get bored,



there's enough activities".

- Planned activities were on display for people to attend if they wished. These included quizzes, puzzles, singers, beautician visits and hairdresser. Some people had attended the memory centre in the community with staff support.
- People were supported to maintain relationships that were important to them. Visitors told us they were made welcome at the service.

Improving care quality in response to complaints or concerns

- People and relatives told us they would have no hesitation to speak to the registered manager or staff if they were unhappy. They told us they were confident that any concerns they had would be listened to and acted upon.
- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. There were no open complaints currently being investigated.
- Staff told us they would be able to speak to the registered manager if they had any concerns.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- Care plans identified people's preferences at the end of their life. The registered manager coordinated palliative care with other professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.
- Care plans contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed and agreed with the person their legal representative and GP.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

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

- In October 2022 Cornwall Care Ltd, who have 13 registered care homes in Cornwall, were purchased by Sanctuary Care and is now part of the Sanctuary care group. New systems and procedures were being introduced as part of the transition process which was expected to be completed by 1st September 2023.
- The service had an experienced registered manager who demonstrated a good knowledge of their regulatory responsibilities. They were supported in their role by the deputy manager, senior support staff, and the providers senior management team.
- The provider had a defined organisational management structure and there was regular oversight and input to the service from senior management.
- The registered manager had comprehensive oversight of the service and understood the needs of the people they supported.
- The registered manager completed a range of quality assurance checks and audits, which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they put plans in place to implement them.
- The managers worked alongside and supported the staff team as they implemented many changes to the service. Staff were mixed in their views about the changes made but were positive about the level of training and support they had received.

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

- People and relatives were complimentary about the management of the service and the changes that have been implemented.
- The registered manager had built an open and trusting relationship with all stakeholders.
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs, and this helped to ensure people received care and support that promoted their well-being.
- People's care plans and risk assessments had been reviewed. Records demonstrated a person-centred approach to the care and support provided for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were regularly asked for feedback on the service's performance through informal conversations and at relatives meetings. All feedback seen was extremely positive.
- People and relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- Most staff had received one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. There were also regular updates through shift handovers.
- Health and social care professionals told us the service worked in partnership with them to ensure people received support that met their needs. This was also evidenced in records we viewed.

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

- The registered manager understood their responsibilities under the duty of candour. People and relatives were kept well informed of any events or incidents that occurred with their family member. For example, a relative told us their family member experienced a fall. Staff had contacted the relative and kept them informed about the subsequent visit from the paramedics and why the decision was made not to take the person to hospital.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

Continuous learning and improving care

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.