Tre' Care Group Limited

Tregenna House

Inspection report

Pendarves Road
Camborne
Cornwall
TR14 7QG

Tel: 01209713040
Website: www.trecaregroup.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Tregenna House on 3 and 4 December 2018.The inspection was unannounced. The service is for elderly people, some of whom may have physical disabilities, mental health needs or dementia. The service provides nursing care.

Tregenna House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Tregenna House accommodated up to 49 people. At the time of the inspection 42 people lived at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, in February 2018, the service was rated as 'Good.' At this inspection we judged the registered persons continued to meet the regulations, and have concluded the service should still be rated as 'Good' overall.

The service was viewed by people we spoke with as very caring. We received positive comments about the service. For example we were told, "The staff are lovely, really nice indeed," " The staff are very kind, they are the right type of people for the job." Relatives told us," The staff are lovely and they have a tough job. You never feel like anything is too much trouble…they are polite, gentle and professional," and "The staff are good as gold. It has a lovely homely feel.They are all brilliant." Everyone we observed looked well cared for. People were clean and well dressed.

The service provided a range of activities in the service. Two activities co-ordinators were employed.

People told us they felt safe. For example people told us, "I am very safe here," and "Look around at all the staff, they are all here keeping us safe." The service had a suitable safeguarding policy, and staff had been appropriately trained to recognise and respond to signs of abuse.

People had suitable risk assessments to ensure any risks of them coming to harm were minimised, and these were regularly reviewed. Health and safety checks on the premises and equipment were carried out appropriately.

There were adequate staff on duty to meet people's needs. However we did receive some concerns that people did not always receive prompt one to one support, and that staffing levels after 7pm were not adequate. During the inspection we did not observe people receiving unsatisfactory levels of support. Recruitment checks were satisfactory. For example a Disclosure and Barring check was also obtained to

ensure the person was suitable to work with vulnerable adults.

Staff members received an induction. The registered provider was aware of the Care Certificate. This is a set of national standards for staff coming into the health and social care sector. Records showed most staff had received satisfactory induction and training although some staff still needed to complete this. Records of staff supervision (one to one meetings with a senior member of staff), were limited. We have recommended the supervision system is improved.

The medicines' system was appropriately managed. Medicines were stored securely, and there was satisfactory systems to dispose of medicines which were no longer required. Staff who administered medicines received suitable training. Records about the administration of medicines were comprehensive.

The service was clean and hygienic. The building was suitable to meet the needs of the people who lived there. The building was well laid out, pleasantly decorated and homely.

There were suitable assessment processes in place before someone moved into the service. These assisted in helping staff to develop care plans. We were told staff consulted with people, and their relatives, about their care plans. Care plans were regularly reviewed.

People enjoyed the food and were provided with regular drinks throughout the day. Support people received at meal times was to a good standard. Comments about food included: " It is lovely I get a plate full," and "It is nice and warm."

The service had well established links with external professionals such as GP's, Community Psychiatric Nurses, District Nurses, and social workers. However we have recommended records are improved to demonstrate that when people wanted, needed, and routinely saw some medical professionals such as opticians and dentists.

People lacked mental capacity. Where necessary suitable measures had been taken to minimise restrictions. Where people needed to be restricted, to protect themselves, and/or others, suitable legal measures had been taken. Staff had received suitable training about mental capacity.

The service had a satisfactory complaints procedure. People we spoke with felt they could raise a concern or complaint, and these would be responded to appropriately.

The manager was respected and liked by people, relatives and staff we spoke with. The registered manager had a hands on approach. Relatives told us, "The manager is lovely and works really hard," " The manager is approachable and professional." Staff members told us, "The registered manager and deputy are responsive to issues. They keep the momentum going," Staff also said team working at the service was good, and team members were supportive and communicated well with each other.

The service had satisfactory quality assurance systems.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continues to be safe.	**Good**
Is the service effective? The service continues to be effective	**Good**
Is the service caring? The service continues to be caring.	**Good**
Is the service responsive? The service continues to be responsive.	**Good**
Is the service well-led? The service continues to be well-led.	**Good**

Tregenna House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 December 2018 and was unannounced. The inspection team consisted of one inspector 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.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

This inspection was brought forward following a significant number of concerns received by the Care Quality Commission over the past few months. These concerns had all been referred to the provider, investigated by them, and reassurance given by the provider. However, due to the volume of concerns we decided we needed to complete an inspection. This inspection found there was no evidence to judge the registered persons were not meeting any of the regulations associated with the Health and Social Care Act 2008.

During the inspection we used a range of methods to help us make our judgements. This included, talking to people using the service, their relatives and friends or other visitors, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them). We also reviewed other records about how the service was managed.

We looked at a range of records including four care plans, records about the operation of the medicines system, seven personnel files, and other records about the management of the service.

Before, during and after the inspection we spoke with four staff. We spoke with eight people about their experiences of living at the care home, and one relative. We spoke with the registered manager and deputy

manager of the service, and the Director of Operations (nominated individual) of the registered provider.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service, for example people told us; "I feel nice and safe," " I am very safe here," and "Look around at all the staff, they are all here keeping us safe."

The service had a satisfactory safeguarding adult's policy. Records showed the majority of staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they had not witnessed or heard about any poor practice. A staff member told us; "If there are concerns these are always sorted out quickly." Staff we spoke with thought any allegations they reported would be fully investigated and action taken to ensure people were safe. Where necessary the registered persons had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse.

Where there had been safeguarding concerns or complaints the registered manager said the service learned from these. Key learning points had been shared with staff within the service. The registered persons participated and cooperated when there had been external investigations for example about safeguarding matters.

Risk assessments were kept in each person's file and covered areas such as falls and mobility. Risk assessments were reviewed monthly and updated as necessary. A relative said; "(My relative) has become prone to falls and they have been brilliant here. They moved (my relative) to a room closer to where the nurses could see and that is really reassuring for me and my relative because it shows they care." Health and safety risk assessments were completed for all areas of the building, as well as tasks which may have presented a risk.

The registered provider had a suitable policy regarding the operation of the medicines system based on current guidance. Staff who administered medicines had received suitable training about the operation of the medicines' system. Medicines were given to people at the correct times. Suitable administration records were kept. There were no gaps on medicine administration records.

Suitable procedures were in place for people to self-administer their medicines if they were able to do this. Nobody self-administered their medicines at the time of the inspection. There were systems were in place for medicines which required additional security. The service had systems in place to order medicines. Medicines were stored, in locked metal trolleys and cupboards, in a dedicated medicines room. Items which required refrigeration were kept appropriately, and the temperature of the refrigerator was suitably monitored. Stock levels were satisfactory. Procedures were in place if people required medicines administered covertly [administered in a hidden way]. People's behaviour was not controlled by excessive or inappropriate medicines. When medicines were prescribed to be given 'as required', rather than at specific times, guidance was in place when this should be given. People's creams and lotions were stored and administered correctly.

Care records were stored securely in offices. All care staff had access to care records so they could be aware

of people's needs. The registered manager said there were formal handovers between each shift. These enabled staff to share information and concerns about the care of people.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service. Where concerns had been expressed about the service; for example if complaints had been made, or there had been safeguarding investigations; the registered persons had carried out, or co-operated fully with these.

Equipment owned or used by the registered provider was suitably maintained. Systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

Health and safety checks on the premises and other equipment were carried out appropriately. Heating and cooking appliances had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested and the circuit was rated as 'satisfactory.' There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. The service had a fire risk assessment.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken to mitigate further risks through a review process and updating staff.

There were enough staff on duty to meet people's needs. The service was divided into three separate units; Bluebell, Primrose and Cactus. Bluebell and Primrose units had four care assistants on duty between 7am and 7pm and two care assistants on waking night duty between 7pm and 7am. Cactus unit had three care assistants on duty from 7am and 7pm, and two care assistants at night. There was a registered nurse on duty at each unit between 7am and 7pm. At night there was one registered nurse on duty who covered the whole service. In addition to this staffing, some people were commissioned with additional staff support based upon their needs. The service also employed ancillary staff such as kitchen, laundry, maintenance and administrative staff to help ensure the service ran effectively. The registered manager and the deputy manager were available during the day.

Staff members we spoke with said staffing levels were satisfactory. Relatives had mixed views about staffing levels. Some said it was satisfactory, although we did receive one comment that staffing levels were not always satisfactory in the evening. Before the inspection we also received an anonymous concern, from a relative, about staffing levels. For example, we were told, on each unit, there were only two members of staff after 7pm, and if these staff were engaged for example in assisting people to bed, people elsewhere in the service could be left unsupervised. It was alleged that people did not always receive the one to one support they should be allocated with, and this meant people would sometimes have to wait unreasonable amounts of time to receive assistance with toileting or personal care. We discussed these concerns with management. We were told if there was staff sickness, agency staff would always be arranged, although agencies may not always be able to provide this if staff had phoned sick at the last minute. During the inspection we did not observe people having to wait for unsatisfactorily long periods of time before they received staff assistance.

We checked recruitment records. Staff files contained a record of relevant pre-employment checks, such as an application form, interview record, written references and a Disclosure and Barring Service (DBS) check.

The service had suitable arrangements in place to ensure the home was kept clean and hygienic. The service had a sluice facility. Cleaning staff had clear routines to follow.

The building appeared tidy and clean. The service had a suitable policy about infection control. The registered persons understood who they needed to contact if they need advice or assistance with infection control issues. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary. Records showed most staff had received training about infection control.

Suitable procedures were in place to ensure food preparation and storage met national guidance. The local authority environmental health department had judged standards to a satisfactory standard. On the day of the inspection the kitchen was clean.

The service kept some monies, and at times valuables, on behalf of people who needed to purchase items such as toiletries and hairdressing items. Monies were stored securely and records were kept of expenditure.

Good

Is the service effective?

Our findings

The service had suitable processes to assess people's needs and choices. Before starting to use the service, staff visited people to assess whether the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission-assessments on people's files were comprehensive. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti-discrimination policy which covered staff and people who used the service.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence was limited. There was a call bell system which people could use to alert staff in emergency. We observed staff responding to call bells promptly. The people we spoke with, and their relatives, said they did not have any concerns about staff responsiveness to call bells. We observed people's call bells were at hand when they were in their bedrooms. Call bell points were also situated in communal areas, toilets and bathrooms.

When staff started to work at the service the registered manager said they received an induction. The registered manager had an understanding of the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. The registered manager said two days would be spent with the new member of staff where they were provided with essential information about the running of the service, and the new member of staff completed relevant training in issues such as safeguarding, fire safety and manual handling. The registered manager said new staff would shadow existing staff for "at least two to three weeks." There was a completed check list on most staff files. However there was not always a completed checklist to confirm the member of staff had attended initial orientation sessions on each member of staff's file.

Records showed staff had mostly received relevant training which enabled them to carry out their roles. According to the law and national industry guidance, all care staff are required to receive training about first aid, fire safety, infection control, moving and handling, first aid and safeguarding. Where necessary staff should receive training about dementia awareness. Records showed the majority of staff had received this training, although some staff needed to complete some of the required courses.

Staff told us they felt supported in their roles by colleagues and senior staff. There were some records which demonstrated staff had received formal supervision with a manager. The registered manager however admitted she was "well behind" ensuring staff had received supervision sessions recently because, "It is difficult to find the time to do it." Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. Staff told us they could approach senior staff for help and support if they had a problem. For example managers, nurses

and senior care staff were seen as "approachable," and we were told "you can speak to them about anything."

We recommend the service takes advice or guidance from a reputable source regarding the provision of suitable supervision to support staff.

The service had a suitable menu. The registered manager said people could have breakfast whenever they wanted to. The registered manager said people could have their breakfast when they wanted and people usually had this "anytime between 7am and 10.30 am. At breakfast time people could have a cooked breakfast, eggs, cereal or toast. The registered manager said a choice of main meal, at lunchtime, was offered. There was a choice of evening tea such as macaroni cheese, soup or sandwiches. Food was also available at other times for example if people wanted a snack at supper time or during the night. There were regular tea and coffee rounds. Where appropriate people's dietary and fluid intake was monitored. Currently there were no people who used the service who had specific cultural or religious preferences about the food they ate, or had a vegetarian or vegan diet. Special ingredients were purchased for people who were diabetic. Where necessary people could be provided with a 'soft' or pureed diet if they were at risk of choking. The manager said when this was necessary the components of the meal (for example meat, vegetables and potatoes), were pureed separately so the meal was presented appealingly.

Where a person was at risk of malnutrition, dehydration or choking ,suitable systems were in place to minimize risks. Where appropriate people were provided with one to one support to eat their meals. Advice was sought from external professionals, such as speech and language therapists, if people had eating difficulties including difficulty in swallowing.

People were positive about the meals. Comments included; "The food is lovely, it is all home cooked," "It is lovely I get a plate full" and "It is nice and warm." We did a lunch time observation on Primrose unit. Several people were in the lounge area with tables which fitted across armchairs and only one was seated at a dining table. Due to the large number of people needing assistance with eating, staff were constantly busy. People who could feed themselves were given their meals first. Clothing protectors were used for almost all the people. The food looked and smelled appetising and portion sizes were good. Staff were observed as being attentive and gentle when assisting people and there was no sense of urgency. For example we observed and overheard members of staff asking "Ready for a bit more?" "Is that alright?" "Have you had enough?" and so on. People were supported at their own pace.

The registered manager told us the service had good links with external professionals to ensure their health care needs were met. The service worked closely with a wide range of professionals such as social workers, community nurses and general practitioners to ensure people lived comfortably at the service. People said they could see a GP when they needed to, and records of when people saw a GP were satisfactory. People said staff would get a GP if they required one. Chiropody and dental services were also available and these professionals regularly visited the service. However, records of treatment by dentists, chiropodists, optician were limited in the files we inspected.

We recommend clearer records are kept of all medical appointments so staff can check when people have seen, and need to see relevant medical professionals.

The service was divided into three separate units. Each unit had suitable shared facilities such as lounge, dining areas as well as toilet and bathing facilities. Access around the building, as well as in and out of the building, was controlled by keypads. This was due to the needs of people accommodated at the service.

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

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

People had limited capacity, so if a significant decision needed to be made about people's health care needs they were made through the best interest process, in liaison with the person's power of attorney and family where possible.

The registered manager said none of the people living at the service had capacity. Each person had a mental capacity assessment on their files. Applications to deprive people of their liberty had been submitted, for assessment, to the local authority. The registered manager said they had a system for monitoring DoLS conditions to ensure they were implemented, and reviewed before any authorisations expired. We were provided with copies of schedules outlining this information. As a last resort physical restraint was used at the service. Staff had received appropriate training in relevant techniques. Records showed the majority of staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The building was clean and satisfactorily decorated. The building appeared and felt comfortable and homely. The accommodation was over two floors, and was connected by a staircase and a shaft lift. There were a satisfactory number of shared toilets and bathrooms throughout the service. There were satisfactory facilities for people with physical disabilities or who were frail. For example, there was an adapted shower for people who were wheel chair users.

The registered manager said people who lived at the service lacked capacity but the service minimised restrictions where possible. For example, if people were physically and mentally able they could spend time in their bedrooms and spend time elsewhere on their own. People were encouraged to make a range of choices such as what to wear, what to eat and how to spend their time, and to some extent, walk around the building.

Good

Is the service caring?

Our findings

We received many positive comments about the attitudes of staff. All people we spoke with told us of the friendliness, kindness and understanding of the staff. People said they were treated with respect and compassion. We were told, "The staff are lovely, really nice indeed," " The staff are very kind, they are the right type of people for the job." Relatives said, "The staff are lovely and they have a tough job. You never feel like anything is too much trouble…they are polite, gentle and professional," and "The staff are good as gold. It has a lovely homely feel. They are all brilliant." Staff members we spoke with were all positive about care at the service. For example we were told, "Standards are brilliant, we always do our best, " "Residents are our main priority," and "There is a solid nursing team."

People and their relatives said staff responded to people quickly if they needed help for example if people called or pressed the call bell.

We observed staff sitting with people, and they were chatting with people and there seemed a friendly and pleasant atmosphere. Staff were patient and took time to listen to people. There was lots of discussion between staff and people who lived in the home. Staff were respectful throughout the inspection.

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. People had very limited capacity and subsequently had limited involvement in care planning and reviews. None of the people we spoke with expressed any concerns about how their care was given. Where people had limited capacity to be involved in their care plans the service had consulted with relatives and representatives to ensure the planned care was in the person's best interests. People and their relatives were provided with information about external bodies (such as the local authority) community organisations and advocacy services who could offer independent advice and support if needed.

We observed people looked well cared for. Their appearance showed staff took time to ensure people were comfortably dressed. People told us they received assistance with regular personal care. Staff said they felt they had enough time to sit and spend time with people. We did not see staff rushing or ignoring people. Staff took time to listen to people, and give people time to respond to questions. Staff were friendly.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom, this assistance was always provided behind closed doors. Staff worked with people to encourage and / or respect people's right to be as independent as possible. For example the manager said two people went to the local shop, and another person attended the local church.

People said they could get up and go to bed when they wished. We observed routines at the service and these seemed very relaxed.

The relatives we spoke with said they could visit the service at any time. Relatives said staff always answered any questions they had. Visitors said they felt staff were helpful if they had any queries or concerns.

Good

Is the service responsive?

Our findings

Everyone who used the service had a care plan. Where possible, people and their representatives, were consulted about their care plans and their reviews. Care plans contained satisfactory detail, and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans incorporated risk assessments for example in relation to people's mobility. Care plans outlined people's preferences and interests. Reports about the person's needs were also obtained from external professionals such as the local authority. Daily record sheets were completed for each person and these contained a suitable amount of detail. All staff were able to access people's records. All care records were stored appropriately.

The registered manager said activities were provided. There were two activities co-ordinators employed that worked primarily on the Primrose and Bluebell units. Information about planned activities was outlined on noticeboards.

We spoke with one of the activities co-ordinators, who showed us a file outlining activity engagement with each person. The co-ordinator explained that the activities for the majority of the people at the service was individualised in their rooms due to the complex nature of the medical conditions of most of the people. She told us the service aimed to provide as much varied stimulation as possible for each person.

On the first day of the inspection individualised activities took place in the morning and there was a gardening club in the afternoon. The gardening club did not necessarily take place in the garden but could involved garden themed puzzles or seed planning.

Records showed that external entertainers visited the service on a weekly basis. Entertainers included a drumming session (where people could participate), musicians and singers. The activities co-ordinators provided activities such as foot massage, gardening sessions, arts and crafts, baking, games and quizzes. There were no organised external activities provided and the service did not have any transport. The registered manager said there currently was not any religious services as the service had not been able to receive any assistance from local churches and chapels. The local library also did not currently visit.

We received positive comments about activities provided. For example people told us: "They ask me what I would like to do every day and that is nice." Relatives said "There is quite a few activities and relatives are always invited.

The service had a complaints procedure. People and their relatives, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The service had a system to record complaints made. People were confident about the effectiveness of the complaints procedure. We were told, "I would complain to the manager and I am absolutely confident that something would be done about it," and " "Yes I know who to complain to but I have nothing at all to complain about, they are brilliant."

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service consulted with, where appropriate, the person and their representatives about the development and review of an end of life care plan. The manager said there were good links with GP's, and district nurses to ensure people received suitable medical care during this period of their lives.

Good

Is the service well-led?

Our findings

The registered manager worked full time at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive remarks about the registered manager. Relatives told us, "The manager is lovely and works really hard" and "The manager is approachable and professional." Staff members told us, "The registered manager and deputy are responsive to issues. They keep the momentum going," and "They help me to the best of their ability."

The registered manager said the philosophy of the service was always "person centred." The registered manager said she believed it was important to "Lead from the front," "keep informed about what was going on (throughout the home)," "promote what we do," and she felt as a consequence the service had a "good reputation." The registered manager said she felt the staff were, "Very good, at what they do and they actually care." They told us it was important to "monitor staff by working on the floor and listening to views and opinions," and "ensure staff feel valued by thanking them and try and tell them they are doing a good job." A relative said, "I feel you can tell if somewhere is well run because the staff tend to stay for years and the residents are always happy."

The registered manager regularly met with staff informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

The service had a clear management structure. The registered manager was supported by a deputy manager. Registered nurses were responsible for supervising care staff and ensuring the individual units ran effectively on a day to day basis. The service had a nominated individual of the service who was based at the registered provider's office which was near the service. The nominated individual regularly visited the service to check on its operation and service satisfaction. There was an out of hours on call service to support staff in emergency situations.

Staff members said their colleagues were supportive and communication within the team was good. For example we were told, "The team pull together well," and "Everyone gets along. We work well as a team." All the staff we spoke with said they were happy with their work and that morale was good at the service. Staff turnover was satisfactory. We were told, by some staff, there were concerns about staff sickness. Some staff were described as "regular suspects," who went off sick regularly, and this could cause difficulties if cover could not be arranged. We discussed this concern with management. We were told any staff who were regularly going off sick were being actively monitored through performance management processes.

There were meetings with specific staff groups (such as night staff and seniors). These however did not appear to be frequent. For example in 2018 there was a only a record of two senior staff meetings, one

meeting with nurses, one with night staff and one with care staff.

The registered persons had ensured registration, safety and public health related obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed. The registered manager told us staff had a clear understanding of their roles and responsibilities. We identified this was the case. There were policies in relation to grievance and disciplinary processes.

Systems to store both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The registered persons had a suitable approach to quality assurance. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Recent audits we saw included monitoring accidents and incidents, mattresses, moving and handling equipment, infection control, care planning, the medicines' system and staff training . However records showed these did not always occur frequently. A survey was completed annually, and the results of the most recent one completed was positive.

The registered manager said relationships with other agencies were positive. Where appropriate the registered manager said they ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.