

Little Trefewha Limited

Little Trefewha Care Home

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 18 December 2017. The last inspection took place on in November 2015 when the service was meeting the legal requirements. The service was rated Good at that time.

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. Little Trefewha is a care home which offers care and support for up to 21 predominantly older people. At the time of the inspection there were 20 people living at the service. A few of these people were living with dementia. The service occupies a detached house with two floors. There was a stair lift to assist people to the upper floors.

The systems in place for the management and administration of medicines was not entirely safe. The service used medicines that required stricter controls. The records of these medicines did not tally with the stock held at the service. Staff had handwritten medicines on to the Medicine Administration Records (MAR) but staff had not followed their own medicine policy guidance and these entries had not been signed and witnessed by two staff. This did not protect people from the risk of potential errors being made. There were many gaps in the MAR where staff had not signed to indicate if people had been given their medicines at the prescribed times. This meant it was not possible to establish if people always received their medicines as prescribed. Prescribed creams were not dated when opened. This meant staff were not aware when the item should be disposed of as no longer suitable to be used. Some people were self administering their own medicines. Two people did not have appropriate secure storage for their medicines in their bedrooms. Some medicine audits were being carried out and gaps in MAR charts had been identified as a concern in a number of audits. However, there was no evidence that effective action had been taken to help ensure that future events were reduced. No audits were being carried out regarding medicines that required stricter controls. The concerns found with the medicines management at the service had not been identified prior to this inspection.

Fire doors to five rooms were found held open with wedges and ornamental door stops. The provider took immediate action to address the concerns found at this inspection. The door guard devices fitted to two bedroom fire doors were replaced during this inspection as they were not functioning correctly. A number of door guards were not effectively holding the fire doors open due to not having appropriate plates screwed through the carpeting to enable the door guard to hold open safely and securely. This had led to the door guards slipping on the carpeting and closing when people wished their doors to be open. Door wedges had been used by staff to hold doors open. This meant these fire doors would not close in the event of the fire alarm being activated and placed people at risk. We have made a recommendation in this regard in the Safe section of this report.

Staff were not provided with supervision and annual appraisals according to the policy held by the service. However, there were regular staff meetings and staff were able to access informal support whenever

needed. Recruitment of new staff was not always robust. Four out of six staff files reviewed only had one reference taken up by the service before the person began to work at the service. This was not in line with the service recruitment policy.

One person had been identified as being at risk of dehydration. The recording of this person's fluid intake was not always appropriately completed by staff. No totalling or monitoring of these records were evidenced. This meant it was not possible for staff to judge if the person had had sufficient drinks each day.

Audits and checks of the service provided which were carried out, were not effectively identifying concerns found at this inspection.

Residents meetings were held, the last meeting was in July 2017, the last two advertised scheduled meetings did not take place. The registered manager told us this was due to a lack of staff time. The service was not displaying their last inspection report and rating as they are legally required to do. The registered manager addressed this at the inspection.

People and their relatives told us, "This care home has been fantastic, nothing was too much trouble while looking after my Mum. The staff were always helpful and kind," "I find the manager open to ideas and suggestions. She appears very caring and aware of individual resident's needs. She always takes time to listen if I have any concerns for residents, and acts promptly accordingly. The home has always appeared to me well managed" and "Staff appear competent and well trained. I've not had reason to doubt their ability."

The premises were well maintained. Whilst the service was not registered for dementia care, there were people living at the service with early dementia. There was no pictorial signage at the service to support people who may require additional support with recognising their immediate surroundings and increase their independence.

The premises were regularly checked and maintained by the provider. Equipment and services used at Little Trefewha were regularly checked by external contractors to ensure they were safe to use.

We walked around the service which was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes. People were treated with kindness, compassion and respect.

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. Mandatory training was provided to all staff with regular updates provided. The registered manager had a record which provided them with an overview of staff training needs.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had no staff vacancies at the time of this inspection.

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.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Staff supported people where necessary to enjoy their meals. People were positive about the food.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff.

People had access to activities. An activity co-ordinator was not in post but care staff co-ordinated a planned schedule of activities. People were supported to go out in to the local community for walks, attend appointments and enjoy a coffee or fish and chips

The registered manager was supported by a deputy manager, the provider and a team of motivated and many long standing staff.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. We contacted the fire service to advise them of our concerns and have made a recommendation about the regular supervision of staff. You can see the action we have told the provider to take at the end of this report.

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 was not entirely safe. The management of medicines was not robust. There were gaps in the medicine records. It was not possible to judge if people always received their medicines as prescribed.

Fire doors were wedged open and not held open by devices linked to the fire alarm system. This meant they would not close automatically in the event of the fire alarm being activated.

The service was not following its own recruitment policy. New staff did not always have sufficient references checked before working at the service.

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.

Requires Improvement ●

Is the service effective?

The service was not entirely effective. Staff were not provided with regular supervision or appraisals. The service was not following its own policy.

Where people were having their food or drink intake monitored, staff did not always complete these records appropriately. It was not possible to judge if one person had been given sufficient to drink.

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.

Requires Improvement ●

Is the service caring?

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.

Good ●

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.

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 were consulted and involved in the running of the service and their views were sought.

Is the service well-led?

Requires Improvement ●

The service was not entirely well-led. The service had not identified the concerns found at this inspection.

Audits carried out regarding medicines management and fire door checks were not effective.

The service was not displaying the last inspection rating as required by law.

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

Quality assurance surveys were carried out and responses were mostly positive.

Little Trefewha 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 18 December 2017. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with four people living at the service. Not everyone we met who was living at Little Trefewha 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 three staff, the registered manager and the provider. We spoke with four visitors and one external healthcare professional.

We looked at care documentation for three people living at Little Trefewha, medicines records for 20 people, six staff files, training records and other records relating to the management of the service.

Following the inspection we received feedback from four healthcare professionals, and two families of people living at the service.

Is the service safe?

Our findings

The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. However, staff did not always complete these records at each dose given. There were many gaps in these records and it was not possible to judge if people always received their medicines as prescribed.

We saw staff had handwritten medicines for people, on to the MAR following advice from medical staff. These handwritten entries were not signed or witnessed by a second member of staff, as directed in their own medicine policy. This meant that there was a risk of potential errors and did not ensure people always received their medicines safely.

The service was holding medicines that required stricter controls. The records held did not always tally with the stock held at the service. The records showed two medicines which were incorrectly recorded. Following this inspection visit the service sent us information from the district nurses which demonstrated this was a recording error and that the medicines had been accounted for.

Some people had been prescribed creams and these had not been dated upon opening. This meant staff were not aware when the cream would no longer be safe to use. Two people who were self-medicating, did not have their medicines stored securely in their bedrooms. A lockable drawer was available for one person but was not used for their medicines. Another person did not have anywhere in their room in which they could secure their medicine.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Fire doors to five people's bedrooms were found held open with wedges and ornamental door stops. A number of door guards were not effectively holding the fire doors open. This was due to the doors not having appropriate floor plates screwed through the carpeting to enable the door guard to hold the door open safely and securely. This had led to the door guards slipping on the carpet and the door closing when people wished their doors to be open. Door wedges had been used by staff to hold doors open. This meant these fire doors would not close in the event of the fire alarm being activated and placed people at risk. The provider took immediate action to address the concerns found at this inspection. The door guard devices fitted to two bedroom fire doors were replaced during this inspection as they were not functioning correctly. However, the service carried out regular fire alarm tests but these had not identified the concerns with wedged open door and faulty door guards. The registered manager and the provider assured us the door wedges and door stops would be removed from the service and not used in future.

We recommend that the service seeks advice from a reputable source regarding the safe use and maintenance of fire doors.

Equipment used in the service such as moving and handling aids, wheelchairs, stair lifts etc., were regularly checked and serviced by professionals to ensure they were always safe to use. Necessary safety checks and

tests had been completed by appropriately skilled contractors.

The service had been rated five stars following a recent Food Standards Agency inspection. Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance.

People and their families told us they felt it was safe at Little Trefewha. Comments included, "Oh yes definitely very safe here" and "I have no concerns at all."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. 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 training and regular updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the county. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. This provided information to people, their visitors and staff on how to report any concerns they may have. If people were involved in safeguarding enquires or investigations they would be offered an advocate if appropriate or required.

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 not provided with training on equality and diversity at the time of this inspection. However, the registered manager assured us this would be introduced in the near future. This would 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.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce risk in the future. For example, when it was identified two people were falling more frequently, one was referred to the physiotherapist and another was treated for an infection.

The service held personal money for some people living at the service. People were able to access this to pay for small items such as toiletries and snacks available from the small 'shop' in the entrance area. We checked three people's money against the records held and they tallied.

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.

Care records were stored securely but accessible to staff and visiting professionals when required. They contained details of people's current needs and wishes.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their front sheet of the 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. Staff received suitable training about infection control, and records showed all staff had received this. The service held an appropriate infection control policy. Staff had access to personal protective equipment (PPE) such as gloves and aprons. However, there were no regular infection control audits being carried out at the service. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

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

The registered manager reviewed people's needs regularly. 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. We saw from the staff rota there were three care staff in the morning and two in the afternoon supported by a senior carer or the manager on each shift. Two additional staff worked from 6.15 pm to 10.15 pm to support people settling for the night. There were two staff who worked at night. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the manager was very supportive.

The registered manager was open and transparent and always available for people, relatives, staff and healthcare professionals to approach them at any time. The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns the management team would listen and take appropriate action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and would submit safeguarding referrals if it was felt to be appropriate.

Is the service effective?

Our findings

The recruitment process at the service was not robust. Four of the six staff files we reviewed held one reference check taken up prior to the person beginning to work alone at the service. The service recruitment policy stated they should obtain two references prior to accepting a person to work at Little Trefewha. The service sent us a Provider Information Return (PIR) prior to this inspection. It stated, "We have a good recruitment process ensuring that all new staff complete application forms and we obtain two satisfactory references along with an enhanced DBS." We did not find evidence of this at the inspection. The service was not following its own recruitment policy.

We reviewed six staff files. They did not have a consistent content and format. Some files held a completed induction checklist while others were blank or missing. Two staff, who had joined the service recently, had no record of their induction on file. We spoke with some new staff who confirmed they had received an induction period. We judged this to be a recording error.

One person had been identified as being at risk of dehydration. Whilst there was no specific guidance in this person's care plan to direct staff to record their drinks, there was a note on the daily records file asking staff to ensure this person had at least 600 mls in the morning and 600 mls in the afternoon. The recording of this person's fluid intake was not always appropriately completed by staff. There was no evidence that staff were totalling or monitoring these records to ensure the person had been provided with the amount recommended to drink. This person's records stated that they had not drunk the amounts recommended each day. Staff assured us they regularly prompted and supported the person with drinks throughout the day. We judged this was a recording error and had not impacted on the well-being of the person.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service policy was to provide supervision to staff six times a year with an annual appraisal. This was not taking place. Seven staff had not had any supervision in 2017. Other staff had received a maximum of two supervisions in 2017. No appraisals had been carried out during 2017 according to the registered manager. The service was not following its own supervision policy.

We recommend the service seeks advice from a reputable source in relation to the regular supervision of staff.

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. 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 that gives them an adequate understanding of good working practice within the care sector. 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 shadowed other workers before they started to work on their own.

Staff told us they felt well supported by the management team. The registered manager had an open door policy and was always available for staff to obtain support and advice whenever it was needed. Staff meetings were held to inform staff of any changes or plans within the service and to share information. Staff told us they felt able to speak up if they wished to raise a matter and they would be listened to.

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 the training they received was good. Training records showed staff were provided with appropriate training such as moving and handling, infection control, health and safety and medicines management. Staff had also undertaken a variety of further training related to people's specific care needs such as the care of Parkinsons' disease and end of life care. One person told us, "Staff appear competent and well trained. I've not had reason to doubt their ability."

The use of technology to support the effective delivery of care and support and promote independence was limited. However, Little Trefewha provided call bells for people to call for assistance at any time. The service was using a computer based system to record staff arrival and departure from the service. This system allowed for messages to be left for specific staff. Staff training was held on this system. However, the registered manager was not completely confident at using this system and was supported by an administrator to obtain the information they required.

People's needs and choices were assessed prior to the service commencing. 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. People told us, "This care home has been fantastic, nothing was too much trouble while looking after my Mum. The staff were always helpful and kind" and "Little Trefewha always feels like a warm, happy environment from my perspective."

People told us they enjoyed the food provided at the service. Comments included, "Oh it's all lovely" and "I am very happy with the food." We observed the lunch provided on the day of this inspection. Most people chose to eat their meal in the dining room. The food looked appealing. A menu was written on the white board in the dining room to inform people what was being offered.

Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day or night even if the kitchen was not staffed. People's relatives and friends were invited to join them at meal times and eat together.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were visiting the service regularly to see people with nursing needs. Other healthcare professionals visited to see people living at Little Trefewha when required. We saw people had seen their optician and podiatrist as necessary. Visiting healthcare professionals told us, "This is one of the best homes we visit in this area" and "We have no concerns at all about this home." They told us that staff called them appropriately and followed any guidance provided.

People were encouraged to be involved in their own healthcare management. People were supported to be independent in their own medicines administration if appropriate. Some people came in to Little Trefewha for a short stay and they were encouraged to continue to manage their own medicines as they did at home. Staff checked regularly on their ability to do this safely. When people were visiting hospital the service ensure that records of people medicines travelled with them along with a summary of their care plan.

The service was well maintained, with a good standard of décor and carpeting. Some people living at Little Trefewha were living with early dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was no pictorial signage which clearly identified specific rooms such as toilets and shower rooms. People's bedrooms displayed a number and a small name plate displaying their name in small print. This was not easy to read for people with poor sight and did not help people with dementia to find and recognise their own room independently. The registered manager told us this would be addressed..

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 and staff had been provided with training in this legislation.

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 not applied for any people to have authorised restricted care plans.

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.

The staff were aware which people living at the service had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves. These people were clearly recorded by the administrator and were involved in care plan decisions and reviews where appropriate.

Is the service caring?

Our findings

People, relatives and healthcare professionals were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. The service was well regarded by the local community with many people living at the service coming from the surrounding area.

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at Little Trefewha. People, relatives and healthcare professionals told us staff and management were kind and caring. One person became anxious, in the lounge, and asked staff to help them. This was done quickly with no fuss and lots of patience.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them 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 was often limited, and consultation could only occur with people's representatives such as their relatives. People told us, "My friend has already put her name down for this place when she needs help, it is marvellous" and "You could not possibly complain about anything here, there is not a moment goes by when there is not someone coming to check on you or bring you a drink, piece of cake, biscuit and all."

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. 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.

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. 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. People told us they thought the staff were "Marvellous" and "Brilliant".

When people came to live at the service, the manager and staff asked people and their families about their past life and experiences. This meant staff had 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 were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

Care files and information related to people who used the service was stored securely and accessible to staff when needed. 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. People appeared well cared for.

People and their families were involved in decisions about the running of the service as well as their care. Staff knew some visitors well and involved them in plans for the future such as events planned for Christmas.

The service had held residents meetings which provided people with an opportunity to raise any ideas or concerns they may have. The dates of planned residents meeting were advertised in the main entrance. However, the last two meetings had not taken place. We were told by the registered manager this was due to a lack of staff time.

Is the service responsive?

Our findings

People, relatives and healthcare professionals were very positive about the care and support provided by the staff and management at Little Trefewha. Comments included, "I am very happy here with everything," "You could not ask for better care," "The staff are competent, well trained and open to ideas" and "I am confident that Little Trefewha is a well-run, happy and caring home, which is liked universally by our patients." We were told that staff went the extra mile for people living at the service, even calling in after their shift had finished to check on a person who they were concerned about. One family referred to Little Trefewha as 'Little Terrific' following the end of life care the service provided to their relative.

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 a 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. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

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 however, this was not always clearly recorded in the monitoring records or care plans.

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. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

There was a staff handover which took place at each shift change where information was recorded in the diary relating to people's care and support, visitors and events. This helped ensure communication was effective.

People had access to a range of activities both within the service and outside. An activities co-ordinator was not employed but care staff organised a programme of events including singing, exercises and visits from entertainers. There were pictures around the service of people enjoying past events. People were supported to go out in to the local area to enjoy a walk, have coffee or fish and chips. A healthcare professional told us, "Management appear to provide regular stimulation for the residents. There are regular singers and musicians, and numerous other entertainers who visit the home during the year. The staff put on special activities at Easter and Christmas."

Some people were unable to easily access written information due to their healthcare needs. Staff

supported people to access information such as menu choices, which were discussed each day for the next days meals. Staff were seen sitting with people going through the menu to help people to make a choice.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

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. Relatives comments included, "Can't say anything but good, very clean and homely, I love it here" and "Very good, always staff about, no issues at all."

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 service user guide. People told us they had not had any reason to complain. We saw concerns that had been raised to the registered manager had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

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. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan. The 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.

Is the service well-led?

Our findings

Medicine audits were being carried out and gaps in the MAR charts had been identified as a concern in a number of past audits. However, there was no evidence that effective action had been taken to help ensure that future errors were reduced. Over 25 gaps were found in the MAR charts in the last cycle at this inspection. This meant that the audit process was not being effectively responded to in order to improve the service provided.

The registered manager had not identified the need to ensure that people, who were self-medicating, had access to secure storage for their medicines in their bedrooms.

The records of medicines that required stricter controls did not tally with the medicines held at the service. This was judged to be a recording issue. There were no regular checks being carried out of these medicines. The concerns found at this inspection had not been identified by the service.

The registered manager was not following the service recruitment policy as staff did not always have sufficient references checked before they began working at the service. The registered manager was not following the service's supervision policy as many staff had not received any supervision in the last year. Appraisals were not being carried out.

Concerns identified with five fire doors being wedged open, due to the devices linked to the fire alarm system not effectively holding the fire doors open, had not been identified through fire alarms checks or premises audits.

The monitoring records of a person's drink intake were not being checked or monitored. These records were not being appropriately completed by staff and, according to the records, the person had not had the recommended amount to drink. This concern with the records had not been identified.

We reviewed the residents meetings held at the service, the registered manager was unaware that the last two scheduled meetings had not taken place due to lack of staff time.

The registered manager was not entirely confident accessing information on the computer system used by the service to record staff training requirements. An administrator was needed to obtain this information at the inspection. This meant the registered manager was unable to monitor this information as required.

The service was not displaying the last inspection rating as required by law.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The 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. 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. There was a registered manager in post.

The registered manager believed it was important to make themselves available so that staff, people, relatives and healthcare professionals could talk with them, and to be accessible to them. This meant that they did not always have the necessary time and resources to regularly audit, monitor and review the aspects of the service with which we found concerns at this inspection.

People, relatives and visiting healthcare professionals all told us they felt the service was well run. They told us, "I find the manager open to ideas and suggestions. She appears very caring and aware of individual resident's needs. She always takes time to listen if I have any concerns for residents, and acts promptly accordingly. The home has always appeared to me well managed."

Staff met regularly with the registered manager informally 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.

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.

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 deputy manager and the provider. The staff team was stable, with some staff having worked at the service for many years. Staff were very happy working at the service and felt they could approach the registered manager at any time and would get the support and guidance they required.

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 Little Trefewha. Responses were positive.

There were people in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and stair lifts were regularly serviced to ensure they were safe to use. The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The providers carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had their own password access to the new computer system to help ensure the care plans were kept up to date with changing situations.

The service had an open and transparent culture. Some issues identified at this inspection had been addressed by the end of the visit. The registered manager and the provider accepted that the concerns found at this inspection were a fair judgement of the service at this time. They recognised the need to review the workload of the registered manager and that further work would take place in the near future to ensure all concerns were addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The service did not always monitor and mitigate risks relating to the health and safety and welfare of service users and others who may be at risk.</p>