Tregolls Manor Homes Limited

Tregolls Manor

Inspection report

Tregolls Road, Truro, TR1 1XG
Tel: 01872 223330
Website: www.tregollsmanor.co.uk

Date of inspection visit: 30 June 2015
Date of publication: 04/08/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 30 June 2015. The last inspection took place on 19 December 2013. The service was meeting the requirements of the regulations at that time.

Tregolls Manor is a care home which offers care and support for up to 25 predominantly older people. At the time of the inspection there were 22 people living at the service. Some of these people were living with dementia.

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

People told us; "I am here following an accident just till I am better, it is first class, could not be better" and "Staff are kind and I am happy here." One family told us; "From the moment we arrived we were cared for, as well as Dad, it has been amazing," "They really care here" and "I have overheard staff chatting with (the person) in their room as I was just about to go in, it was lovely, just very caring and plenty of time, its just the model of what all homes should be like."

Summary of findings

Visiting healthcare professionals told us; “Fine, everywhere could do with more staff and this is no exception, but here (Tregolls Manor) they are very accommodating and follow our advice, they are good at providing good pressure area care, I have no concerns” and “They are very caring, I am happy with what they provide for patients.”

We looked at how medicines were managed and administered. We found most people received their medicine as prescribed. The registered manager told us they had found “a few gaps” in the medicine administration records in the past, and we found six during this inspection. The registered manager had not recorded their audit of the medicine records, or the action taken to address the concerns. People who self administered their medicines had signed a disclaimer form for this purpose, but had not been specifically assessed and reviewed regularly to help ensure they were safe to manage their own medicines. This meant the service could not ensure people remained able to safely manage their own medicines.

Risk assessments in people’s care files had not been regularly reviewed. Accidents and incidents were recorded at the service. However, the information relating to individual events was held together in one place, which did not comply with the guidance in the Data Protection Act 1998. No audit had been undertaken to help recognise and reduce potential re-occurrence of accidents. One person was exhibiting behaviour that could challenge other people at the service, their visitors and staff. Whilst there was clear information in the person’s care file for staff on how to respond to such challenges, there was no information to advise staff on what action should be taken to try to reduce the risk of incidents taking place.

The service had not recorded the action which they had taken to support people who lacked the mental capacity to make decisions for themselves. People’s capacity was assessed and best interest meetings had taken place for some people.

Policies and procedures held at the service had not been reviewed since 2011 and did not always hold current information for staff to advise them when required. However, most staff were well informed and some current information was available to staff elsewhere in the service such as the staff noticeboard.

The service had sufficient numbers of staff to meet people’s needs and these were being met.

Staff were supported by a system of induction training and supervision. Regular training specific to the needs of people using the service was being provided. Staff were respectful and protected people’s privacy. Care was provided in a calm and patient manner.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate and drank to help ensure they stayed healthy.

Care plans were well organised and contained information to inform and direct staff on how to meet people’s needs. Care planning was reviewed regularly and people’s changing needs recorded. However, the review process was evidenced by a signature and a date. There was no documentation to show how people or their relatives were involved in their own care reviews.

Activities and daily trips out from the service were provided for people. People enjoyed the arrangements provided for them.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home.

The registered manager was supported by the providers representative and the head of care. However, the registered manager did not receive formal supervision. People, relatives and staff told us the registered manager was approachable, supportive and friendly. Comments included; “The manager is very approachable,” “The manager has arranged everything I have needed,” “Very helpful” and “There is a nice atmosphere here (Tregolls Manor), it is calm.” A visiting healthcare professional told us: “I have always found the manager to be very professional.”

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example fire equipment, lighting, water and cleanliness of the service. Moving and handling equipment and lifts were serviced regularly to ensure they were safe to use.

Summary of findings

There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we told the provider to take at the back of the full version of this report.

Summary of findings

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 service had not recorded the review of risks regularly or maintained accurate and complete records in respect of each service user. Audits and assessments that had been carried out were not always recorded.

Staff were aware of the process and procedure used to raise any concerns regarding potential abuse.

There were sufficient numbers of staff to meet peoples needs.

Requires improvement

Is the service effective?

The service was effective. However, Mental Capacity Act assessments were not always recorded and this contributed to the breach of regulations in the Safe domain.

New staff received an induction and support from experienced staff before working alone.

Where people did not have the capacity to make decisions for themselves, the service acted in accordance with the legal requirements.

Staff were knowledgeable about how to meet individuals needs.

Good

Is the service caring?

The service was caring. People were supported by staff who were caring and kind and respected people's privacy and dignity.

People, their families and staff told us they felt their views and experiences were sought and listened to.

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

Good

Is the service responsive?

The service was responsive. Care plans contained information which guided staff how to provide care that was individualised.

Activities provided were relevant and enjoyed by people.

People and their families were confident they could raise any concerns and the issue would be addressed appropriately.

Good

Is the service well-led?

The service was well-led. The registered manager supported staff and was approachable.

Good

Summary of findings

The service sought the views and experiences of people, their families and the staff in order to continually improve the service provided.

The service was well-maintained and equipment was regularly checked to ensure it was safe to use.

Tregolls Manor

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.

The inspection took place on 30 June 2015. The inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the home. 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 the registered manager, the head of care and five staff, two people who used the service, three visitors and a healthcare professional. We looked around the premises and observed care practices. Not everyone we met who was living at Tregolls Manor was able to give us their verbal views of the care and support they received due to their health needs. Following the inspection we spoke with two relatives of people and two further healthcare professionals to seek their views.

We looked at care documentation for four people living at the service, medicines records for 22 people, two staff files, training records and other records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

People and their families told us they felt safe at Tregolls. Comments included; "I feel quite safe here" and "We knew (the person) was going to be safe here."

Staff had received training in safeguarding and were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of how to access the whistleblowing and safeguarding policies and procedures at the service. The policy held was dated 2011 and was in need of updating to reflect the new procedures in the county. However, there was current information regarding these new processes on the staff noticeboard, along with a 'Say no to abuse' leaflet which informed staff of the action that should be taken should they wish to raise a concern.

Care plans contained risk assessments. There was detailed information held on people's files to guide and direct staff in how to support people with specific conditions which could lead to them being at increased risk, such as poor sight. Care plans contained information for staff on how many staff were required to move people safely and the specific sizes of equipment to use. One care plan stated the person was at "high risk of falls". The records stated this person had; "Two falls in the last six months" and "A risk management plan is required to deal with possibility of falls." We saw this was present in the file and it provided information for staff on what equipment should be used to help reduce the risks of falls. However, it had not been reviewed since 14 September 2014. Other aspects of this person's care plan had been reviewed in March 2015. We asked the registered manager about this who told us: "They have not really changed in that time." This meant the risk was being monitored but was not recorded.

Another care plan stated a person used a wheelchair and a monitoring form for this equipment was in place. This is a form to record the equipment has been checked to ensure it was still safe to use. However, the last review on file was dated 5 May 2013 with the next review due 13 May 2014. There was no further information to show if this review had taken place. The registered manager told us it had been done and a further review date should have been set for May 2015. There was no information in this person's file to show the review had taken place in May 2015. This meant the service could not demonstrate that this equipment had been monitored to help ensure it was safe to use.

One person was at risk of becoming distressed or agitated which could lead to behaviour which challenged staff and people living at the service and had caused anxiety to people and their families. The care record for this person contained individualised information about what care they required. This person had the ability to make choices for themselves. The care plan contained information for staff on how to manage such behaviour and what to do when incidents occurred which included completing critical incident forms and calling for police assistance if required. However, there was no information to advise staff on what action should be taken to try to reduce the risk of incidents taking place. This meant that staff were not able to follow specific guidance and act in a consistent manner to try to reduce potential future events.

Accidents and incidents that took place in the service were recorded by staff in accident records. People's personal record details were all held together in one book. This did not comply with the guidance in the Data Protection Act 1998. The registered manager told us this would be addressed immediately and they would be filed in individual's care files following a record having been made of each event. Such events had not been formally audited by the registered manager so that any patterns or trends would be recognised, addressed and help reduce re-occurrence. However, during our discussions the registered manager demonstrated they were aware of each event that had taken place at the service and action had been taken in response to events. For example, referrals had been made to the falls clinic following one person's increased falls and a mental health assessment had been requested for another person.

We looked at the arrangements in place for the administration and recording of medicines at the service. Handwritten entries had been added to the medicine administration records (MAR) following advice given to staff by medical professionals. These entries had been signed by two staff to help ensure the risk of errors was reduced. Some people living at the service were self-medicating. Every bedroom had a secure locked cupboard for the safe storage of their medicines. People who wished to manage their own medicines were asked to sign a disclaimer to this effect. One person who managed their own medicines had not signed this disclaimer. The service held a protocol for self medication and it stated, 'Service users should be reviewed regularly and assessed for compliance.' None of the people who were managing their own medicines had

been assessed to help ensure they were able to do this safely. This does not comply with the guidance given to care homes by National Institute for Clinical Excellence(NICE) in 'Managing medicines in care homes.' One person had a diagnosis of vascular dementia. We asked a member of staff about this person who told us, "It is a bit of a worry." The registered manager told us, "We do cast our eye over their (medicine) packs to check they have taken them, they seem to be coping OK with it." This person's medicines were all held in blister packs. This meant it was clear to the person and to staff if a dose had been missed at any time.

We checked the medicine records for 22 people living at the service. It was not always clear from the MAR if some people had received their prescribed medicines at the appropriate times. There were some gaps in the MAR for six people between 18 June and 29 June 2015 where staff had not signed to show they had given a person their medicines at specific times of the day. We asked the registered manager about this and they told us they had found this to be an issue when they had checked the MAR in the past. However, these checks had not been formally recorded and there was no evidence of action that had been taken to address this concern.

All the above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service held medicines that required additional secure storage and recording systems by law. We checked the records of these medicines against the stock held by the service and found they tallied. We saw some medicines that required stricter controls had been returned to the pharmacy when no longer required, and the records had been updated appropriately.

The service held one medicine that required cold storage. The service did not have a dedicated medicine fridge. This item was stored within one of the food fridges in the kitchen. The temperature recordings of this fridge, although adequate for the storage of foodstuffs, did not meet the recommendations for the safe storage of some medicines. The minimum and maximum temperature reached in the fridge over a 24 hour period should be recorded daily to ensure it remains constantly between 2 and 8 degree centigrade. The food fridge did not have such daily temperatures recorded and was opened many times, for a period of time, throughout each day leading to the temperature potentially rising in the fridge on occasions. At the time of this inspection the service was holding one item that only required cold storage below 23 degrees centigrade until opened for use and then could be kept at room temperature. The registered manager was aware that if the service needed to store other medicines in the future they would be required to purchase a dedicated medicine fridge.

Medicines were stored securely. The home kept separate supplies of some non-prescription medicines, and had procedures in place which recorded how and when these were given to people if they needed them.

Each person had a Personal Emergency Evacuation Plan (PEEP) which identified the risks and action to be taken for each person in the event of an emergency evacuation of the home.

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

Most people and relatives told us there were enough staff. One person who lived at the service told us they felt there could be more staff and commented; "If you call them and they are busy they come fairly quickly to ensure it is not an emergency, then they say they will be back in a bit as they were with someone else." Other comments included; "I have no problems with staff" and "I think it is fine." Staff told us; "There are enough staff, we meet people's needs" and "Yes I think there are enough of us." One family member told us: "I have noticed that the two staff from 2pm till 4pm are sometimes struggling to manage." Other family members told us; "It couldn't be better here" and "I think it is very good here." Staff told us they were happy, worked well as a team and appeared well motivated.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing from time to time, but these were answered in a reasonable period of time. Staff worked a morning shift from 8am to 2pm or 4pm, then afternoon staff arrived at 2pm or 4pm and worked until 10pm when night staff arrived to work until 8am. There were four care staff working on the morning of this inspection, then two until 4pm then three worked till the night staff arrived. The staff were supported by the head of care and the registered manager. We were told agency staff

Requires improvement

Is the service safe?

were accessed when necessary to cover short notice absences such as when staff were unwell. The service had two vacancies for care staff and a vacant housekeeper post at the time of this inspection and were actively recruiting.

Good

Is the service effective?

Our findings

The Mental Capacity Act provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant . The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling the criteria for when someone may be considered to be deprived of their liberty had changed.

The registered manager had recently attended a training session on DoLS, along with their staff, however, they were not entirely clear, on the changes to this legislation. An application had been made to the local authority for authorisation of a potentially restrictive care plan in line with legislative requirements. However, although this was noted in their care plan there was no copy of this application on the person's file. A mental capacity assessment had been carried out and the person had been assessed as lacking capacity for certain decisions. A best interest discussions had been held. On further discussion with the registered manager and the person it was clear they were now leaving the service regularly to go to the shops independently and were not being constantly monitored. Therefore they did not require a restrictive care plan at the time of this inspection. The registered manager assured us they would inform the local authority of the change in this person's situation and withdraw the application for an authorisation. One person held an advanced decision regarding their wishes in the event of them experiencing an event which required them to be resuscitated. This was clearly recorded and signed by the person, witnessed and dated.

Training for the MCA and DoLS was provided for staff. Staff were able to explain to us how they ensured people's rights were protected and their choices and preferences were respected at all times. There was a policy held by the service for MCA and DoLS which was available for staff, however the DoLS policy had not been updated to reflect the changes in this legislation. The registered manager told us this would be addressed immediately.

Some people had signed their care plans to show they agreed to the content. Other people were unable to sign their care plans and this was recorded clearly. The registered manager told us that people were present at the review of their care plans and discussions took place. However, there was no record of this in their care plans and review records took the form of a signature and date only. We discussed this with the registered manager who told us they would in future record the detail of the review meetings that took place between staff, the person and/or their representative.

The above contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 which is covered in an earlier section of this report.

The premises were in good condition, with no odour present at any time in any part of the service throughout our inspection. Fresh flowers were seen throughout the service, and the flowers outside the service had won an award from a horticultural organisation for best business floral display 2014. All the bedrooms except for two had en suite bathrooms. There were two further bathrooms with assistive equipment available for people who required assistance to use the bath. One relative told us: "It would be good if they could provide a wet room for people who are unable to use a bath , however the staff do a good job."

There were some people living at the service who had a diagnosis of dementia. However, we were told by the registered manager that people living at the service did not currently require additional orientation to their surroundings, and there was no enhanced signage or recognition aids provided at the time of this inspection. Some people went out independently to the local community regularly while other chose to spend time in the comfortable lounge areas or outside in the grounds. Bedrooms contained people's personal possessions such as ornaments and pictures to give their rooms a familiar feel.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure

Good

Is the service effective?

they received effective care and support. Staff told us the training they received was good. One commented; "I have just started and am doing my apprenticeship now at college."

Training records showed staff were provided with regular training opportunities and updates as required. People told us they felt the staff were knowledgeable and able to meet their needs. Families told us; "They seem very good here, all of them" and "I have no complaints at all they do their best considering this is not a nursing home" and

Staff told us they felt well supported by the registered manager and received regular supervision. The provider did not live in this country and so support was provided to the registered manager by a providers representative who visited the service every month. The registered manager kept a record of when each member of staff had attended a meeting with either themselves or the providers representative and monitored when they would be due for the next meeting. Staff said; "It's always easy to see the manager" and "Yes I get regular support." The representative also met with people and staff at each visit and provided a report to the provider. The staff had not been offered appraisals. This is an opportunity for all staff to meet with their manager annually to formally review their performance and discuss any development and training that the person may wish to pursue. The registered manager told us this would be implemented.

Newly employed staff were required to complete an induction before starting work. Staff shadowed experienced staff before working alone. Plans were in place for any new staff to undertake the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. New staff told us they had found their induction helped them to feel more confident before working alone.

People spoke highly of the catering arrangements at the service. People told us; "The food here is very good" and "We have breakfast in our rooms and can eat lunch and supper where we wish." The service held a licence to sell alcohol and there was a drinks menu available to people.

We observed the lunch time period in the dining room. Tables were laid with tablecloths, flowers, cutlery, condiments and glasses. The food was well presented and there was plenty of choice for people. People told us; "The food is first class" and "We have a main meal at lunch time with a big choice of puddings and then a smaller tea." Families told us; "You can't fault the food" and "The food is always superb." One person's care plan stated they required adapted equipment and support to manage their meals independently. We saw this was provided during lunch.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting residents in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. They told us; "All our food is homemade on the premises" and "We recently had our food safety inspection and we got 5 stars again."

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. Such records were seen for one person at the time of this inspection. Staff recorded all intake by the person appropriately and this was discussed at shift handovers and monitored regularly to ensure the person had sufficient amounts of food and drink to meet their health needs.

People had access to healthcare professionals including GP's, opticians, community psychiatric nurses, and chiropodists. Care records contained records of any multi-disciplinary notes. People told us they could see their GP at any time they wished or needed to.

Good

Is the service caring?

Our findings

Not everyone at Tregolls Manor was able to verbally tell us about their experiences of living at the service due to their healthcare needs. Some people told us; “Staff are caring” and “They are kind.” Relatives told us; “I am more than happy with the care,” “Really happy they are very caring and (family member) keeps a close eye on the care plan, they keep (the person) really comfortable” and “(the person) is happy there, they do a good job.” Some people were aware of their care plans, others were not. Some families were not aware of their relatives care plan and had not been involved in the planning of their care. We were told that many people living at the service had capacity to make their own decisions regarding their care and treatment therefore families would not automatically be involved in care decisions.

People told us; “I am here following an accident just till I am better, it is first class, could not be better” and “staff are kind and I am happy here.” Families told us; “From the moment we arrived we were cared for as well as Dad it has been amazing,” “They really care here” and “I have overheard staff chatting with (the person) in their room while I was just about to go in, it was lovely, just caring and plenty of time, its just the model of what all homes should be like” and “Once (the person) was sent to hospital in an ambulance with no member of staff, I was a bit concerned about that, I just wanted someone she knew to go with her till I arrived at the hospital, I understand they could not spare staff to go with her.”

During the day of the inspection we saw staff were respectful and protected people’s privacy. Care was provided behind closed doors and staff spoke to people in lowered voices. Staff spoke calmly and patiently to people before providing them with support. Staff assisted people in a sensitive and reassuring manner throughout the inspection. People were dressed in clean clothing and appeared well cared for. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. For example one care file stated: “Prefers female carers for personal care” and this was respected.

We saw people spending time outside in the sunshine throughout the inspection and a mobile call bell was provided for them to help ensure they could always summon staff if they needed to.

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. We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

We saw the home sought the views and experiences of people who used the service, their families and friends. A questionnaire regarding the activities provided and the food at the service had been sent out in May 2015. The results had been collated by the service and were being used to inform future provision.

Good

Is the service responsive?

Our findings

People told us; “I go out when I like” and “I have no worries.” Relatives told us; “They always call me if needed, they communicate well.” Visiting healthcare professionals told us; “Fine, everywhere could do with more staff and this is no exception, but here they are very accommodating and follow our advice, they are good at providing good pressure area care, I have no concerns” and “They are very caring, I am happy with what they provide for patients.”

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people’s needs.

Care plans were detailed and informative with clear guidance for staff on how to support people according to their individual needs. The files contained information on a range of aspects of people’s support needs including mobility, communication and personal care needs. The information was well organised and easy for staff to find. For example one care file stated: “Walks with a frame, needs help to wash and bath, needs food cutting up and identified due to poor sight.” In another care file it stated; “Unable to weigh, district nurse to arrange suitable scales.” Following this entry we saw this person had been weighed using specific equipment.

The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. Daily notes were consistently completed and enabled staff coming on duty to get an overview of any changes in people’s needs and their general well-being.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people’s backgrounds and life history from information gathered from the person, their families and friends. One person needed to be re-positioned by staff in bed as they were unable to do this themselves. We saw staff had completed records to show this was done regularly. Another person had been noticed as having a low mood and they had been referred to the community psychiatric nurse for a review to see if any intervention would improve this for the person.

We attended the shift handover where the morning staff spent time informing the new shift of information relating to the people living at the home and any outstanding actions that were required.

People had access to a range of activities both within the home and outside. There was a wide range of daily trips out in to the local community in the services own large vehicle. The registered manager told us: “I like things that are not just focussed on older people.” People told us they greatly enjoyed the trips out. There was a wide range of magazines and newspapers available to people in the lounge areas throughout the service. People had access to quiet areas and a well maintained garden and patio area.

Some people chose not to take part in organised activities and therefore were 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 and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the pack provided upon admission to the home. People told us they had not had any reason to complain but felt they would be listened to and were confident their concerns would be acted upon. We reviewed the service’s records of concerns raised and saw these had been responded to and resolved efficiently.

Good

Is the service well-led?

Our findings

People, relatives and staff told us the registered manager was approachable, supportive and friendly. Comments included; "The manager is very approachable," "The manager has arranged everything I have needed," "Very helpful" and "There is a nice atmosphere here, it is calm." A visiting healthcare professional told us: "I have always found the manager to be very professional."

There were clear lines of accountability and responsibility both within the service and via the provider representative to provider level. The provider lived outside of England. The registered manager was supported by the representative of the provider and the head of care. The registered manager did not receive any formal supervision. We were told they accessed any specific support from a local manager at another service when needed, however this was not a formal arrangement.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented; "I am happy here" and "We have regular meetings, I feel we are listened to and appreciated, we recently got a nice pay rise." These meetings were an opportunity to keep staff informed of any operational changes. We saw the minutes for these meetings where issues such as individual people's care needs, fees charged, pay for staff and courses available were discussed. They also gave an opportunity for staff to voice their opinions or concerns regarding any issues. All staff groups attended the same regular meeting and this provided an opportunity for all staff to meet up, share ideas and keep up to date with any developments in working practices.

The registered manager worked regularly in the home supporting staff this meant they were aware of the culture of the home at all times. Daily staff handovers provided each shift with a clear picture of each person at the home and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

The service had cards in the entrance hall which provided people with an opportunity to record their views and experiences and send them to an external care home organisation which then collated them. These cards had led to the service being voted fourth 'best in the west' by the care home organisation.

Residents meetings were held regularly with one person, who lived at the service, chairing the meetings. We saw the minutes of these meetings, at which attendees were served sherry if they wished. People were asked for their views and opinions on the service they received at Tregolls Manor, there were comments such as; "Splendid in every way" and "happy here."

The maintenance person at the service regularly reviewed a book in which staff recorded any defects that required attention. We saw items were attended to and then ticked when completed and resolved. There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example fire equipment, lighting, water and cleanliness of the service. Moving and handling equipment and lifts were serviced regularly to ensure they were safe to use.

The providers representative carried out regular audits of the service to inform the provider. These included the condition of the building internally and externally as well as gathering the views of people and staff.

The service held a file of policies and procedures. Staff were aware of these and told us they had read them when they began to work for the service. However, the whole file had not been reviewed since 2011 and many of the procedures required updating. This meant although staff were aware of the current processes and procedures for example, when raising safeguarding concerns or the mental capacity act requirements, they were not able to refer to accurate written guidance should they need to. We discussed this with the registered manager who told us this would be addressed immediately

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes must enable the registered person to; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and maintain secure, accurate, complete and contemporaneous records in respect of each service user. Regulation 17 (2) (b) (c)