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Tremethick House

Inspection report

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Ratings

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

Overall summary

Tremethick House is a residential care home which provides care and support for up to 42 people. At the time of this inspection there were 36 people living at the service.

There was a registered manager in post who was responsible for the day-to-day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out this unannounced inspection on the 14 April 2015. We last inspected the service on 27 August 2014. At that inspection we found a breach of the regulations regarding the management and storage of people's records. The service had addressed some of the concerns raised at the last inspection. Storage was now safer, however, some concerns were still found at this inspection.

We inspected the service over one day. The atmosphere was welcoming, calm and friendly. People were able to spend their time in various areas of the service as they chose. We observed care being provided and spoke to people, their families, staff, and healthcare professionals.

Summary of findings

Everyone spoke positively about the staff and management of the service. They told us; “Cannot fault them, ” “Staff are friendly and sociable, no matter what you ask they’ll try” and “I couldn’t wish for anything better, I visit every day and they are wonderful with Mum.”

The records held at the service were not always accurate or maintained regularly. It was not always recorded if people had creams applied when prescribed. There were gaps of up to four days when there were no records of cream being applied for one person. Some records were not accurate, for example information about how often a prescribed cream should be applied. Some people required to be re-positioned regularly to prevent pressure damage to their skin. Staff did not always record when this care was provided. Care and support provided for people at the service was not always recorded. For example, there were gaps of up to 10 days in one person’s file when no care was recorded by staff. This meant there was not always evidence of care having been provided as directed in people’s care plans and medicine prescriptions. However, people, their families, staff and healthcare professionals were confident that care was provided appropriately at the service. Staff told us; “We are rubbish at writing it down” and “We just forget.” The registered manager agreed the recording of care was “an issue.”

Staff training and supervision records had not been maintained regularly. The registered manager did not have a robust process in place to ensure all staff would receive the necessary training updates and supervision support when required. The registered manager told us they did not have a master record showing which staff had attended supervision and appraisal and when. However, we saw records of supervision in some individual staff files.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see details of the action we have asked the provider to take at the end of this report.

People told us they liked the food and it was provided in an appetising manner. Staff were knowledgeable about people’s specific needs and provided support in a timely manner. Staff were provided with training and support by the service. Staff and management were aware of the importance of respecting people’s rights according to the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Staff were aware of people’s preferences and choices and supported them to be as independent as possible. A wide range of relevant and meaningful activities were provided according to what people had shown interest in. People were supported to go outside on trips to the local community and linked with the people who lived in other homes belonging to the group. Visitors were encouraged to visit at any time and join in activities with people and staff.

People were well cared for. Some women wore jewellery, nail polish and make-up. Staff were kind and respectful when supporting people. People told us; “They(staff) look after me well,” “I can do what I want to do, they don’t make you do anything” and “On the whole very good, staff are caring, and create a happy atmosphere.”

Staff were all well informed about the past lives of the people they cared for. Staff used this information to have meaningful conversations with people and supported them with relevant activities which they enjoyed. The care plans at the service contained information to direct and inform staff regarding the needs of each person, and how they wished their care to be provided. Staff were aware of people’s preferences and choices.

The service sought the views and experiences of people who used the service, their families and friends. There were compliments and thank-you cards that had been sent to the service by people who had experienced good care and support at the service.

Staff morale was good and the atmosphere at the service was friendly and calm. Staff told us; “They (management) are very approachable and will always help us if we ask” and “Its why I came back here, it’s a lovely place to work, I get good support.”

People spoke positively about the registered manager and the staff. People told us; “I find the manager to be a lovely person” and “She (the registered manager) is very busy and sometimes there are several people in the office at once, but I can always get her attention when needed.”

Summary of findings

The registered manager and other members of the senior care team were all seen providing care and support to the people who lived at the service during the inspection. Staff reported receiving good support from the registered manager.

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?

Good

The service was safe. However, the records held at the service regarding care and treatment provided were not always accurate. People, families and healthcare professionals were confident people were safe at the service.

Risks to individuals living at the service were identified and managed

There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective. 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.

Is the service caring?

Good

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 were listened to and acted upon.

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

Is the service responsive?

Requires Improvement

The service was not entirely responsive. Care provided by staff was not always documented in care files and monitoring charts.

Care plans contained information which was personalised and included some life histories, this guided staff how to provide care that was individualised.

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

Is the service well-led?

Good

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

The service provided the staff with guidance regarding best practice to support good care provision.

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

Tremethick 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.

We visited Tremethick House on 14 April 2015. The inspection was carried out by two inspectors.

Before visiting the service we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to sent us by law. The provider was not asked to complete a Provider Information Return (PIR) The PIR 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.'

During the inspection we spoke with the registered manager, the deputy operations manager, the head of care, 10 people living at Tremethick, two visitors, and eight staff. Following the inspection we spoke with three families of people who lived at the service and three healthcare professionals.

We looked around the home and observed care practices on the day of our inspection. We looked at seven people's records of care provided by staff. We looked at four staff files and records in relation to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and with the staff who supported them. One person told us; "It's a safe place, nobody nasty" and "I feel safe, they are always looking in." Visitors said they felt the home was a safe place for their family members to live. They told us; "Cannot fault them" and "They are spot on." Visiting healthcare professionals told us the service was sometimes difficult to enter but they understood this was to ensure security for the people who lived there.

Medicines were stored in a locked room and then within a medicine trolley which was also locked when not in use. We looked at the arrangements in place for the administration of medicines at the service. Staff were observed administering medicines during the inspection. Some people had been prescribed topical medicines such as creams or lotions. These items had been dated on the pack when the medicine had been opened. This helped ensure staff were aware when the product had expired and would be no longer safe to use. However, the records which staff signed when they applied these creams or lotions were not always accurate and complete. For example, one person's cream records, kept in their room, showed they should have an application once a day of a specific topical medicine (cream). Further into this same record it stated this cream should be applied three times a day. This meant that staff did not have accurate information to follow when applying prescribed treatments. We could see from this record that staff had, on some days, applied this topical medicine twice a day, on other days no applications were recorded. A staff member told us "We were told by the district nurses we should only apply it once as it was quite strong, so we have only done it only once now." However, the records had not been amended to direct and inform staff that it should only be applied once a day and it remained as stating apply three times a day. There were no records of this topical medicine having been applied between 13 and 18 March 2015. This person was also required to have a second prescribed gel applied twice a day. There were gaps in these records from the 7 to 12 March 2015 where there was no record of the gel having been applied by staff. Staff told us; "We are rubbish at writing it down" and "We just forget." This meant that it could not be demonstrated if the person received their medicines appropriately. However, staff were confident the prescribed treatment was applied appropriately despite the records being incorrect. The family of this person was also confident the staff were treating the person appropriately and raised no concerns about their care. The registered manager and deputy operations manager agreed the recording of care provided at the service was "an issue" and they were aware of the concerns we raised. The registered manager told us; "We are always on at them to write things down".

One person was administering their own medicines. This was recorded in their care file. Secure lockable storage for their own medicines had been provided in their bedroom. There was a form in their file which had been signed by the person and showed their consent to managing their own medicines. However, the risk assessment document for this person, which checked if the person was competent, able and safe to self administer their own medicines, had not been completed. The form in the person's file was blank. We spoke with the community pharmacist who had knowledge of the service. They told us that anyone who requests to manage their own medicines in a service should have been assessed formally to ensure they were able to do this safely prior to arrangements being made for them to self-medicate. The assessment should detail any support or prompting the person may need and should be regularly reviewed to help ensure the person remains safe to self medicate. Guidance on this issue was provided to services in the Kernow Clinical Commissioning Group guidance on Medicines Management Framework for Residential Care Homes and Care Homes with Nursing November 2014 and in the Medicines Optimisation in Care Homes Newsletter of May 2014. The medicines policy held at the service had not been reviewed and contained information that was out of date. The policy referred to following "CQC essential standards" which have been replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

There were records to show if a person refused or did not require a medicine at a specific time. A visiting healthcare professional told us; "There is a person here who has been prescribed medicines that are time critical. This is due to their condition. They are always given on time in my experience." The service had robust arrangements in place for the recording of controlled medicines (CD's). These are

Good

Is the service safe?

medicines which require additional secure storage and recording systems by law. These medicines were stored and recorded in line with the relevant legislation. Some medicines required cold storage and the service had a dedicated fridge for this purpose.

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with the management of the service. Staff were also clear how they would raise concerns outside of the service and knew Cornwall Council were the lead authority for investigating safeguarding concerns. We looked at the safeguarding policy and found it to contain accurate information about the various types of abuse and the process for raising concerns both in and outside of the service. The policy did not contain the contact details for the external agencies but these were displayed on "Say no to Abuse" posters in the entrance hall and in the staff room. The posters contained the named person at the service who should be contacted in such an instance. The training records were held on the computer at the service but were not available to us during the inspection. These were sent to us after the inspection and confirmed staff had undertaken safeguarding training.

Care records contained detailed risk assessments which were specific to the care needs of the person. For example, there was clear guidance that directed staff on how many staff and what equipment was required to move a person safely. For example, one care record stated the person was "awaiting an assessment for a stand-aid, monitor each transfer using stand-aid and sling or use turn safe and handling belt and two carers and ensure lots of reassurance." There were records of assessments for falls and nutritional risks seen in files. Some people had their weight recorded regularly so that any change in their weight would be noticed in a timely manner. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

On the notice board opposite the office there was information for staff on what action to be taken in an emergency. This contained a floor plan of the service and contact phone numbers for staff and external agencies.

Each person who lived at the service had a Personal Emergency Evacuation Plan (PEEP) containing information which identified the action to be taken in the event of an emergency evacuation of the service for each individual.

Accidents and incidents that took place in the home were recorded by staff in people's records. The accident reports were completed and stored in the office. Such events were audited by the service. This meant that any patterns or trends would be recognised, addressed and helped ensure potential re-occurrence was reduced. The care files showed when incidents had taken place and the action staff had taken. It was clearly recorded when staff had contacted the families, or representatives, of the person to inform them of the incident.

The service had a safe recruitment process. All new staff had been thoroughly checked to help ensure they had appropriate skills and knowledge and were suitable to work with older people who may be vulnerable. The service was recruiting staff at the time of this inspection. The deputy operations manager told us the service required one care assistant and one domestic assistant. The registered manager told us there was always either herself or a deputy manager available seven days a week to ensure the staff team were supported. People told us there were enough staff to meet their needs. They told us; "The staff are always changing, most of them quite pleasant and nice" and "If I press the bell they come quickly." Families were happy with the level of staffing and felt their family members had their needs met. Staff confirmed there were sufficient numbers of staff to meet the needs of the people who lived at the service they told us; "We could always do with more staff but although it can be a bit crazy in the mornings, we manage and people get the care they need" and "We are a happy bunch, you could not wish for a better place to work." One staff member told us; "I left once but after a few weeks I had to come back as I missed the place so much."

People received care and support in a timely manner and staff were not rushed. We observed staff were present in the lounges and dining areas at all times so that people could call upon them if required.

Good

Is the service effective?

Our findings

People told us: "I can get up when I want, the staff are very good" and "Staff are friendly and sociable, no matter what you ask they'll try." Visitors told us; "The staff are good" and "Very helpful". Some people who lived at the service were living with dementia so we observed care provision using our Short Observational Framework for Inspection (SOFI) to help us understand the experiences of people who used the service. It enabled us to observe people's care and treatment and staff interactions. This was helpful where people were not able to fully describe this themselves due to their healthcare needs.

People's individual needs were met by the staff in a timely manner. Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to help ensure they received effective care and support. Staff told us there were good opportunities for on-going training and obtaining additional qualifications. Staff were knowledgeable about safeguarding, Mental Capacity Act 2005, moving and handling and many other areas of relevant training. However, the training records were not available to us during the inspection as they were held on the computer and we were told the 'server was down'. The registered manager sent us an email two days after the inspection containing staff training records. According to the records we were sent some staff had not all received regular updates on specific training at the appropriate times. Some staff who had the responsibility for administering medicines had not had recent updates and three did not have any training dates recorded. We spoke with the visiting community pharmacist, who carried out medication reviews at the service, and they had not identified any concerns with the competency of the staff administering medicines. The pharmacist was confident staff knew how to manage medicines safely. The training records had not been regularly reviewed by the registered manger. This meant there was not a robust system for ensuring staff received the necessary and appropriate training and updates when they were due. However, staff told us they were regularly offered training and felt competent to carry out their roles.

Staff asked for people's consent before providing care and support. Some people at the home were not able to give this due to their healthcare needs and staff were aware of the best interest meeting process. This is when decisions about how to provide care and support for a person are made by others, but in the person's best interests. There were records of best interest meetings that had been held in people's care files. Staff were clear about the Mental Capacity Act 2005 (MCA) and knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a 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 their 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 2014 court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived for their liberty. Applications had been made to the local authority for the authorisation of potentially restrictive care plans in line with legislative requirements. However, the service did not have a specific policy to guide staff regarding the MCA and DoLS, or a copy of the MCA Code of Practice. The registered manager told us this would be addressed immediately. Some care staff were not clear on the DoLS legislation. However, staff were aware of people's rights to make decisions for themselves and told us of situations where they had facilitated people's decisions where possible. For example, when asked what activities they would like to take part in and where they would like to go when supported to go outside the service.

Staff were clear about respecting people's choices and took time to explain to people what they were suggesting before actually carrying out the task. Some staff had been provided with specific training in dementia to help ensure they had the necessary awareness to meet individuals needs.

The service had recently begun using an external meal delivery company who produced ready prepared meals which were delivered to the service frozen, to be heated as needed. The kitchen had records of the specific needs of

Good

Is the service effective?

individuals such as if they required their meals to be soft or mashed to aid their enjoyment of the food. The meals arrived already specially prepared for people with such needs and were clearly marked accordingly. The service was in the process of reviewing the menus at the time of this inspection. Staff were seeking the views of people on each item on the new menu. People's comments were recorded by care staff and these were going to be used to support the next four week menu choices delivered to the service. There was a menu available for people showing what was planned for the next weeks meals. People confirmed they were offered choices at mealtimes. One visitor told us; "I think (the person) likes the food when she gets it but she doesn't recognise the names the company give to the meals, like Moroccan lamb and Scotch Broth were not recognised until we explained what they were." Other people told us; "The food is good," "I am never hungry, I have enough to eat and drink, can't eat it all" and "Always something fancy, splendid job." We observed care and support being provided for one hour in the main lounge during the lunch period. There were aperitifs available in the dining area, such as wine and sherry if people wished to enjoy alcohol with their meals. People were given time and encouragement to be as independent as possible. Staff supported each person according to their needs, ensuring that consent was always requested prior to carrying out a task. The registered manager and head of care supported the care staff during lunch in providing assistance to people with their meals.

From staff files were able to see there was an induction programme and support provided for all new staff. Staff shadowed experienced staff until they felt confident to work alone. We spoke with a new member of staff who confirmed they had been provided with good support and induction when they first arrived at the service. They were currently working alongside experienced staff who were supervising them when working with people in the service. They did not work unsupervised as the service had not yet completed all the checks required to help ensure they were safe to work alone. The new member of staff had met with senior staff members during their first few shifts to review the support they required .

All staff reported being well supported by the management at the service. They told us; "They (management) are always busy but we can always speak with them at any time" and "They (management) are very approachable and they listen." Staff did not receive regular scheduled supervision. However, all staff told us they felt they had been offered an opportunity to spend protected time with a senior member of staff in the last six months. The registered manager confirmed there was not a programme of regular supervision for all staff. However, the registered manager confirmed there was going to be a Performance Related Bonus Scheme commenced at the service by the end of April 2015. This had been advertised to staff as a consultation document and when implemented would help ensure all staff had an annual appraisal and regular support provided to inform any performance related bonus.

People were supported to access healthcare professionals when they needed them such as GP's, district nurses and community psychiatric nurses and social workers. People told us; "They (staff) will get the doctor" "The optician will call" and "The dentist will visit." We were told by a visiting healthcare professional that staff referred to them in a timely and appropriate way. Another healthcare professional told us; "(the person who lived at the service) gets to see the community matron and the Parkinson's specialist nurse regularly. They have put on weight recently which is very good for someone with their condition." Visitors told us staff always informed them if their family member was unwell or a doctor was called.

Good

Is the service caring?

Our findings

People told us; “The staff are caring , they encourage me to keep drinking,” “They (staff) look after me well,” “I can do what I want to do, they don’t make you do anything” and “On the whole very good, staff are caring, and create a happy atmosphere.” Visitors told us; “They (staff) appear very kind and calm” and “Very good to me.” We spoke with two families after the inspection they told us; “They (staff) are brilliant, patient and kind, I can’t fault it” and “I couldn’t wish for anything better, I visit every day and they are wonderful with Mum.” Visiting healthcare professionals told us; “People are well presented, dressed appropriately and clean when visited.”

People, staff, visitors and external healthcare professionals all told us staff were very caring, kind and attentive to people’s needs at the service. People were satisfied with the care provided. Staff interacted with people respectfully. Some women wore jewellery and had their nails painted if they wished. Staff were respectful at all times and spent time chatting easily with people. One person, who spent their time in their room, had their door open and staff who passed spoke with them on many occasions to pass a comment or check if anything was needed.

The service had several different areas where people could spend time quietly reading or enjoying other people’s company if they chose. There was a coffee machine available in a corridor so that people could make a hot drink as required. The day and date was clearly displayed in a main corridor to help orientate people to the present time. People’s rooms were personalised with their own possessions. Some people had their own furniture in their bedrooms which helped ensure the room felt familiar to them. One person, who had reduced vision and hearing, had arranged for her TV to be held on a wall mounted bracket that enabled her to bring the TV screen very near to her face so that she could see it more easily. This meant the service was meeting individual’s needs effectively.

People’s preferences and choices were respected and these were well known by staff we spoke with. For example, one person preferred to sleep in late in the mornings and another two people preferred to stay up late at night. Staff told us this was “their choice”, it was “their home and they do as they please”. In the care files we saw information was recorded to guide and inform staff regarding people’s preferences and wishes, such as; “(the person) enjoys crosswords and games” “Dislikes anything spicy” and “Likes to wear lipstick and face powder.”

Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way. Staff always interacted with people at their eye level, for example kneeling next to them if they were sitting down. Staff knew the backgrounds of the people they cared for and used this information when they were with them in relevant conversations.

People were encouraged to move around freely spending time where they chose to. Staff were always available to support people to move when needed. During the inspection we saw visitors arrive to spend time with family members and friends. All were greeted warmly by name by staff and offered a drink upon arrival. Staff were able to speak knowledgeably about all the people who lived at the service and we heard staff chatting to visitors about the person they had come to see, updating them on how they had been spending their time.

People’s privacy was respected, and visitors were asked where they would like to spend time with people. Care and support was provided in private and people’s dignity was considered at all times. Staff were heard speaking quietly to people in public areas when asking them if they required support to use the bathroom.

People and their families were encouraged to be involved in the running of the service as well as their care. Families told us they knew about the new meals service and their family member’s care plans and they had been invited to see any files if they wished with the permission of the person?. Families told us staff and management were good at communicating any changes in the person to them as needed. Families felt they knew what was going on at the home at all times and were confident their family member was well cared for.

Requires Improvement

Is the service responsive?

Our findings

People told us; "If you do (raise a concern) they (staff) will put it right," "There is always something going on, quiz or a game," "Its quite good, we have exercises to music, the activities lady will always ask us what we want" and "I like all the activities, I like it when people from outside come in to do things." Visiting healthcare professionals told us; "They (staff) are organised when visits take place, someone is always ready to take you straight to the patient and the patient is in the correct place to be seen, they (staff) are knowledgeable about the residents." They told us staff would ring in appropriately early to request treatment for specific conditions and were aware of people' allergies. We were told staff were good at providing good end of life care at the service.

Some people required re-positioning regularly, to relieve pressure on their skin and help ensure they did not develop pressure damage. Staff did not always record when people were re-positioned. There were charts in two people's rooms for recording when the person was moved and to what position. The monitoring forms stated they should be moved every two hours.The monitoring records did not demonstrate re-positioning had been provided regularly by staff for a person. For example one person's records showed; 5 April 2015 only one entry at 10.00, 6 April 2015 only one entry at 10.30, 7 April 2015 one entry "Left side", 8 April 2015 two entries, one not timed and the second 6.45 care provided and "right side". On the day of the inspection we visited this person at 9.45am and at that time there was one entry at 24.03 stating "right side". Another person's repositioning records did not show staff had moved this person every two hours as directed in their care plan and on their chart in their room.This meant there were no records to demonstrate these people had been re-positioned two hourly as stated in their care plan.

Staff were required to keep an accurate, complete and contemporaneous record of care provided to people in their care notes. We saw care staff did not record care provided to people on a daily basis. For example, seven people's care records had gaps when no care was documented in their files on some days, one person's care file had a gap of 10 days between 18 March 2015 and 28 March 2015 when no care was recorded. This meant there were no records to help ensure people always reiceved the care they required to meet their needs.

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

During the inspection people in their rooms were seen to have easy access to their call bell should they need assistance from the staff at any time. People told us staff were responsive to their needs. They told us; "They come when I call them" and "They have a lot to see to but they are pretty good."

Families and visitors were encouraged to visit whenever they wanted and join in any activities if they wished. There was a varied programme of activities. People's religious needs were supported by the regular attendance of a vicar at the service. People were able to access the local area on regular minibus trips. Minibus trips were shared with other homes in the care company group. This meant people could make friends with other people at other homes who may have similar interests and abilities. The activity co-ordinator was enthusiastically innovative in providing meaningful and relevant activity for people that they would enjoy. This was achieved by knowing the backgrounds and interests of individuals at the service. The service had recently arranged for a second member of staff to support the activity co-ordinator with providing one to one activity for people who remained in their bedrooms during the day. There were records that showed when people had been supported with activity either in a group or on a one to one basis. One person who lived at the service had a 'pen friend' at another home in the group and wrote to them regularly. Other people at the service were encouraged in their enjoyment of writing and contributed to the newsletter produced by the service. One person who was recently bereaved asked to be supported to go through the journal kept by their deceased partner. This supported them to reminisce whilst feeling safe and cared for if upset.

Care files contained information which informed and directed care staff to meet individuals needs and these were reviewed regularly to take account of any changes that may have taken place. Families were invited to attend care plan reviews and sign the plans to indicate they were in agreement with the contents. Some care plans had been signed by family or the person's representative. Some families we spoke with had read their family members care plans. Some care files contained detailed information about their backgrounds and life history. Staff told us they found the care plans useful and were knowledgeable about the contents of each one. Staff were well informed about

Requires Improvement

Is the service responsive?

the past lives of people who lived at the service and used this information to have meaningful conversations with people. One care plan stated; "I am very anxious and afraid of falling," and the care plan directed staff to "Please give lots of reassurance". One to one support had been provided for this person for periods throughout the day to provide dedicated staff and reduce anxiety for this person.

In another person's care file it had been recorded that the person had recently become unwell. The GP had been called to visit the person and they had been started on a course of treatment. This was being monitored by staff to ensure it was having a positive effect. Another person had required an assessment, for a change in their behaviour, by a community psychiatric nurse. Treatment had been started and staff had recorded their monitoring of this person's behaviour to feedback to the healthcare professional at their next visit. Another care file had recorded one person had an incident with the bed rails on their bed. The records showed the bed rails were removed due to the increased risk of injury to the person. This meant the service was responding to the changes in people's needs in a timely manner.

Staff attended a full handover each morning to inform the morning shift of the care needs of each person at the service. The later shifts received one to one handovers when they arrived to help ensure they were up to date with each person's requirements.

The service sought the views and experiences of people who used the service, their families and friends. A quality assurance survey had been sent out by the service to gain their views. The responses to this survey were mostly positive and had been audited. Any issues raised were followed up with the person to ensure the matter was addressed. For example, one person had written on the survey they would 'like to have a pasty' occasionally. The service was planning to have a delivery of fresh pasties from a local bakers and were discussing what day of the week and time the person would like to have their pasty. Another person asked for a wider choice for breakfast. This person had been offered further choices for their breakfast then asked for feedback a few days later. The person was reportedly happier now. This meant people's views were sought and acted upon by the service.

The service had a complaints policy. The policy contained the details of external agencies people could contact should they wish to raise any concerns. The complaints policy had not been reviewed and contained some out of date information. The registered manager told us all the policies and procedures were overdue for review and this was planned to reflect the guidance related to the recent change of the regulations and the Care Act 2015. We were assured by the registered manager that this would be addressed immediately to ensure people who referred to the policy were correctly informed. A copy of the policy was given to people when they arrived at the service. People told us they felt they could raise any concerns with the staff and management. People were confident their concerns would be addressed to their satisfaction. They told us; "The people in the office are lovely and helpful" and "I have never complained but if I did I am sure it would be dealt with." Families told us they felt able to raise issues with the staff and management and were confident they would be listened to. The service had a record of complaints that had been raised with them. There were records of the action that had been taken to resolve the issues.

The service had received compliments and thank you cards from families and people who had experienced good care and support.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility, but shared this with a deputy operations manager and the head of care. People told us; "I find the manager to be a lovely person" and "She (the registered manager) is very busy and sometimes there are several people in the office at once, but I can always get her attention when needed." Staff told us; "We get good support from management" and "(the registered manager) is very approachable."

The registered manager and other members of the senior care team were all seen providing care and support to the people who lived at the service during the inspection. Staff reported receiving good support from the registered manager. Staff were happy working at the service and reported good morale. The atmosphere was calm and caring.

People spoke positively of the staff and the management. They told us; "(the registered manager) is a nice lady" and "They (management) are always available to help if needed." Staff also spoke positively about the management team at the service. They told us; "They (management) are very approachable and will always help us if we ask" and "It's why I came back here, it's a lovely place to work, I get good support." Visiting healthcare professionals told us; "They (staff) will give feedback. Home will do their best to help clients, staff will consistently know about residents, no concerns."

The staff were provided with information regarding best practice. The notice board outside the office displayed useful relevant guidance for staff regarding first aid treatment, hand washing, use of specific medicines and pressure area care. The registered manager was the infection control lead for the service. This helped ensure there was a clear process for sharing information and ensuring any necessary action would be taken in the event of an infection risk at the service.

The registered manager, who was also the owner of the service and the provider for other homes in the group, told us the service was supported by a full time maintenance person. There were additional resources available from the groups other homes maintenance staff if required. There was a defects record book kept at the service and all reported issues had been dealt with and resolved.

Equipment such as moving and handling aids, and pressure relieving air mattresses were all hired. The service had a contract with an equipment loan company who were called if there were any concerns with the equipment. The hire company were responsible for ensuring the equipment was regularly serviced and safe to use. Wheelchairs checks, hot and cold water systems, and legionella checks and were carried out regularly by maintenance staff.

The service had an on-going programme of maintenance and re-decoration. Bedrooms were redecorated and re-carpeted as they became vacant or a person moved rooms. The service was clean and there were no malodours detected during the inspection.

The website for the Anson care group which included Tremethick House stated: "Our aim is to enable our residents or service users to lead as full, dignified and independent a life as possible regardless of age or frailty. We achieve this by ensuring availability of all possible resources, both in the home and the local community, which help to empower each resident to maintain physical, social, emotional and intellectual well-being." Staff were aware of this ethos and supported people well to remain as independent as possible. Staff told us they felt there was an open, honest and caring culture at the service which focussed on meeting people's needs.

The registered manager did not hold regular staff or residents meetings. However, the people who lived at the service, their families and representatives, and staff all reported that they could raise any issues and would be listened to and any issues would be addressed effectively. Staff felt involved in the running of the service. Residents were regularly asked about their experiences and views although this was not always formally recorded. The service responded to people's suggestions and experiences to continually improve the service provided.

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 or processes must be established and operated effectively to ensure compliance with the requirements in this Part. Such systems and processes must enable the registered person, in particular to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided. Regulation 17 (c)