

Anson Care Services Limited

Tremethick House

Inspection report

Meadowside
Redruth
Cornwall
TR15 3AL

Tel: 01209215713
Website: www.anson-care-services.co.uk

Date of inspection visit:
27 November 2018

Date of publication:
21 December 2018

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	

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 28 November 2018. This was the first inspection of this service since it re-registered with the Care Quality Commission due to the provider became a limited company.

Tremethick House is a care home which offers care and support for up to 42 predominantly older people. At the time of the inspection there were 37 people living at the service. Some of these people were living with dementia.

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.

The service is required to have a registered manager and at the time of the inspection there were two registered managers 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 and associated Regulations about how the service is run.

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect. The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes. People told us, "All the staff and the managers do what they can, and very willingly" and "My room is kept spotless."

The premises were well maintained. There was no pictorial signage at the service to support some people, who were living with some early dementia and may require additional support with recognising their surroundings. The provider agreed that there was a person living at the service who was independently mobile around the building and may benefit from additional signage to help them find their own bedroom. Additional signage would be reviewed. The premises were regularly checked and maintained by the provider. Equipment and services used at Tremethick were regularly checked by competent people to ensure they were safe to use.

Care plans were held electronically and contained accurate and up to date information. However, we found that two people did not have care plans completed. Both had full pre admission assessments and daily notes had been completed by staff detailing all the care and support they had been given. One person had been living at the service for three weeks. The staff knew both people well and visiting district nurses had knowledge of one person from when they previously lived in their own home. Their nursing care needs had been met. We judged this had not impacted on people's well-being. These care plans were created during

this inspection. People told us, "The staff are very caring people," "I love it here because I never feel lonely" and "They help you with absolutely everything."

Care plans were reviewed regularly and people's changing needs were recorded. Care plans contained risk assessments which showed risks were identified, assessed and monitored to minimise the risk of harm whilst helping people to be as independent as possible. Relatives told us, "I am happy with the place, the staff are good and it is clean," "The care is 10 out of 10" and "The staff have bent over backwards to help our relative settle in."

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had a vacancy for one carer at the time of this inspection. People told us, "There's always somebody around to help me" and "I know I can use my call bell in case of an emergency."

There were systems in place for the management and administration of medicines. It was clear that people had received their medicine as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration however these did not effectively identify an out of date homely remedy which was in use at the time of this inspection. The system for monitoring people who self administered their own medicines was effective. We have made a recommendation about this in the Safe section of this report.

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 staff with regular updates provided. The manager had a record which provided them with an overview of staff training needs. Some staff did require updates at the time of this inspection and the management team were providing training for these staff. Staff were supported by a system of induction training, supervision and appraisals.

Meals were bought in to the service by an external company. The frozen meals were heated at the service. Food looked appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

People were asked for their views. However, the process for seeking these views was not always robust and people's requests and suggestions did not always receive a response. We have made a recommendation in the Responsive section of this report in relation to the service seeking and responding to feedback from people who live at Tremethick House.

People had access to activities. There was a programme of varied events each month advertised for each person in their room. There were staff in post with the responsibility for providing activities, however one of these people was away from work at the time of this inspection. People were not able to go out regularly in to the local area to have coffee or visit local attractions, as the service did not currently have a vehicle available. It was not clear from the records if appropriate one to one activity was provided to them in their rooms on a regular basis. The provider confirmed that people would be taken out before Christmas to see the lights in the area. This was being arranged with a local business. We have made a recommendation about this in the Responsive section of this report.

The use of technology used to help improve the delivery of effective care was limited. People did have call bells to summon assistance when needed and some people had alarmed pressure mats in their rooms which alerted staff when the person was moving around.

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.

The management team was supported by the provider and a team of motivated and many long standing staff. The staff team felt valued and morale was good. Staff told us, "I love my job," "We provide really good care here" and "We get a lot of support from the managers and Mary, they are always around if we need anything."

There were quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the management team and members of the senior care staff. This meant the service were constantly reviewing the service provided and were striving to improve it further.

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. 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.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed.

Is the service effective?

Good 

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

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

Is the service caring?

Good 

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.

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?

Requires Improvement 

The service was not always responsive. Care plans were not always created in a timely manner.

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 had access to activities. People were not currently able to go out of the service to visit local amenities as there was not a vehicle available.

Is the service well-led?

Good 

The service was well-led. There were clear lines of responsibility and accountability at the service. Staff morale was good and staff felt well supported.

There were systems in place to assess, monitor and improve the quality of the service provided

People were asked for their views on the service. However, the process for doing this, and then responding to those views, was not entirely robust.

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 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 27 November 2018. The inspection was carried out by one adult social care inspector, a pharmacy inspector and an expert by experience. An expert by experience is a person who has experience of, or has cared for a person who has experience of using this type of service.

Before the inspection we reviewed 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 nine people living at the service. Not everyone we met who was living at Tremethick House 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 five staff, two registered managers, the operations manager and the provider. We spoke with three visitors and two external healthcare professionals. Following the inspection we spoke with three families of people living at the service.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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

Is the service safe?

Our findings

People and relatives told us, "I feel safe because the staff are very kind," "There's always somebody around to help me" and "I know I can use my call bell in case of an emergency."

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 recent training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the county.

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 were made, or if there had been safeguarding investigations the managers robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity and staff were provided with training on equality and diversity. Some staff had yet to complete this training, however, the managers assured us this was in process. This helped ensure 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.

Risk assessments were carried out 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. However, risk assessments in relation to two people's needs had not been completed in a timely manner.

Equipment used in the service was regularly checked and serviced. Necessary service checks were carried out by appropriately skilled external contractors to ensure they were always safe to use.

Staff recorded when medicines were administered to people on medicines administration records (MARs). People could look after their own medicines if it had been assessed as safe for them to do this. The recording system also kept records of medicines stocks and returns to the pharmacy. A sample of eight people's MARs showed that people were given their medicines correctly in the way prescribed for them. Staff recorded the administration of creams or external preparations on separate care records. At lunchtime, medicines were administered in a safe and caring way.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including

medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective. There was a policy and system in place so that some non-prescription medicines were available to treat people's minor symptoms in a timely way. However, we found one preparation that was past its expiry date. Records showed that medicines had been checked on three occasions since the expiry date, but the expired product had not been identified. Staff removed the product straight away and told us they would arrange for a replacement. The provider assured us the medication audit would be made more robust.

We recommend that the service reviews its procedures for checking non-prescription medicines to ensure that they are always safe and suitable for use.

There were systems for reporting any errors or incidents so that measures could be put in place to reduce the risks of any incidents happening again. The supplying pharmacy had visited recently to check medicines management in the service and had not identified any concerns.

Staff received updated medicines training and had been checked to make sure they were competent to give medicines safely. However, not all staff had had their competency checked in the last year, in line with national guidance. The registered managers told us this would be completed as soon as possible. There were detailed policies, procedures and information available to guide staff on looking after medicines.

The registered managers 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 management would listen and take suitable action. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered managers. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. The audit did not clearly show the specific actions taken to help reduce risks in the future, but we were able to establish from care plans and staff that action had been taken. For example, one person was referred to a health care professional for assessment and another was treated for an infection which had led to them falling more frequently.

Care records were held electronically. Passwords were used by staff to access these records. Care plans 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 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 and the two registered managers monitored infection control audits. Staff received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance.

Each person had information held at the service which identified the action to be taken 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.

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 suitable references.

The registered managers reviewed people's needs to help 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 met quickly. We heard bells ringing during the inspection and these were responded to effectively. People told us, "I like to have my door open so the staff can pop their head around the door to check on me," "I have my call bell attached to me so it's always close by" and "There always seems to be plenty of staff about."

We saw from the staff rota there were six care staff in the morning and five in the afternoon supported by a senior carer on each shift. 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 management team and the provider were very supportive.

The management team and the provider were open and transparent and always available for staff, people, relatives, and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action.

Is the service effective?

Our findings

People's need and choices were assessed prior to moving in to Tremethick House. 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 used as the basis for their care plan.

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 several people with nursing needs. Other healthcare professionals visited to see people living at Tremethick House when required. We saw people had seen their optician and podiatrist as necessary.

People were encouraged to be involved in their own healthcare management. One person managed their own diabetes medicine and staff supported them to check their blood sugars to help ensure they stayed within safe limits. Other people were supported to be independent in their own medicines administration with staff checking on their competencies regularly.

The use of technology to support the effective delivery of care and support and promote independence, was limited. However, Tremethick House provided call bells for people to ensure they could call for assistance at any time. Pressure mats were used to alert staff when people were moving around if they had been assessed as being at risk of falling.

The service was well maintained, with a good standard of décor and carpeting. People told us, "The laundry service is fantastic," "All the staff and the managers do what they can, and very willingly" and "My room is kept spotless."

One person, living at Tremethick House, was living with early dementia and was 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 bedroom doors were identified with a number only. This did not help people with dementia to find and recognise their own room independently. The provider agreed to consider additional pictorial signage in line with people's individual needs.

Training records showed staff were provided with mandatory training for their roles. Some staff required updates and this training had been arranged. The management team monitored the provision of all staff training needs. Training updates were planned. Staff had also undertaken a variety of further training related to people's specific care needs such as diabetes care and dysphagia (swallowing problems) training. People told us they felt the staff had the necessary knowledge and skills to meet their needs.

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. There was also a period of working alongside more experienced staff until such a time as the worker felt

confident to work alone.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the management team and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

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.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. People's choices were respected. People were asked if they had a gender preference for the carers who cared for them and this was respected.

Meals were bought in frozen from a food preparation company. Staff heated the meals on the premises. We observed a meal being provided. Tables were laid with cloth napkins, flowers and condiments. Food looked appetising. Staff were available to assist people if needed. People were offered a choice of food. One person asked for a sandwich instead of the hot meal and this was provided. People told us, "The food is quite nice," "We have a great choice and we certainly get enough," "Cook comes round every day to ask what we want and if there is something you don't like you can have something else."

People were supported to eat a healthy and varied diet. Staff monitored people's food and drink intake, where there had been any concerns, to ensure people received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food. People were regularly consulted on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. A recent food survey had been carried out, along with a tasting meeting where people were invited to taste new options for the menu. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate in moulds to help the meal look appealing and people were able to see what they were eating. The food standards agency had awarded the service a five star rating.

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 applied for some people to have authorised restricted care plans. There was no evidence on the electronic care plans that a best interest meeting had always been carried out before a DoLS application was made. One authorisation was in place which had conditions attached. We were able to establish that these conditions were being complied with by the service and regular reports were being sent to the DoLS team to evidence this.

The electronic care plan system in use at Tremethick House did not prompt staff to ask people for their

consent, where they were able, to their care plans or to have photographs of them displayed in their records. The management team were not entirely clear which people living at Tremethick House had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to make decisions for themselves. The provider and the registered managers agreed that they would take immediate action to contact all the families, of people living at the service, to ensure the service had the necessary information relating to any powers of attorney that were in place.

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 when they ate and how they spent their time.

Is the service caring?

Our findings

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at Tremethick House. People and their relatives were positive about the attitudes of the staff and management team towards them. People were treated with kindness, respect and compassion. The staff and management were kind and caring. One person required additional support at meal times. This was provided in a caring and respectful manner.

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. People told us, "I can go to bed and get up whenever, last night I was watching television in the lounge till 11 o clock," "The staff are very caring people," "I love it here because I never feel lonely" and "They help you with absolutely everything." Relatives told us, "The care is 10 out of 10" and "The staff have bent over backwards to help our relative settle in."

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. 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. Bathroom doors had locks to enable people to have privacy.

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. People told us, "The staff are fantastic" and "The staff make it so pleasant to live here."

When people came to live at the service, the manager and staff asked people and their families about their past life and experiences. This way staff could have 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. We did see a life history book in one person's room. Staff were able to tell us about people's backgrounds and past lives.

Electronic care plans and paper files related to people who used the service were stored securely and accessible by 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.

Is the service responsive?

Our findings

People and their relatives were very positive about living at Tremethick House, the staff and management. They attended residents meetings where their views and experiences were sought. For example, people were asked about the meals, activities and the premises in general. We saw the minutes of a meeting in August 2018. People had asked for increased lighting in a lounge in the evenings, the cleaning of the lounge to be completed by 9 am when they arrived to use the lounge and that cups and saucers be provided rather than mugs. We saw that these issues had been actioned. However, some other requests such as a larger television with Freeview, a grill to make toasted sandwiches and an opportunity to go out in to the local area or visit other care homes in the group had not been actioned. The provider assured us that there were some challenges with providing these requests and that they would speak with people at the next residents meeting to explain this. Small numbers of surveys had been issued to specific people. The responses had not been collated and responded to at the time of this inspection. The provider told us that Tremethick House was striving to continually improve the service it provided and they were considering more effective ways of seeking the views from people and that all responses would be robustly audited and responded to in the future.

We recommend the service take advice and guidance from a reputable source regarding an effective process for seeking, recording and responding to people's views and experiences.

People had access to activities. Staff were employed who organised a programme of events including singing, craft and visits from entertainers. People were currently not able to go out with support in to the local area as there was no vehicle currently available for use by people who used wheelchairs. The responses to the recent surveys received had not yet been collated or responded to in relation to activity provision. One staff member who provided activities was currently not at work and this had led to a decrease in the activities provided. We received mixed views from some people who commented about not always having enough to occupy them. People told us, "I love the sing a longs we have," "I enjoy my own company, just sitting in my room and doing my crosswords," "You can do what you like, I like to watch television," "I go out to a local club twice a week which I thoroughly enjoy" and "I enjoy the visits we have from the local chapel I used to attend." The management team were committed to providing appropriately relevant activities for people and told us of the plans running up to Christmas which included booking a number of suitable taxis to take people out to see the Christmas lights locally.

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. It was not clear from the records if appropriate one to one activities were provided to people in their rooms on a regular basis. The management team assured us people were visited regularly by staff who sat with them and chatted.

Care plans were held electronically. They contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health and were regularly reviewed. 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 managers were knowledgeable about people's needs. However, not everyone had a care plan that was created in a timely manner. Several new people had recently moved in to Tremethick house in quick succession. Two of these people did not yet have care plans at the time of this inspection. One had been living at the service for three weeks, the other ten days. Both had full pre-admission assessments and staff had kept detailed daily notes of the care and support provided. The management team took immediate action to ensure that care plans were commenced during this inspection. Both people were able to communicate their needs to staff, and were happy with the care and support they were being given. One person was well known to the district nurses who had provided care to them when they previously lived in their own home and were continuing to provide consistent care for the person. The provider was not aware of this oversight. We spoke with care staff about these two people. It was clear they were well aware of their care needs and were providing appropriate care and support even though there was nothing recorded in the electronic care plan. We judged this did not have any impact on these two people and the provider and both registered managers assured us this would be addressed immediately.

We recommend the service introduces robust systems to ensure detailed and accurate care plans are developed in a timely manner when people move into the service.

Families told us that whilst they were not formally given the opportunity to read their family members care plans, the staff and management would involve them in all care decisions. Relatives comments included, "They (staff) are wonderful, I cannot fault them" and "Each step of the way we were consulted and things were discussed with us."

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. Monitoring charts such as skin checks and re-positioning were completed appropriately by staff. Visiting healthcare professionals told us, "They (staff) are right on it" and "They are very on the ball, they call us as soon as anything arises, they take guidance and their records are completed as we would expect them to be." The healthcare professionals we spoke with all told us they would be happy for their family member to be cared for at Tremethick House.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. Mattresses which were in use at the time of this inspection, were set correctly for the person using them. There was a regular audit of these mattresses to ensure they were always correctly set.

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 meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

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.

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 complaints policy. People told us they had not had any reason to complain.

Many compliments had been received from grateful families including, "The care and attention you gave (person's name) was exceptional and we cannot thank you enough" and "So homely and welcoming."

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses, or hearing aids and any support they might need to understand information. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day for the next days meals. Staff were seen sitting with people going through the menu to help people to make a choice.

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. End of life care plans which outlined people's preferences and choices for their end of life care were not always present in the care plans. The service was in the process of consulting with the people and, where appropriate, their representatives about the development and review of this care plan. The registered managers 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

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. The service had two registered managers in post who shared the role.

People, relatives and staff told us both of the registered managers and the provider were approachable and friendly. Relatives comments included, "I think they are all a miracle and cannot praise them all highly enough," "Nothing is too much trouble" and "I marvel at their patience and understanding with (Person's name), very impressive." Relatives told us how the management and staff kept them constantly updated and aware of any changes that took place in the needs of their family member.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had access to the care files, via secure passwords, to help ensure the care plans were kept up to date with changing situations.

The registered managers spent time within the service so were aware of day to day issues. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them. People told us, "There's no better place to be," and "This home is very good, believe me."

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

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The registered managers were supported by a head and deputy head of care and a team of care staff and ancillary staff.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I love my job," "We provide really good care here" and "We get a lot of support from the managers and (Provider's name), they are always around if we need anything."

There were systems in place to support all staff. Staff meetings took place. These were an opportunity to keep staff informed of any operational changes. For example, any compliments or complaints were discussed along with information about uniform policy and breaks. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. The provider and operations manager visited the service regularly.

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. The previous rating issued by CQC was displayed.

Staff felt valued and enjoyed their work, they responded by saying, "The managers are brilliant," "We all work really well together" and "They (management) are on top of training, they are always prompting us to do it."

There was a system of audits in place to ensure the quality of support the service provided. Care plans, accidents and incidents records and the medicines system were checked regularly and where any issue was found these were addressed. Lessons were learned by events, any comments received both positive and negative we seen as an opportunity to constantly improve the service it provided.

There was a maintenance person with the responsibility for the maintenance and auditing of the premises. The environment was clean and well maintained. The provider carried out regular repairs and maintenance work to the premises. One small issue identified during the inspection was remedied within an hour.