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Tremethick House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 31 March 2016.

The last inspection took place on 14 April 2015. At that inspection we found there was a breach of the legal requirements. Following the inspection in April 2015 a new manager was appointed in November 2015. An action plan was submitted outlining how the service would address the identified breach. At this inspection we checked on the actions taken by the service to meet the requirements of the regulations.

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 40 people living at the service. Some of these people were living with dementia. The service provides accommodation over two floors. Access to the first floor is provided by two passenger lifts and a chair lift.

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

At the inspection in April 2015 we were concerned records held at the service were not always accurate or maintained regularly. Some policies required updating. Staff were not regularly provided with supervision and training support.

At this inspection we found some improvements had been made. However, we had continued concerns about some records held at the service. Staff did not record details of care provided to people living at the service each day. Some records were inaccurate. Where staff had identified when people had lost weight, this was not reported and advice was not sought to address the issue. Risk assessments were not always reviewed and updated in a timely manner. Care plans did not always contain sufficient guidance and accurate information for staff about people's care needs. For example when a person required dressings by the district nurses. Accident forms were not always completed for incidents that took place at the service.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness. However, we did see some people were not always provided with privacy and respect. Clothes protectors were placed over people's heads at mealtimes by staff who had not sought the person's informed consent first. People's bedroom doors remained open when they were sleeping.

Staff told us they felt well supported by the management of the service and could access any assistance they may need at any time. The action plan sent in by the service following our previous inspection stated; "Supervisions/care competencies/reflective practice are being carried out, and documented on a matrix." However, the records showed that 25 of the 38 staff had not had any formally recorded face to face supervision recently. One member of staff did not have any record of supervision for 2015 or 2016. The

service had not provided any annual appraisals for staff at the time of this inspection.

We looked at how medicines were managed and administered. The service had implemented an electronic medicines management system. We were able to establish if people had received their medicines as prescribed. Regular medicines audits were not being carried out at the time of this inspection although the electronic medicines system was able to produce these. Medicines that required stricter controls were checked. The record book showed the service had held a stock of a specific medicine since 2014. This had been entered 'in error' but the records still showed a balance of medicine being held. This was addressed immediately. The error had not been picked up by regular medicine checks which we were told were being carried out, although they were not recorded. The service was not storing any medicines that required cold storage. The medicine policy had been fully reviewed and updated since the last inspection.

Staff were supported by a system of induction and training when they began working at the service. Records showed most staff had undertaken appropriate training to meet the needs of people living at the service. However, one member of staff who had worked for the service for some months did not have any evidence of having completed moving and handling training.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service was fully staffed.

Staff knew how to recognise and report the signs of abuse and were aware of how to report any concerns. Staff meetings were held occasionally. Staff told us they felt the management listened to them and provided good support.

Meals were 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.

The service had two activities co ordinators. Activities were provided regularly. People told us they enjoyed the varied activities held in the lounge.

The registered manager was supported by a head of care and two deputy heads of care. The provider regularly visited the service to support the registered manager and the staff team.

People were aware of how to raise any concerns they may have. The complaints policy held at the service had been reviewed since the last inspection and contained accurate information.

We found there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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. However, some reviews had not taken place in a timely manner.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff felt supported by the management and could access any assistance they may need. Supervision was not formally provided for all staff regularly.

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. However, some staff did not always treat some people with dignity and respect

Is the service responsive?

Requires Improvement ●

The service was not entirely responsive. Care plans did not

always contain sufficient information to direct and inform staff about people's current needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

The service was not entirely well-led. Previous concerns found at the last two inspections regarding records held at the service had not been fully addressed by the registered manager.

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

People, staff, relatives and healthcare professionals were positive about the management of the service. They reported the registered manager and staff were approachable and friendly.

Requires Improvement 

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.

This inspection took place on 31 March 2016. The inspection was carried out by two adult social care inspectors over one day.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people who lived at the service. Not everyone was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We spoke with three visitors and an external healthcare professional. The registered manager was not present at this inspection. We spoke with the provider, the head of care, the operations manager and seven members of staff.

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

Following the inspection we spoke with two families of people who lived at Tremethick House.

Is the service safe?

Our findings

At our last inspection in April 2015 we were concerned that one person who self administered their own medicines had not been assessed to help ensure the person was safe to do this.

At this inspection we found one person was administering their own medicines. A risk assessment had been carried out in 2014 to help ensure the person was able to manage their medicines safely. However, this risk assessment had not been reviewed. This meant the service could not ensure the person remained safe and competent to continue to self administer their medicines.

At the last inspection in April 2015 we were concerned that 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. The medicines policy held by the service had not been reviewed and updated.

At this inspection we found the service had installed an electronic medicines administration system which had improved the safety of medicines management and reduced the potential for any errors to occur. People told us they received their medicines when required. Staff consistently recorded when prescribed creams had been applied. 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. In people's rooms there were clear directions for staff on where and when to apply prescribed creams. The medicines policy held by the service had been updated. The service were not storing medicines that required cold storage. Staff training records showed all staff who supported people with medicines had received appropriate training. An audit trail was kept of medicines received into the home and those returned to the pharmacy for destruction.

The service was holding medicines that required stricter controls. These medicines were stored in line with the relevant legislation. The amount of medicines being used for people living at the service tallied with the records.

In other care files we found risks had been identified and there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, one person was at risk of falling out of their chair and advice had been sought from an external healthcare professional who had recommended using a chair belt to help hold them safely in position. This advice had been acted on. Another person had been assessed as developing sore feet if they did not wear socks when in bed. There was clear guidance for staff to help ensure the person always wore socks in bed.

People and their families told us they felt it was safe at Tremethick House. Comments included; "Yes I feel perfectly safe here" and "It is so lovely here, very safe."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Most 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. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. However, one member of staff who had worked for the service for some months did not have any evidence of having attended safeguarding adults training.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. However, we found one incident, which had been reported to us anonymously before the inspection, which had not been formally recorded. The February audit had not been completed at the time of this inspection.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

Tremethick House was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the 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 two references.

The service was fully staffed at the time of this inspection. Some people and their families reported that staff did sometimes take a long time to respond to call bells. During the inspection we saw people's needs were usually met quickly. People received care and support from staff who were not rushed. We saw from the staff rota there were seven care staff on duty most days supported by a manager on each shift. There were two staff who worked at night. Some staff reported being very busy in the evenings when staff numbers were lower. We heard bells ringing during the inspection and these were responded to within a reasonable time. Call bell response times for the past two weeks which were recorded by the service. We found that the longest wait for a bell to be responded to was seven minutes and this was between 6 pm and 7 pm. There were 403 bells recorded in the two weeks before the inspection with the average response time recorded at 3 minutes. The management team was closely monitoring the time in which people had their requests for assistance responded to. This meant they were able to identify and act upon any increase in average waiting times.

Is the service effective?

Our findings

At the inspection in April 2015 we found all staff reported being well supported by the management. However, staff did not receive regular scheduled supervision. Following the April 2015 inspection the registered manager sent us an action plan in November 2015, which stated; "Supervisions/care competencies/reflective practice are being carried out, and documented on a matrix." At this inspection staff reported being well supported informally by the management team. However, the records showed that 25 of the 38 staff had not had any formally recorded supervision recently. Some group supervision was recorded. Some staff did not have any record of supervision for 2015 or 2016. The service had not provided any annual appraisals for staff at the time of this inspection. The head of care told us the supervision matrix was not an accurate reflection of supervisions as some staff had received supervision that was not recorded on the matrix. This meant staff supervision support was inaccurately recorded and not consistently provided for all staff.

At the April 2015 inspection we were concerned that the service had not updated their Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) policy to reflect current legislation. The service sent an action plan to CQC stating the MCA policy had been updated. We checked this policy. The MCA policy had been reviewed in April 2015. However, the associated DoLS policy, dated April 2015, did not contain details of the Supreme Court judgement of 2014 which amended the criteria for when an authorisation for a potentially restrictive care plan should be applied for. This meant the DoLS policy did not reflect current legislation or provide accurate guidance for staff.

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

At the inspection in April 2015 we found the training records had not been regularly reviewed by the registered manager. This meant there was not a robust system for ensuring staff received the necessary and appropriate training and updates when they were due.

At this inspection we saw there was now a staff training record in place to help ensure staff training needs were monitored and updated as necessary. 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.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 management team and the staff all understood the MCA legislation. Staff had attended training in the MCA and DoLS legislation. The service had made appropriate applications to the DoLS team for authorisation of potentially restrictive care plans. These were awaiting assessment by the local authority. We saw evidence of capacity assessments having been carried out and best interest meetings having taken place. These were held to help ensure people had the necessary support to make specific decisions about their care and support.

People were asked to sign to agree to having care provided and their photographs taken and displayed in their care and medicine records. Family were given the opportunity to sign in agreement to this where people were unable to sign themselves.

People told us; "I am very happy here the staff are lovely and know what they are doing" and "I let myself out of the front door and go for a walk outside, I go to the car park, I could go further up the road if I wanted to but I don't."

During the inspection we spoke with a visiting healthcare professionals who told us they were confident the staff were knowledgeable about people's care needs. Staff called for advice and support when appropriate and followed advice given by healthcare professionals.

The premises were in good order. The service was warm throughout and there were no unpleasant odours. There were fresh flowers in the dining room and newspapers available for people to read. There had been some redecoration carried out prior to the inspection and protective tape remained covering the carpet edges in communal areas. There was a vending machine available for visitors to make themselves hot drinks.

Some people were living with dementia and moved around the service independently. However, there was no specific signage provided to help people who may need support to recognise their surroundings, such as pictorial signs to help them identify the bathrooms and toilets. Bedroom doors were identified by numbers only. The provider told us they did not consider the people currently living at the service had any difficulty finding their way around the building. The provider believed this was a dignity issue and preferred not to put up unnecessary signage unless evidence showed this to be required in individual circumstances.

A notice board displayed specific guidance for staff. For example, infection control guidance, hand hygiene, and medicines guidance. This meant staff had easy access to relevant information which supported best practice.

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 service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the Care Certificate and had shadowed other workers before they started to work on their own. On the day of the inspection an assessor was

carrying out observations on new staff. Once staff had been assessed as competent they were signed off as able to work alone.

We observed the lunch time period in the dining room. There was fresh fruit and juice available on the tables. Food at the service was bought in frozen and prepared in the kitchen. People were offered a choice of meals. They told us they could always change their minds at the time of the meal if they felt they wished to eat something else. People told us; "The food is good," "Wonderful food" and "Cannot complain they serve you what you ask for." Staff were available to provide support to people if needed. Staff sat at eye level with people when assisting them with their food, however there was little interaction between the staff and the person during this time.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences such as vegetarian diets. There was information in the kitchen relating to each person's food requirements such as the consistency of their food and any allergies. The cook reported that birthday cakes, sandwiches and snacks were all regularly prepared on the premises. There had been a birthday party held recently with many family members visiting to share the celebration.

Care plans indicated when people needed additional support maintaining an adequate diet. For example, one person who had recently moved into Tremethick House, had lost weight during a hospital stay and needed encouragement to eat her meals. The registered manager had contacted the dietician and GP and arrange for high calorie supplements to be provided for the person. Staff recorded people's food and drink intake where there was concern that the person was not having an adequate intake. We found these records were accurate and up to date.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of some multi-disciplinary notes. However, some care files did not contain records of any healthcare professional visits in 2016. We discussed this with the head of care and the provider. We were told that external healthcare professionals now used electronic records of their own and often visited people at the service without recording it in the person's care file. The provider told us they were considering a system where the recording of external healthcare professionals visits would be the responsibility of the senior person on duty. People and relatives confirmed they saw the GP, district nurses and dentist whenever they needed to.

Is the service caring?

Our findings

During the day of the inspection we observed care being provided. We saw some staff passed clothes protectors over people's heads and over their clothes without telling them what they were going to do or seeking permission first. We also saw many bedroom doors were open throughout the day of the inspection when people were sleeping in their rooms. This did not respect people's privacy and dignity. We discussed this with the provider who assured us this would be raised with staff.

We observed support being provided by staff throughout the day on a variety of occasions. Some staff appeared to be task focussed and did not always speak with the person during care and support being provided. Other staff were heard chatting to people whilst they supported them moving from one room to another.

People were satisfied with the care provided. People told us the service was caring. Their comments included; "Wonderful, treated very well, thankful to be here" and "We all have a good time together here."

Relatives told us; "It is fantastic here we are really happy with the care here," "Staff are caring" and "I come in every day and never heard or seen anything bad at all, we are very happy about things here." Visitors told us they visited regularly at different times and found people were well cared for. One staff member told us: "I would put my mum in here its good." A visiting healthcare professional was positive about the care provided at Tremethick House.

Compliments had been received by the service. These were pinned to the notice board for staff to see. Comments included; "She could not have been in kinder more caring hands," "Thank you for bringing (the person) to church" and "Thank you for the hard work then went into the preparation for your 'festive tea' today."

We spent time in the communal areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind and spoke with people in a gentle manner. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. Some of the women had had their nails painted by care staff. The hairdresser visited regularly and people we spoke with enjoyed spending time in the 'salon' room at the service having their hair done.

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.

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 told us; "I have just moved rooms and am waiting for a gateleg table so I can pull it out to have people in for a cup of tea."

People's preferences and dislikes were recorded. Care files stated; "Likes to wear powder and lipstick," "Only has goats milk" and "Prefers to eat in the dining room."

People were encouraged to move around freely spending time where they chose to. During the inspection we saw visitors arrive to spend time with family members and friends. Visitors were greeted 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.

Some people's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. Staff told us; "I love my job, and I love the residents" and "I know our residents well we are like a family. We have had a few deaths recently and we were all very sad, we miss them."

People and their families were involved in decisions about their care. Families told us they knew about their care plans. Family members had been invited to sign in agreement with care decisions if the person could not sign for themselves.

Many people living at the service were able to tell us about their views and experiences of living at Tremethick House. However, the registered manager did not hold residents meetings. We were told by the head of care that staff and the management team had regular conversations with people living at the service to check they were happy with the service they were provided with.

Is the service responsive?

Our findings

At the inspection in April 2015 we found care and support provided for people at the service was not always recorded. There were gaps of up to 10 days in one person's file when no care was recorded by staff. Staff are required to keep an accurate, complete and contemporaneous record of care provided to people in their care notes.

At this inspection we found there were still gaps in people's care records when no care and support had been recorded by staff. These varied between three and seven days. This meant there were no records to help ensure people always received the care they required to meet their needs.

At the inspection in April 2015 we found staff did not always record when they re-positioned people. This meant we were unable to establish if people were getting the care and support they needed to maintain their well-being.

At this inspection we found care files did not provide clear guidance and direction for staff on how often a person required to be re-positioned. For example, care plans stated; "Requires positional changes when in bed" with no details as to when or how often this should be done. Documents used by staff to record when they re-positioned a person did not indicate how often the person needed to be moved. This meant it was difficult to monitor if the person was moved appropriately.

Some records were inaccurate. One person had their weight recorded on 1 March 2016 as 109 kgs, then on 9 March 2016 it was recorded as being 106.4 kgs. This was recorded in error as a loss of 4.4 kgs instead of a loss of 2.6 kgs. This had not been reported by staff and there was no evidence any action had been taken to address the apparent loss of weight. The person had not been weighed since.

Another person had been recorded as having lost weight on 12 March 2016. However a nutritional risk assessment carried out 15 March 2016 stated; "usual weight remains steady." This indicated the weight records had not been reviewed as part of the risk assessment. This could have resulted in an identified area of concern not being addressed appropriately. We spoke with this person's family who told us the person had not experienced any weight loss and was eating well. This demonstrated the records were inaccurate and could not be relied on.

One person was being visited by the local district nurses to have dressings applied. The district nurse confirmed this person's care needs had changed recently requiring them to need dressings. There was no indication of this change in their care plan. This meant care plans did not always contain accurate and up to date information. Information was not always sufficient to direct staff when to provide support to people, and care plans were not always updated in a timely manner to help ensure they were accurate.

The above is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2015.

At the last inspection April 2015 we found the complaints policy had not been reviewed and contained out of date information.

At this inspection we found the complaints policy had been updated and was accurate.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were provided upon admission to the service. People told us they had not had any reason to complain. People and their relatives commented that the management team were approachable and they felt any concerns would be dealt with effectively. No formal complaints had been received in the last year.

Staff told us they had a thorough handover of each person living at the service when they arrived for each new shift. Staff told us they knew how often care and support was to be provided for people as they had been advised of this at the shift handover. We checked the records of people who required to be re-positioned. Staff told us some people required moving every two hours. However the records that staff completed in people's rooms showed gaps where people had not been moved every two hours. Skin bundles were completed on a daily basis for some people at risk of skin damage. Skin bundles are charts which require staff to record when they have examined the person's body for any red or sore areas. This helps ensure any early signs of pressure on a person's skin are noticed and action taken to relieve that pressure.

Staff had identified that one person had developed a red area on their body. This was due to pressure on the area occurring while the person was seated in a chair. After seeking advice from the occupational therapist staff agreed to care for the person in bed for a while to help the area to heal, while a new chair was arranged for the person. This meant staff were responding to people's changing needs.

At the April 2015 inspection we found care records were not held securely in people's files. At this inspection we found care records continued to be stored in files which did not hold the pages securely, resulting in pages falling out and not held in a consistent order. This made it difficult to always find relevant information when needed. The service was in the process of moving all their care records on to an electronic care management system. We were told roughly half of the care plans had been added to this system in preparation for the full launch in two months time. Staff required training in the use of this system with trial use practiced before it could be fully implemented.

The service had two activities co ordinators. People had access to a range of planned activities which they told us they enjoyed. However, one activity co ordinator was unwell at the time of this inspection. Circumstances had led to the entertainment being cancelled on the day of this inspection. People were not informed of this cancellation and we heard them commenting that the activities were very late and wondering what had happened. The head of care admitted they had not told people about the cancellation of their activities due to being occupied with the inspection process.

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

Is the service well-led?

Our findings

At the last inspection in April 2015 we found the service to be in breach of regulations. Records were not always accurate and effectively managed. This had also been raised as a concern at the previous inspection in August 2014. The registered manager sent us an action plan which addressed all the concerns raised at that inspection.

At this inspection we found some improvements had been made. However, we found the service remained in breach of the regulations relating to the management of records. The action plan had not been fully carried out. This has been described in previous sections of this report. In summary; staff supervision and appraisal was not consistently provided, recorded and monitored by the registered manager. The care and support people received was again found to have not always been recorded by staff each day. Policies had been reviewed but did not take account of changes to legislation and local procedures which had changed. The safeguarding and whistleblowing policy did not contain the contact details for the multi agency referral unit at the local authority which came in to force in early 2015. The Mental Capacity Act policy had been reviewed but did not take account of the Supreme Court judgement in 2014 which made significant changes to when a person may be deprived of their liberty and when an application for an authorisation should be requested.

Risk assessments had been reviewed by the registered manager without referring to weight records made by staff. Errors in care records and medicine records had not been identified and addressed by the registered manager. This demonstrated that audits in these areas were not effective. We were unable to find any impact of on the care and support of people living at Tremethick House at the time of this inspection. However, the records held at the service continued to be inadequately monitored and managed. This meant people's care and support was not assessed, recorded and managed safely.

We found a quantity of one medicine which required stricter controls recorded as stock held since 2014. This item had been recorded as 'entered in error' although the records continued to show a balance held, instead of a zero balance. This was a recording error which had not been picked up by regular checks, which we were told were carried out, although not formally recorded. This was addressed at the time of the inspection.

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

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by the operational manager and the provider who met regularly to discuss any issues.

Staff told us they felt well supported by management and could approach them for assistance and advice at any time. Staff comments were varied; "We don't have staff meetings very often, but we chat all the time about things that need dealing with," "I do feel that they (management) listen to us most of the time."

Relatives comments included; "They (staff) keep me informed," "I was happy with how a concern I raised was handled and dealt with" and "I consider this a well run service." One relative rang during the inspection to ask how many staff there were at the service, as they wished to bring something in for all the staff as a thankyou.

The registered manager worked in the service every day providing care and supporting staff. This meant they were aware of the culture of the service at all times. Daily staff handovers provided each shift with a clear picture of each person at the home and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the home were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. A quality assurance survey had been carried out in November 2015. One person had complained their tea was often cold by the time it reached their room. The process for delivering tea to people in their rooms had been changed as a result of this concern. Tea was now delivered in two stages from the kitchen as this helped ensure it reached people hot. Another person had requested a new carpet and we saw this had been laid in January 2016. Specific food was requested to be on the menu and we saw this had been added. This meant the service was seeking people's views and acting on their comments.

There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. We saw a faults book where staff had reported any issues that needed attention. These had been dealt with in a timely manner. This person also supported other services in the group. Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the regulations. The service did not maintain an accurate, complete and contemporaneous records in respect of each service user. The service did not monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>