

## Cornwall Care Limited

# Trewartha

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Trewartha is a care home with nursing and accommodates up to 37 people in one purpose built single storey building. The service provides care and support to people who need nursing care and people living with dementia. At the time of our inspection there were 36 people living at Trewartha.

People's experience of using this service and what we found

Some people were not able to tell us verbally about their experience of living at Trewartha. Therefore, we observed the interactions between people and the staff supporting them.

People said they felt safe. There was enough staff to support people and appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people.

Staff were highly committed to ensuring people lived fulfilling lives and were protected from social isolation. The focus of people's care was individualised and focused on promoting people's independence as well as their physical and mental well-being. People were empowered to make their own choices and staff demonstrated a 'can do' approach which meant they were able to achieve very positive outcomes for people.

People received an extensive range of meaningful activities which focused on the persons individual interests and abilities. There was a comprehensive and varied menu of activities to choose from and people benefited from the development of closer links to their local community.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care.

Care plans contained information about people and their care needs. People were supported to make choices and have their support provided according to their wishes.

People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

People had good health care support from professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. The staff worked in partnership with health and care professionals.

Staff were patient and friendly, and people's privacy and dignity were respected. Staff knew how people preferred their care and support to be provided.

People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Effective governance systems were in place, ensuring people received consistent care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 29 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Trewartha

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, one specialist advisor [SPA] and one Expert by Experience. A SPA is an external professional with experience in health and social care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Trewartha is a 'care home'. 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with eight people, six relatives, the registered manager and deputy manager, ten staff members including, care staff, housekeeping staff, the cook, receptionist, activities person and the maintenance person. We also spoke with one visiting professional during the inspection of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans contained risk assessments for keeping people safe whilst also maximising their independence. This list was not inclusive. Risk assessments identified hazards and actions for staff to take to minimise those risks.
- Risk assessments were very specific and comprehensive around behaviour and its effect on other people. For example, staff ensured people who had behaviour that might challenge other people were regularly observed for their and others safety.
- People's care plans contained personal emergency evacuation plans and the directions for staff were clear and concise. All risk assessments were reviewed monthly.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, when an incident had occurred, a person's falls risk assessment had been reviewed to ensure any associated risks were identified.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Nurses and care staff had received training and knew what to do if they were concerned a person was at risk. A person said, "Yes, I do feel safe living here." A relative said, "[Person's name] is absolutely happy and safe here. [Person] is so much happier and safer here, than she they were when living at home. The staff here have been really incredible and accommodating."
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adult's authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Using medicines safely

- Medicine systems were organised, and people received their medicines when they should. The provider was following safe protocols for the receipt storage, administration and disposal of medicines. A relative told us they were very happy with the way their family members medicines had been managed. They said, "[Staff] gave us options regarding pain relief with the pros and cons of each, so that we could make an informed decision; and that was a priceless gift."
- Staff were trained in medicines management and competency checks to ensure safe practice were in place.
- There were additional guidelines for administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary. An example of this was medicines used to provide pain relief.

- The clinical services manager regularly audited the management of medicines, so they were handled in the right way.

#### Staffing and recruitment

- Staff numbers and the deployment of staff had ensured people's needs were met in a timely manner and in a way that met their preferences. People told us they thought there were enough staff to support their needs. A relative said, "Yes, I feel there are enough staff to look after [Person's name], but also enough to be able to sit with them and have a chat".
- There was a skill mix of staff throughout the service. In addition to nurses and care staff there were housekeeping staff as well as chefs and kitchen support staff.
- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

#### Preventing and controlling infection

- Measures were in place for the safe management to prevent and control infection. Nurses and care staff were correctly following guidance about how to maintain good standards of hygiene.
- Nurses and care staff wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.
- There was an adequate supply of cleaning materials and the laundry systems ensured they met infection control guidelines.
- Audits had been completed to check suitable standards of hygiene were being maintained.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and/or deputy manager met each person before they moved into the service. This was to establish the care needed and to ensure the service could meet the person's needs.
- Care plans showed people's needs had been assessed and planned for. Guidance and direction were provided for staff on how to meet those needs.
- Care records were kept electronically in addition to care plans and risk assessments. When they were being updated they were printed out and kept in a paper record in files in the nursing office so were always readily available for staff to refer to.
- Care and support plans were reviewed monthly and there was a 'resident of the day' scheme. This meant the person's assessment, care, support plan, wishes and choices were re-visited and updated.
- Staff applied their learning effectively in line with best practice to deliver good quality care and support to people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were helped to eat and drink enough. Kitchen staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, " We have two menus' one for lunch with choices. I can ask for something different I suppose. We have cups of tea or coffee with biscuits." Relatives told us, "The food is very wonderful and is home cooked, nutritionally balanced, with fresh vegetables. [Person's name] eats normal un-mashed food and is given choices. There are always plenty of fluids, like milkshakes, juice, no fizzy stuff, but maybe some at Christmas, or an alcoholic drink from the bar they have here" and "[Person's name] loves the food and has choices of meals. They are a very picky eater and the staff will make alternatives if they want them. They also make my grandfather a meal when we bring him in to visit each day".
- People had the choice to dine in the privacy of their bedrooms and those who needed help to eat and drink enough were assisted by care staff.
- People's weights were monitored so significant changes could be noted and referred to healthcare professionals for advice. Nurses and care staff also recorded how much some people ate and drank so they could check that enough nutrition and hydration was being taken.
- Referrals had been made where people were identified as being at risk of choking. Nurses and care staff were following the advice they had been given including blending food and thickening drinks, so they were easier to swallow.

Staff support: induction, training, skills and experience

- Staff had access to training to support them in their roles. For example, food safety, infection control and

moving and handling. One staff member said, "The training is very good, and we get reminders so it's always up to date." People told us they were confident in the staff ability to support them. One person said, "I've been quite impressed actually watching them [staff] work, as I was a nurse years ago and I can't fault it. [Person's name] will now come out of their room and into the Day Room."

- Clinical staff had access to professional development. A registered nurse said, "We are well supported to keep our accreditation."
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction is very good, and it continues once you are working in the home and supported by senior staff and the managers."
- Staff received regular supervisions with the registered manager. Staff said they were well supported in their roles. One staff member said their supervision was a chance to discuss their professional development and an opportunity to discuss training.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals to make sure people's needs were met. A visiting health professional told us the service worked closely with them and followed any advice in the best interests of the person.
- People were supported to receive coordinated care when they used or moved between different services. This included nurses passing on important information when a person was admitted to hospital.
- People were supported by staff to maintain good oral hygiene. The oral hygiene needs were recorded on care plans. The care service ensured people were registered with a dentist and regular checks were carried out and treatment available if required.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapist (SALT) and falls team. Relatives told us, "Yes, the dentist has been here for [Person's name] check-up and the chiropody appointment is next week. All the professional care is outsourced, and the carers arrange it" and "The Chiropodist comes in and they are taken on external hospital appointments. The GP would visit if [Person's name] needed one."
- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked who needed fortified food and close monitoring because of weight loss. One staff member said, "The records mean we can keep a constant check and make referrals when we need to."
- The service had developed relationships with health and social care professionals. We received positive feedback from health and social care professionals about the care and support people received. One social care professional said, "They [service] are very responsive. They listen and act on any issue quickly and they use our advice."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being asked about what drinks they wanted to have and when they wanted to be assisted to rest in their bedroom.
- When people lacked mental capacity, the registered manager had ensured that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided. An example was the registered manager liaising with a person's relatives when it was necessary for bed rails to be fitted to reduce the risk of the person rolling onto the floor.
- Some people had made advanced decisions about the care they wanted to receive. Others had given their relatives the power to make decisions on their behalf when they were no longer able to do so for themselves. This included making important decisions about whether a person should be resuscitated. There were suitable records to describe these arrangements and care staff knew about the decisions that had been made.
- Applications had been made to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Adapting service, design, decoration to meet people's needs

- The service was designed to be as dementia friendly as possible. Hallways leading to people's bedrooms were painted in different colours to help people to locate their rooms. The service was in the process of arranging bedroom doors to resemble front doors and painted different colours to support people to locate their own rooms.
- The service had considered freedom of movement for people with mobility needs. There was a ramp into the service and hallways were wide to allow for wheelchairs and other forms of equipment.
- People could decorate and personalise their bedrooms. We saw that people had personalised their rooms with things that meant something to them. Staff actively encouraged people to make the home their own.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people, relatives and others was consistently positive. They told us, "Just so kind. All of them [staff]". Family members told us, "They [staff] are very respectful and they always tell [Person's name] what they are going to do and ask their permission. They never force [Person's name] and if they say 'no' they'll come back and try another time" and "The staff will check [Person's name] pain levels and give [person] more pain relief before the carers go back to support [person]. We have been blown away by the compassion and kindness;
- The services approach to ensure staff understood the importance of respecting people's diversity and human rights was focused. All staff received training to equip staff with the knowledge of what constituted discrimination, what protected characteristics were and the provisions of the Equality Act 2010.
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet. One person said, "They [staff] know [Person's name] has always gone to church and when there is a service they always try and involve [Person's name]."
- People and their relatives told us that staff knew people's preferences and provided care and support that met their needs. A relative said, "1000% - 1million% satisfied. We are so lucky to have [Person's name] here. I know how well cared for they are and supported and they treat [person] with so much dignity and respect".
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity were embedded into the practice of the team and people were treated with respect.
- People were supported to maintain relationships with those close to them. Families told us they felt welcomed and comfortable when they visited their relative. There were numerous visits during the day of inspection and everybody was observed to be greeted by managers and staff. One person told us, "I always feel welcomed whenever I come here".
- People were supported to remain as independent as possible. For example, encouraging people to do as much for themselves for as long as possible.

Supporting people to express their views and be involved in making decisions about their care

- People and their families confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "They [staff] have been so supportive and inclusive in that we [family] have been involved in aspects of [Person's name]. We have been able to tell staff so much more about them and how life used to be before [person] came into care".

- Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses.
- Families told us they were encouraged to support decisions about how their relatives care was delivered. They said staff always asked permission before carrying out a task and checked how the person wanted their care to be provided.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service continued to have a very strong emphasis on tailoring meaningful activities for people living at Trewartha.
- Staff understood that each person was an individual and provided activities tailored to them. For example, a bar had been introduced when two people expressed how they liked to have a drink at the pub but were physically unable to go. A family had commented on how good it was to visit and have a pint with their relative. Since the introduction the area had become a main event in the central hub of the service. A staff member told us, "The bar is at the centre of a lot of events."
- The service was linked closely with a university research project, examining ways of bringing digital healthcare to an ageing population. For example, it had introduced animatronic animals [a replication of pet animals]. Evidence showed it had improved the mood and behaviour patterns in some people. The service had also introduced interactive technology which supported people who may be isolated or have memory loss. It could be used to provide music, talking book, or provide a wealth of information which might be of interest to the person. A digital support worker was also beginning to look at ways of how this device could create meaningful activities for people. The service provided regular feedback as part of the research project and to further develop the technology.
- The service continued to develop its community links. For example, during the summer months, supporting people to be involved in creative walks. Designed for people who may lack mental capacity and enable them to engage with nature by walking through various locations in the local area. A family member told us, how successful it had been for their relative. They said, "It made such a difference. [Person's name] was in a much better mood after the walks." Some people had also attended a nature group designed to support people to enjoy the sensory experience of being outdoors.
- Two people who enjoyed cricket had been supported to attend local games during the summer months. There was a calendar of fixtures which staff had used to support people when games were being played.
- A member of staff had introduced a global postcard scheme. Services enrolled to the scheme sent postcards from locations around the world. Trewartha had benefitted from this by receiving postcards and messages from all over the world. They were read out to people. Staff told us, it had been a huge success because some people could engage in conversations about places they had visited or lived in their life.
- The service had enrolled with an interactive scheme which gave people experiences of events. For example, taking an interactive train ride. It created an authentic train carriage where people experienced the feeling of a train journey through the countryside. The registered manager told us how important they felt it was to engage with new technology. They said, "There is so much to offer residents it's exciting."
- People continued to benefit from a weekly memory café held close to the service. Staff told us, "It is a

really good resource for residents. I enjoy going with them when I can. It just gets people out of the home and into the community."

- There was a monthly activity calendar in the entrance area, so people knew what would be taking place. Staff told us, "It's a monthly plan but if on the day people aren't interested we do something they want to do." External entertainers visited the service including musicians, and a fitness class designed for people who lack mobility. The service had close links with a nursery and local school. An event where nursery children visited to sing songs and tell nursery rhymes had been described by staff as a 'huge success'.

#### End of life care and support

- A relative who's loved one had passed away recently wanted to speak with us. They spoke of the exceptional kindness, compassion and support that was shown not only to their loved one but also themselves during the difficult time. They said, "I could not have asked for kinder, patient and understanding staff. Not only when it happened but after as well. As you can see I am made more than welcome when I come back."
- The service worked in partnership with palliative care teams to provide care and support to people approaching the end of their lives. Practical support, advice and emotional care was available to them and their loved ones. A staff member told us, "We try and engage with everyone about end of life care. It's a difficult topic but it's important we know what is particularly important to a person as they enter the end of their life". The service had also produced a bereavement pack to support families.
- People's needs and wishes at end of life were assessed and recorded in detail. Staff were aware the importance in supporting people and their families and showed great understanding and compassion when discussing this. Staff had received training in end of life care.
- The service had introduced 'butterfly boxes. They contained items such as colourful bedding, a battery candle, a bible and aromatic diffusers. A family member told us these things had made the relatives room much more, "cosy, relaxing and comfortable". There was also a flask and biscuits for times when family members stayed with their loved one.
- A relative gave an example of when a staff member came in very early to support the person and their relative. They said, "That meant so much to me."
- Staff understood that people often formed strong friendships within the home. People were supported with empathy and compassion when friends passed away.
- A 'Memory tree' had been set up in remembrance of the friends in the service that had passed away. People left messages on the tree to remember and embrace their memory through discussion and reminiscence.

#### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was responsive to their needs. This was achieved through having personalised care plans which people and their families were involved in developing and reviewing. A relative said, "I feel so involved in [Person's name] care. They [staff] are excellent in making sure they are getting things right. So much attention to detail. They don't just listen to me they hear what I am saying." The registered manager said they were about to have a new electronic care planning system which would be much more dynamic and respond to changing needs quicker.
- Staff were skilled and knowledgeable about people, what was important to them and what their preferred routines were. It was clear a person-centred approach was embedded in the staff every day practices. They ensured each person had their care delivered at a time they preferred, and, in a way, which supported them to have control in their lives. There were numerous examples of this. For example, always taking time to stop and speak with people, to allay their anxieties or give a word of comfort.
- Staff understood the principles of the Equality Act and supported individual needs regarding disability,

race, gender, religion, sexual orientation and cultural backgrounds and supported them in a caring way. The staff team were supported by a service which was open and transparent in respect of the principles of lesbian, gay, bisexual and transgender [LGBT]. The organisation had recently produced an information leaflet called 'Safe to be You'. Its aim was to support people to feel confident safe to speak about LGBT topics that might affect them.

- Care plans were written using knowledge gained from the pre-assessment and life histories. People's care plans provided in depth information on people and their needs and underpinned the excellent physical, emotional and spiritual care given by staff.
- Care plans were constantly being reviewed and updated immediately following a change in a person's needs.
- Staff had an in-depth knowledge of the people they supported. This included people's likes and dislikes, what people liked to wear and what music they liked. Staff demonstrated passion and interest in people which created a truly person-centred approach.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people had communication or sensory loss. The service assessed each person on their own merit in respect of the impact of the loss. For example, where people were visually impaired there was access to large print reading material. Some people had limited verbal communication. Staff told us how they worked hard on understanding people's mood and display of emotion to respond in a more effective and meaningful way. A staff member told us, "It's all about getting to know the resident and looking for common ways to communicate which meets that residents' specific needs."
- Where people required aids to communicate such as glasses, hearing aids or pictorial aids, this was clearly documented. We observed staff asking if people needed their glasses when talking with them.
- There was good signage to support people to navigate the service if they lacked mental capacity. A staff member told us, "We do have various names for corridors going to people's rooms but often they ask to go the colour of the corridor. It shows how well colour works to help residents get their bearings."

#### Improving care quality in response to complaints or concerns

- The service held an organisational complaints policy and procedure. This was accessible to people living at the service.
- The registered manager held a record of any concerns raised, the action taken and the resolution.
- People and relatives said that they felt able to speak to the management team at any time.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback we received was consistently positive and reflected an open and person-centred service. An external social care professional said, "The care is very good and they [managers and staff] listen to what residents and families are saying. They are good at responding to things." Visitors told us they were always made to feel welcome and stay for as long as they wanted to. People told us, "It's just a lovely atmosphere whenever I come" and "We are always made to feel comfortable whatever time we visit."
- There was a staff recognition system in place where staff could be nominated for an award. For example, monetary awards for going over and above what was expected of them. The service has also received external recognition for the level of care provided. The organisation had been awarded an outstanding award for the location Trewartha. Staff told us it made them feel valued.
- Staff support reflected the values described by the manager. As reported in the responsive domain of this report people were being empowered to access community events.
- The registered manager was visible, and senior managers visited regularly and reported on their findings. For example, reporting how the staff team were engaging and there was a good atmosphere in the service. Relatives told us they had confidence in the management team and felt comfortable raising any issues. One said, "I have no problems talking with [registered manager] they make me feel very comfortable and care about me as well." This demonstrated the service was open and transparent.
- There were regular meetings with all stakeholders of the service. Monthly senior manager meetings took place to enable the organisations management team to share good practice and learning across the service. This allowed management the opportunity to reflect on current practice within the service and to drive discussion about how to constantly improve provision of care. Staff meetings were held for each team including, care ancillary and administration. Staff told us they felt involved in their regular meetings. For example, one meeting had identified there was a need to improve reporting maintenance issues and this had been addressed. Resident and family meetings were inclusive and generated much discussion. A relative told us, "We just feel so much more involved in [Person's name] care and we are encouraged to bring ideas about anything we might be thinking or concerned about."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. This information was also included on the home's website with a link to the full report.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-run and well-led. People lived in a service whereby the organisations caring values were embedded into the leadership, culture and staff practice. People told us the managers were very visible and interactive in the service. Relatives said, "Yes, I know who the Manager is and they are coming and going all of the time. They'll give me a hug when I need one and they keep me up to date. The management team are very much hands on with the care" and "[Registered manager] is very approachable and visible around the home; I can see her now actually!"
- A regional manager carried out monthly audit visits to ensure the service was operating as it should and in line with organisational policies and procedures. They also used the visit to engage with staff, people and visitors to gain feedback and views.
- Nurses and care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information about the correct use of equipment, medical devices and medicines.
- Nurses and care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Nurses and staff attended a daily 'stand up meeting' with the registered manager or deputy manager to review any immediate issues that day so they could respond to them.
- The service had effective systems in place to communicate and manage risks which staff understood and used.
- Staff told us that through positive and focused leadership and training, they had the resources to do their jobs well and provide a high and commendable level of care.
- There was an effective incident reporting system that flagged which serious untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.
- There were robust business continuity plans in the event of a major disruption to service delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people, their families, friends and others effectively and in a meaningful way. For example, they used surveys which led to positive changes for people. For example, ensuring staff members made sure that where people needed support to eat, a designated staff member would stay with them throughout the meal. Coloured cups were used to support staff in identifying what level of support a person needed.
- People and staff were encouraged to air their views and concerns, which were listened to and acted on to help improve and shape the service and culture. People and relatives told us communication with the registered manager and staff was good.
- People's equality characteristics relating to sensory and physical disabilities were being carefully considered so they could navigate the service more easily.

Working in partnership with others

- The service work in partnership with a number of organisations such as the local authority, older person

mental health team and other health and social care professionals. This enabled them to ensure staff had the skills and support to deliver good quality care to people.