Tre' Care Group Limited

Trefula House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Trefula is a care home with nursing which provides accommodation for up to 37 older people. At the time of the inspection 37 people were using the service. The service was separated into two units; general nursing, and a dementia service. Some of the people who lived at the service needed care and support due to dementia, other mental health, and sensory and / or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Trefula on 25, 26 and 27 July 2016. The inspection was unannounced. The service was last inspected in July 2015 when it was found to not be meeting the requirements of the regulations. At that inspection we identified two breaches of the legal requirements. These breaches related to how medicines were managed and the delivery of training. We subsequently issued two requirements and told the provider to take action to address the two breaches of the regulations. The provider sent the Care Quality Commission an action plan following the publication of the report. We carried out this inspection to check to see if the service had made the required improvements identified. We also reinspected all other areas as the service received a 'requires improvement' rating at the last inspection. We were satisfied suitable action had been completed regarding the requirements we made.

People told us they felt safe at the service and with the staff who supported them. People told us, "Yes (I am safe), I cannot say there is anything to worry about," and a relative told us "We feel that the service is safe."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling, and health and safety at regular intervals. Staff also received training about the needs of people with dementia. Nursing staff had received training in respect of their professional development..

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults. Staff received a comprehensive induction.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an

optician. People said they received enough support from these professionals. However, examples of when people had attended dental appointments were variable. The registered manager said she would look into this, as the dentist did see people regularly.

There were enough staff on duty and people said they received timely support from staff when it was needed. People said call bells were answered appropriately and we observed staff being attentive to people's needs.

The service had a programme of organised activities. An activity organiser was employed, although at the time of the inspection she was on maternity leave. Activities currently provided included group table top games such as dominos, singing and baking. External entertainers such as musicians and singers visited on a regular basis.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were happy with their meals. Everyone said they always had enough to eat and drink. Comments received about the meals included "It is nice," and "There is always enough to eat and drink." People said they had a choice of meals available. People received enough support when they needed help with eating or drinking.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. We were told management were: "Approachable and caring," and that they "Listen." There were satisfactory systems in place to monitor the quality of the service.

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

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Good

The service was effective. People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support although some medical records were variable.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable programme of activities available to people who used the service.

Is the service well-led?

Good

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was good.

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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.

We visited Trefula on 25, 26 and 27 July 2016. The inspection was carried out by one inspector. The inspection was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the three days of the inspection we spoke with seven people who used the service. We had contact (either through email or speaking to) with five relatives. We also spoke with the registered manager and five members of staff. Before the inspection we had written contact with four external professionals including GP's and other health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at six records which related to people's individual care. We also looked at nine staff files and other records in relation to the running of the service.

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

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "Yes (I am safe), I cannot say there is anything to worry about," and a relative told us "We feel that the service is safe."
The service had a satisfactory safeguarding adult's policy. Staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. One issue, about care provided by staff to two individuals, was reported to us by a whistle-blower. We referred it to the local authority under multi agency safeguarding procedures. CQC had previously referred the matter to the provider, who had fully investigated it and felt the concerns were not substantiated. The local authority was satisfied with the registered provider's investigation. At this inspection, the Care Quality Commission looked at some of the allegations made, in relation to general care standards at the service. We did not have any concerns, of a similar nature, as were alleged by the whistle-blower.

Risk assessments were in place for each person. For example, to prevent falls, pressure areas, poor nutrition and hydration. Risk assessments were reviewed monthly and updated as necessary. A summary of all risks and how they were managed, was also provided. People were provided with safe moving and handling support where this was necessary. For example we observed a person being hoisted from their wheel chair to an arm chair. This assistance was provided by two staff, who helped the person slowly and carefully, offering reassurance to the person and informing them step by step, what they were doing. Staff we spoke with all said they had received training with moving and handling and records showed all staff had received this training since the beginning of 2015.

The registered manager told us any specialist risks for example in relation to swallowing or pressure areas were assessed by specialist teams such as the Speech and Language Therapy, and the Tissue Viability teams. Where there were risks to people's skin integrity (for example of pressure areas), Skin Bundles (a pressure care assessment tool) were in place. People also had pressure mattresses, pressure cushions on chairs, and, where necessary, specialist chairs to help prevent people from getting skin damage and developing pressure areas.

At our inspection in July 2015 we found medicines records were not always completed correctly, training for nurses about medicines management was not always up to date and there were no medicines audit systems in place. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people's medicines were managed to a good standard. Medicines were stored in locked cabinets and trolleys in the medicines' rooms. Medicine Administration Records (MAR) were completed correctly. However in two instances, records were not immediately clear to us. The records were checked with the staff concerned. We judged medicines, in this case, had been administered correctly, although written communication regarding the specific circumstances could have been clearer. The registered manager said the matter would be discussed at the next clinical meeting. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were

appropriately stored, and the temperature of refrigerator was checked daily. One of the refrigerators was not working and needed to be replaced. Training records showed that staff who administered medicine had received suitable training. Internal audits of the medicines system were completed on a monthly basis. The pharmacist had checked the system, and their report said its operation was satisfactory.

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service did not keep monies on behalf of people. When people needed to purchase items such as toiletries, the service would purchase these and the costs would be reimbursed through an invoicing system. The registered manager said she would provide families with receipts and invoices for any expenditure if this was requested.

There were enough staff on duty to meet people's needs. For example the nominated individual (company representative) told us there were 11 care staff on duty until after lunch, 12 care staff on duty from 2pm until 9pm, and 9 'waking' care staff on duty from 9pm until 7 am. There were also two nurses on duty throughout the 24 hour period. In addition, the service was funded to provide one to one support for some individual people who had high care needs. Also, where possible, additional shifts were provided to assist during the day, particularly around meal times. Some agency staff were used, particularly for one to one observational work. The registered manager worked at the service, on a full time basis. There was also a deputy manager, and a lead nurse. The deputy manager was supernumerary, and the lead nurse worked shifts. Ancillary staff such as catering, administrative, cleaning and maintenance staff were also employed.

We received two comments that the service could, at times, seem understaffed. We checked the rotas for five weeks and found there were always two nurses on duty, although one of these could at times be a nurse from a staffing agency. In regard to care staff the rotas showed there was always a minimum of 11 care staff on duty in the morning and afternoon, and nine members of staff on duty overnight. However, the nominated individual said some of the agency hours were not always put on the rota. It is important that such shifts are recorded. People who used the service, and staff members we spoke with said there was enough staff at the service. From our observations staff appeared not to be rushed and attended to people's needs promptly. However one member of staff did tell us they had been concerned that some staff would rush some personal care duties. They said the matter had been reported to clinical staff who were now monitoring the situation

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. Nursing staff we checked all had an up to date registration number with the Nurses and Midwifery Council, which is their registration body.

The environment was clean and well maintained. Appropriate cleaning schedules were used. People said the laundry service was efficient. There were appropriate systems in place to deal with heavily soiled laundry.

The front door of the home was locked. We received a concern, prior to the inspection, that a visitor had not been escorted to a person's bedroom by a member of staff. The visitor felt this lack of scrutiny could have an impact on people's safety. However we noted people were required to sign in the visitors' book in the lobby on arrival. Staff then let them in through the locked inner lobby door.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested. Records showed the passenger lift and manual handling equipment had been serviced. The registered manager said there were plans to replace the current passenger lift. There was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. The heating and gas appliances had been serviced. The nominated individual said some remedial work was required to improve the heating system, and gas appliances. We were told this work would be completed in August 2016.

Good

Is the service effective?

Our findings

People told us the service was effective at meeting their needs and staff worked in a professional manner. People said, "Everybody is kind, we are all well fed and well looked after," and "It is relaxing, food is great and the company is great." Relatives said, "Staff appear knowledgeable and trained," and "It is very good, incredibly good. Great. Very consistent. We are very, very lucky when we found this place." A professional commented "I have been working with Trefula for many years and have found the staff to be excellent, knowledgeable and above all deeply caring."

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. Some staff were recruited through the job centre and had not previously had care experience. These staff attended a compulsory three day course, run approximately every three months. This covered essential topics such as the role of the care worker, safeguarding, person centred care, dementia and end of life care. This was followed by four days' work experience, where senior staff observations were used as part of the employment selection process. These applicants were subsequently interviewed, and offered a job if they met the care provider's standards. The registered manager said it was essential, even if someone had not worked in a care environment before, that they were a caring person, and could demonstrate suitable qualities such as kindness and compassion. All new staff were required to complete shifts with experienced staff until they were seen as experienced enough to work unsupervised. All new staff were subject to a 12 week period where they are supported by more experienced staff who acted as mentors.

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. Several of the staff had either commenced or completed this training. Staff were provided with a certificate when they had completed the Care Certificate.

At our inspection in July 2015 we found there were some gaps in the delivery of training. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we reviewed training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety (including fire safety, infection control and food handling), safeguarding and de-escalation techniques (needed if people acted in a violent or aggressive manner). Nurses had received training in epilepsy, handling medicines and first aid. Staff were also required to do further training courses, for example by correspondence, about issues such as end of life care, dignity, reporting and recording, and equality and diversity. Staff had not all completed these courses, but were in the process of working through courses required by the organisation. Nurses had also received other relevant clinical training to support them carry out their roles. This included, catherisation and colostomy care, venipuncture and use of a syringe driver. All staff had also undertaken training about dementia awareness. Some staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. We subsequently concluded staff had received suitable

training to carry out their work. The staff we spoke with were positive about the training they had received. For example we were told, "Training is good," and "Really helpful," and that the organisation's internal trainer was "Really good."

Staff told us they felt supported in their roles by colleagues and senior staff. There were limited records of recent individual formal supervision and or an appraisal. However staff told us they could approach a senior member of staff, or a manager, at any time if they had any problems or difficulties with their work. Staff said senior carers and managers were "Nice," "Supportive," and they "Will listen." There was also a registered nurse on duty, 24 hours a day, to supervise and lead shifts. Staff said they felt confident approaching senior staff if they had any queries or concerns.

People told us they did not feel restricted. However due to some people having dementia, and the high level of vulnerability of everyone, the front door was locked for security reasons and to maintain people's safety. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example people told us staff involved them in how people wanted their personal care and they were able to choose when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions 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. 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 registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. Records showed that some staff had received some training about mental capacity and deprivation of liberty, although the registered manager said all staff would receive this training in the near future.

People were happy with their meals. Everyone said they always had enough to eat and drink. People told us staff knew individual likes and dislikes. A choice of meal was available to people at lunch time. We observed one of the staff discussing what people wanted for their lunch. People also told us they had a choice at breakfast and tea time. People said staff would regularly ask them if they wanted a cup of tea, coffee or a cold drink. Comments received about the meals included food is "Good," and "It is always edible. I do not have to send anything back. I always have enough to drink." One relative said people "Are offered a choice of meals at lunch and if they do not eat this, they are then offered a hot meal at supper. This is a service that makes a difference."

At lunch time, in one of the lounges, we observed people receiving support to eat their meals. The meal was unrushed and people were generally suitably supported. There was a delay in one person receiving assistance with their meal. This was despite the meal being in front of them for approximately five minutes. This delay would have affected the temperature of the food served. Also, during our observation, we did have concerns about two staff member's attitudes. Firstly one member of staff who was due to finish their

shift, asked another member of staff to take over assisting the individual, and then left the room. There was no communication with the person who they were helping. A second person did not communicate verbally with the person they were helping to eat, although the staff member was frequently having discussions with other staff members. We discussed these concerns with the registered manager. Other staff however had excellent attitudes with the people they were assisting. For example they helped people at the individual's own pace, staff attention was focussed on the individual concerned, and staff conversed with the person. When people did not eat staff provided regular encouragement so people would not go hungry. One member of staff provided particularly excellent support. The member of staff was seen constantly communicating with the person, and gently encouraging them to eat and drink. If the member of staff needed to assist another person, they always communicated this to the person rather than just diverted their attention. The support was very person centred, nurturing and respectful.

We did receive some comments that some people needed some more support with drinking. For example one visitor said water jugs, and cups were not always left within a person's reach. Another person said they did not think staff checked enough that their relative drank enough. We also received a comment that tops were not always put securely on beakers, which enable people to handle cups for themselves. Some people, due to their illnesses, required charts to monitor they were having enough food and drink to minimise the risk of malnutrition and dehydration. We checked records for several people. These records were completed comprehensively. We checked people had drinks near to themselves (particularly if people were alone in their bedrooms), and also that where people had specialist beakers the lids were fitted correctly. We did not find any concerns, although we asked the registered manager to inform staff of the concerns raised with us and to take, where necessary, suitable action.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. However there were limited records about whether people needed or wanted to see a dentist, and as appropriate, when they last saw a dentist. We discussed this matter with the registered manager who said people did have access to a dentist and she would ensure records were improved. We received positive feedback about the standards of the service from several health and social care professionals. Professional's comments said staff were, "Very supportive," and "Professional and friendly."

The service had appropriate aids and adaptations for people with physical disabilities such as a 'walk in' shower facility. There was a passenger lift for people who could not manage the stairs. This was rather small, although the registered manager said there were plans to replace the passenger lift. The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. There were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable. Importantly many people spent time in their rooms, and there was no sense staff overly encouraged people to spend time together in the communal lounges. The registered provider was in the process of adding an additional six bedrooms to the service. The new extension would also include a new laundry and an extended lounge area. An enclosed garden would also enable people to have some safe outside space where there would not be a need for staff supervision. The dementia unit had a pleasant garden. The registered manager said people were encouraged to go outside. We were told some supervision was required, as people had got over the fence and left the site. Measures were being taken to improve security so more people could use the space without staff supervision.

Good

Is the service caring?

Our findings

People were positive about the care they received from staff. We were told; "It is very good," "(The staff are) All very kind, everything they have to do, they do it well," and "It is very nice, staff are very caring." Relatives told us "Care is very good. Brilliant…and the girls are very professional," and "It is absolutely lovely." Professionals stated "The staff are professional and friendly," and "The staff (are) excellent, knowledgeable and above all deeply caring."

We observed staff working in a professional and caring manner. The people we met told us care was provided in a kind and caring manner and the staff were patient. Staff were observed to be calm, and did not rush people. The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

During the inspection, one person had a medical emergency. The emergency bell was activated. Staff came quickly to the person's assistance. The emergency was dealt with calmly and professionally. The person was made comfortable, and the nurse on duty completed the necessary medical checks. The person was provided with lots of reassurance. The GP was subsequently called to ensure the person received appropriate medical consultation.

Most people said call bells were answered promptly. For example one person said "There are always a few staff, you are never waiting hours and hours, someone will always answer the bell." However we did receive two comments that there could be delays. We witnessed one delay when a call bell rang for five minutes before a member of staff responded. The matter was not an emergency, but the delay did cause us some concern, and it was subsequently raised with the registered manager. We were told that a new call bell system was expected to be in place by the end of 2016 as the current system did not allow staff to hear correctly if staff were in certain areas, for example if they were behind closed doors. Prior to the inspection we received a concern that the call bell was out of reach of one person. We discussed this matter with the registered manager, who said staff should always ensure call bells are within the person's reach, if they are in their bedrooms. During the inspection we checked whether people could access their call bell, and these were always near to hand.

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes and a brief history of the person's life prior to moving into the home. The registered manager said when care plans were written staff consulted with people and their families. We were told families were also invited to a review meeting with the person's named nurse. This enabled there to be a discussion, and amendments made as necessary to the care plan. People's representatives subsequently signed the care plan if they were in agreement with it.

People said their privacy was respected, for example, staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also to the lounge or dining room if they wanted to meet with visitors. Some of the relatives told us they would visit either every day, or most days, and standards in the home were always good. Relatives also told us "Communication is good" for example we were told families were always informed promptly if staff had any concerns about someone's welfare. Relatives said if they had any concerns staff and management were "Approachable and caring."

Good

Is the service responsive?

Our findings

People were very positive about the care they received from staff. We were told for example staff were "As good as gold," "Caring," and "Kind." We observed staff acting in a kind and considerate manner.

Before moving into the home the registered manager told us two staff members would assess people to check the service could meet the person's needs. People, and /or their relatives, were also able to visit the service before admission. Many of the people, who lived in the dementia unit, were previously patients at an elderly person's psychiatric unit, often with complex psychiatric care needs. Good relationships had built up with the psychiatric unit, and community team, to enable people to be supported in the transition from hospital to a community setting. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan in their individual file. Files were stored securely in the offices. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's personal care, mobility, continence needs, behaviour and cognition, night care, skin integrity, and hydration and nutrition. There were also 'short care plans' in people's bedrooms, which included various charts e.g. if people needed to be turned, in bed to protect them from pressure areas developing.. Moving and handling assessments were also duplicated in people's rooms so staff were aware of individual requirements.

Risk assessments were comprehensive, and included a summary of all risks identified. Care plans and risk assessments were regularly reviewed, and updated to show any changes in the person's needs. Staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time. One relative, of somebody who had recently moved to the service was concerned about their relative slipping in their chair. They said an occupational therapy request had been made but nothing had yet happened. We discussed this with the registered manager who said the referral was made, and as necessary the matter would be chased up. However the registered manager said there were suitable interim arrangements to ensure the person did not fall.

The service arranged organised activities for people. An activity organiser was employed, but was currently on maternity leave. People told us activities included "quizzes sing a longs and entertainers such as a guitarist." On the second day of the inspection there was a 'Coffee morning' where people had been encouraged to gather in the dining room, some special cakes had been made, people were playing dominos together and staff were facilitating a conversation between people. The registered manager said other activities on offer included gardening, baking, singing and dancing. External entertainers also visited. These included guitarists, a tea dance organiser, guitarists, singers, and someone who organised a drumming workshop. The registered manager said external entertainers came to the home approximately once a week, but otherwise staff would try to organise a group activity each day. Due to people's mental and physical care needs, the registered manager said it often was difficult or impossible for people to go out into the wider community. People were however encouraged to use the garden, and the registered provider was in the process of constructing a walk way, and seating areas, in a wooded area, within the service's grounds.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. One relative said "Staff respond openly, effectively and efficiently to concerns from family members." Family members said they felt confident appropriate action would be taken if they raised a concern for example "If there is a problem they will sort it." We were told there had been one formal complaint which was now resolved.

Good

Is the service well-led?

Our findings

People and staff said they had confidence in the registered persons (owners and manager of the service.) For example people and relatives told us the manager was "Approachable and caring," "Lovely, she will sort out any problems," Staff told us managers were supportive and helpful. We were told management were "Nice," "Supportive," "Will listen," and were "Very approachable." Professionals told us "The home is efficiently run," and management were "Effective and supportive."

People said there was a positive culture at the service. For example it was "Relaxing," and "It is very good." Staff said there was a positive culture among the staff team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management should it occur. Staff members told us, "All the staff are caring," "Some of the staff are amazing, really caring..they will do the extra bit," and "We all work together...it is like a family."

There was a clear management structure. The owners of the service visited regularly. There was a general manager to oversee Trefula and other services in the group. The registered manager worked in the service full time and worked alongside staff. A registered nurse was on duty 24 hours a day, every day. The registered manager was supported by a deputy manager. A group of senior care assistants and nurses oversaw care practice. The registered manager said the deputy manager and herself took it in turns to be on call, out of hours and at weekends.

Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by senior staff.

The registered manager monitored the quality of the service by completing regular audits such as of care records, medicines, infection control, health and safety, training provision, accidents and falls. An annual survey of relatives was completed to find out their views of the service. Results of previous surveys were all positive.

The registered manager said she had regular face to face meetings with the general manager and colleagues who managed other homes in the group. There were also meetings for care, nursing, night, catering and housekeeping staff. We saw minutes of these meetings. The registered manager said communication between staff occurred during team handovers, or informally. We sat in on one staff handover, where each person's needs were discussed among the staff finishing their shifts and those who were just about to commence their shift. Staff told us they felt communication in the service was good.

The registered manager was registered with the CQC in 2011. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with. The registered provider had recently submitted an application to register additional bedrooms at the service. This application was currently being assessed by the commission's registration team.