Blakeshields Limited

Trewiston Lodge Nursing Home

Inspection report

St Minver
Wadebridge
Cornwall
PL27 6PU

Tel: 01208863488

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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

Trewiston Lodge is a care home which offers care and support for up to 32 predominantly older people. At the time of the inspection there were 32 people living at the service. Some of these people were living with dementia. The service occupies a detached house over two floors.

This unannounced comprehensive inspection took place on 5 June 2018. The last inspection took place on 15 March 2016 when the service was meeting the legal requirements. The service was rated as Good at that time. Following this inspection the service continues to be rated as Good.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect.

People told us, "Yes, I'm quite happy with it, if you don't like something, you can always say so" and "The carers do involve me in the care plan and they go through it with me, any changes to my medication, the GP deals with it."

Relatives told us, "Yes they (staff) are very good, second to none" and "It's all 100% and they keep me up to date."

The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes.

The premises were well maintained. The service was not registered for dementia care but there was some pictorial signage to support some people, who were living at the service, with early dementia who may require additional support with recognising their surroundings. The premises were regularly checked and maintained by the provider. Equipment and services used at Trewiston Lodge were regularly checked by competent people to ensure they were safe to use.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff. Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had no staff vacancies at the time of this inspection.

There were systems in place for the management and administration of medicines. It was clear that people had received their medicine as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration and these were effectively identifying if any error occurred such as gaps in medicine administration records (MAR).

Meals were the subject of some concern to people at the service. We saw a meeting, requested by the people living at Trewiston Lodge, had been held to discuss the food provided. 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. However, we were told the food and drinks served were not always hot and not always to their liking. This issue was being addressed by the registered manager at a further meeting to be held with the kitchen staff.

People had access to some planned activities. An activity co-ordinator was not in post. Activities were provided by care staff. We were told staff workload pressures often led to the cancellation of planned activities. It was not clear how the activities were chosen. The activities provided were not always relevant and meaningful to everyone. People had been supported to go out in a minibus, supported by staff, to attend appointments, have coffee or visit local attractions. However, this had stopped recently. The registered manager was sourcing an alternative vehicle to take people out.

Technology was used to help improve the delivery of effective care. Alarmed pressure mats were used to alert staff when a person, who was at risk of falling, was moving around their room. People, who were able to use them, had access to call bells.

The registered manager was supported by the provider and a team of motivated and many long standing staff. The staff team felt valued and morale was good. Staff told us, "I am happy here, I am well supported" and "We are a good team, a happy lot on the whole." Staff were supported by a system of induction training, supervision and appraisals. Staff told us they felt well supported and could approach the registered manager or the provider at any time.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The registered manager had a record which provided them with an overview of staff training needs.

Staff and the management team were aware of the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly. However, some family members, who did not hold the appropriate legal power, had been asked to sign consent forms on behalf of a relative. The registered manager held a record of the Lasting Powers of Attorney held by family members and assured us this would be reviewed.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the registered manager and the clinical lead on care plans, medicines management and any accidents and incidents.

Care plans and daily records were not always stored securely at Trewiston Lodge. Daily records were held on open shelves at the end of the lounge. Care Plans were stored in the nurses office. The door was not locked when there was no one present. We were assured this would be addressed immediately.

We have made recommendations in this report that the service seek advice and guidance from a reputable source regarding the provision of activities, ensuring consent is obtained correctly, and the secure storage of people's records.

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 remains Good.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Trewiston Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 June 2018. The inspection was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has experience of using, or caring for a person who uses, this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 14 people living at the service. Not everyone we met who was living at Trewiston Lodge was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with five staff, the registered manager and a representative for the provider. We spoke with four visitors and one external healthcare professional.

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

We looked at care documentation for six people living at Trewiston Lodge, medicines records for 32 people, five staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and happy living at Trewiston Lodge. People told us, "Oh yes I do (feel safe) especially if I can get outside" and "I get on well here."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. This provided information to people, their visitors and staff on how to report any concerns they may have. People were asked for their views about if they felt safe at the service at meetings.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager investigated these issues. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents took place. For example, one care plan gave clear guidance for staff about what may cause one person to challenge them, and how to reduce the person's anxiety by speaking slowly and calmly.

Equipment used in the service such as moving and handling aids, wheelchairs, stair lifts etc., were regularly checked and serviced. Necessary service checks were carried out by appropriately skilled external contractors to ensure they were always safe to use.

The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of when the cream would no longer be safe to use. The service was holding medicines that required stricter controls. The records tallied with the stock held at the service. Records of people's medicines travelled with them when they went to hospital.

Trewiston Lodge were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured.

The service had ordering, storage and disposal arrangements for medicines. Regular internal audits helped ensure the medicines management was safe and effective.

Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated and when it was given. One relative told us, '"They'll adjust (person's name's) medication if necessary, there's no problem, they always tell me."

Staff training records showed all staff who supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

We discussed protected time for the administration of medications with the nurse on shift. Although this was not always possible, the situation is now much improved as four days a week there are two registered nurses on duty to enable one nurse dedicated time to prepare and administer the medications. This was also helpful when there was a delivery from the pharmacy as one nurse was available to check in the medications.

The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns management would listen and take suitable action.

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. Records did not however show the actions that had been taken to help reduce risk in the future. For example, one person was referred to the falls clinic and another had been provided with an alarmed pressure mat in their room so that staff would know when they were moving around. The registered manager addressed this at the inspection by adding a column to the audit that was in place, which now held this information.

Whilst the service was aware of the implementation of the General Data Protection Regulations (GDPR) which had come in to force in the weeks preceding this inspection, care records were not stored securely. Daily care records were on open shelves in the dining area and care plans were kept in the nurses office, which was not locked when unattended. The provider's representative assured us this would be addressed immediately, by moving daily care records in to a lockable cupboard nearby. A coded lock would be fitted to the nurses office.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks

before starting work. This included Disclosure and Barring Service (DBS) checks and the provision of suitable references. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff. However, staff files held confidential information about staff which should no longer be held on file once checked. For example, DBS checks and documents which provide proof of identity of the person

We recommend the service take advice and guidance from the General Data Protection Regulations in order to become compliant with this legislation.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure it was kept clean. The service had an infection control policy. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Most staff had received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visit.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency awarded the service a four star rating. There were some actions from the food standards inspection which had all been completed.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises. Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service. One fire exit door, on the ground floor at the end of a corridor, was easily opened but not alarmed. This meant a person could leave the building unnoticed by staff. The provider assured us they would fit a portable alarm to this door to reduce this risk.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were met quickly. We heard bells ringing during the inspection and these were responded to effectively. However, some people told us they had waited longer than they would wish for staff to respond to their call bells on some occasions. Comments included, "Sometimes they (staff) come quickly, sometimes not" and "If I want a nurse, I press the button, but they don't come quickly, if I'm fortunate they will come to me in 10 minutes, but run of the mill it will be 20 minutes to ½ hour." We discussed this with the provider and the registered manager. We gave them the names of the people who spoke with us, as they had agreed for us to do this, and we were assured the registered manager would follow this up directly with the people concerned.

Relatives told us they believed their family members were safe and happy. They told us, "She loves it here. The dementia now has a stronger hold, but she knows who I am," "Yes its fine, all fine" and "As much as he can be, it's not perfect, but where is."

There were no staff vacancies at the time of this inspection. We saw from the staff rota there were six care staff in the morning and four in the afternoon supported by a nurse on each shift. There were four care staff

who worked until 11.00pm and then two for the rest of the night, supported by a nurse.

The management team were open and transparent and always available for staff, people, relatives, and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action. They also told us they felt they were a good team and worked well together, morale was good and staff felt the registered manager was very supportive.

Good

Is the service effective?

Our findings

People's needs and choices were assessed prior to people moving in to Trewiston Lodge. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. Where possible people were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

The service had a good working relationship with the local GP practices, district nursing teams and other healthcare professionals. District nurses were visiting the service to see some people with nursing needs who occupied the residential care beds. Other healthcare professionals visited to see people living at Trewiston Lodge when required. We saw people had seen their optician and podiatrist as necessary. People told us, "Yes, you tell the staff and they get them for you," "The nurses come in every day and I see a GP if they think you need it and they get them for you" and "I go and see the matron and they arrange for the doctor to come in'.

People were encouraged to be involved in their own healthcare management. One person managed their own specific care needs, using suction.

The use of technology to support the effective delivery of care and support and promote independence, was limited. However, pressure mats were used to alert staff when people were moving around, if they had been assessed as being at risk of falling.

The service was well maintained, with a good standard of décor and floor coverings. Some people living at Trewiston Lodge were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was some pictorial signage which clearly identified specific rooms such as the toilet. Some bedrooms only had a number on them, which did not support people to recognise their own rooms easily and independently.

We asked people about their bedrooms. They told us, "Plenty big enough, very expensive of course. I have some of my pictures and belongings," "It's quite comfortable, clean and always warm, I'm never cold" and 'I love my bedroom, lovely, no faults at all. I have my own belongings with me."

Training records showed staff were provided with mandatory training for their roles. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care and tracheostomy care. One relative told us, "Yes they (staff) are very good, second to none."

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which 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 practices within the care sector. There was also a period of working alongside more experienced staff until such a time

as the worker felt confident to work alone.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service. Staff commented, "We can have our say, and we are heard," "Oh yes we can speak up if we want to" and "The caring wasn't just doing things for them, the wanting to care came from 'her heart."

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "Over the years I have been here I have done loads of training, it is good."

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

In care files we saw there was specific guidance provided for staff. For example, frailty assessments and prompts for best practice. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

We observed the lunch being served to people. We heard staff offering prompts and assistance to people, "It's lunchtime my dear, it's lamb hotpot today" and "Are you ok? shall I help you with that?"

People were supported to eat a healthy and varied diet. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food. The registered manager had recently been asked by people living at the service, for a meeting to discuss the food and drinks provided. The minutes of this meeting showed people were concerned that food and drinks were not always hot enough when served. They also asked for certain foods to be provided. These concerns were in the process of being addressed and showed the service listened to people's views. The management team had planned a further meeting with the kitchen staff and the people living at the service, to discuss what type of food they preferred and to ensure that food and drinks were always served hot.

Comments were varied and included, "Depends on who cooks the food, if (one member of catering team) cooks it's pretty good, if the other one does it's not," "I have a choice of anything I like," "Yes, I like the food here, but if I didn't like something they'd give me something else." People told us that some of the food was good, but it was spoiled by not always being hot enough. Also, we were told if some people asked for a small meal, staff provided a full meal, saying 'just leave the rest'. People saw this as being wasteful. One relative told us that when they had asked for fresh fruit to be offered they were told it was in the kitchen. We confirmed there was fresh fruit in the kitchen but not available to people in the lounge areas. The registered manager and the provider assured us this would be addressed.

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. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate in moulds to help the meal look appealing and people were able to see what they were eating.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had applied for some people to have authorised restricted care plans. There were no authorisations in place at the time of this inspection.

There was however little evidence of capacity assessments or best interests meetings having been held to demonstrate that a formal capacity assessment had always been carried out, and that it was the least restrictive option available before the DoLS application was made. The registered manager was confident that this process had been carried out prior to one person coming to live at Trewiston Lodge. Other than informing the family there was no reference to the fact that a DoLS application had been made in the person's main care plan. This meant staff may not have been aware of this restriction.

People were asked to consent, where they were able, to their care and to have photographs of them displayed in their records. The management team were aware which people living at Trewiston Lodge had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves. However, where some people were unable to consent themselves, due to their healthcare needs, family members were seen to have signed on their behalf. This meant people were being asked to make decisions when they did not have the necessary specific legal powers in place to do this.

We recommend that the service take advice and guidance on the implementation of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards at Trewiston Lodge.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People chose when they got up and went to bed, what and then they ate and how they spent their time. People were able to go out in the grounds and local area as they chose. Some people required support to do this and this was provided by staff. There was also secure outside spaces that people could enjoy. One person told us, "Yes, I can go out when I like, I go to Wadebridge to visit my sisters."

Good

Is the service caring?

Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion.

People were well cared for. We saw many positive interactions between staff and people living at Trewiston Lodge. Relatives and healthcare professionals told us staff and management were kind and caring.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People told us, "I need help with the shower and I have one only occasionally, but I have a wash all the time," "I like to be clean, it's most important, more so than the food. I can get up and go to bed whenever I want," "I have a shower once a week, on a Sunday, you can have more if you ask. I always have someone with me to help. I go to bed and get up at a time that I like, they come to see me to make sure that I am changed and all."

Where possible staff involved people in their own care plans and reviews. However due to people's capacity involvement with this was often limited, and consultation could only occur with people's representatives such as their relatives. Although one relative who visited very regularly told us they were not aware of their family members care plan.

People told us they felt well cared for by staff who respected their privacy. People told us, "There's no problem, some of the carers are better than others, they do respect my dignity and privacy and all of that," "I find them very nice" and "Yes, I think they are (kind) most of the time."
A relative told us, "It's all 100% and they keep me up to date"

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

We spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately.

There was little life history provided in care plans. It is important that staff have such information as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable. However, some staff were able to tell us details about people's past when we spoke with them.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their bedrooms.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People told us, "My daughter visits me and she can come whenever she wants," "No there aren't any restrictions, they'll give you a meal or a cup of tea and most of the carers are very kind, you only have to say if something is wrong and they'll come" and "Yes, there are no restrictions, I don't think so."

People and their families were involved in decisions about the running of the service as well as their care. Staff knew some visitors well and engaged them in conversation.

The service had held residents meetings which provided people with an opportunity to raise any ideas or concerns they may have. We saw the minutes of these meetings. This meant the service was actively seeking the views of the people using the service, and seeking to continuously improve it.

Good

Is the service responsive?

Our findings

People and their relatives were positive about living at Trewiston Lodge and the staff and management.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. These records were accurate, complete, legible and contained details of people's current needs and wishes. The care plans were regularly reviewed to take account of any changes in a person's care and support needs. However, only one of the people we spoke with were aware of what a care plan was and they were not aware that they had one. This person told us, "The carers do involve me in the care plan and they go through it with me, any changes to my medication, the GP deals with it." Relatives had mixed views about care plans and told us, "I saw someone a few weeks ago and they keep me up to date with everything. Everything they need to be doing, they do. When they make any changes to her care the ask me to sign the care plan" and "A care plan? No, no one has spoken to me about a care plan."

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. However, mattresses which were in use at the time of this inspection, were not always set correctly for the person using them. We spoke the registered manager who confirmed there was no regular check of the individual settings on these devices, but that this would be put in place. We judged this had not had any impact on people's well being at the time of this inspection.

There were few gaps in people's monitoring charts. We judged people were receiving appropriate care, and that most staff were appropriately recording the condition of people's skin and when they had provided care.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. Handover information was recorded in a diary.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual

orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. We saw concerns that had been raised to the registered manager had been investigated fully and responded to in an appropriate time frame. One was in the process of being resolved at the time of this inspection. A meeting with a person's family had been held on the day of this inspection.

People had access to some activities within the service. An activities co-ordinator was not employed. Care staff and the registered manager arranged a planned programme of events. External entertainers visited the service and animals were bought in to entertain people. Some people told us that the planned events did not always take place. Some people told us they were unaware of the weekly planned activities . They told us that activities in the service were limited and generally they did not enjoy the activities that were offered. Comments included, "I used to do a lot of knitting and reading, word searches, but they don't do anything for you, they (Staff) don't do anything that's on that list there, where they've got all those things listed from I don't know, they don't do any of them" and "They do have them, but they are boring and I don't do them, I'm not interested in doing them."

Some family recognised their relatives was suffering from dementia and could not easily take part in group activities. Relatives told us, "(Person's name) doesn't do anything here, they don't include them in anything; a girl comes in to hit a balloon to each other, but they (Staff) don't take them into the lounge to participate and I think that is wrong. They just sit here day in, day out, and don't do anything and isn't included in anything. I think it's because they can't see. (Person's name) loves music, but that doesn't happen; I brought a little music player in, but (Person's name) said it was no good because they couldn't hear it due to the noise here. They say they'll take him to another room so that he can listen to his music, but it doesn't happen," "They do have some singers who come in" and "The man that did the trips out has retired; it's a pity really, as last week was the last trip, a lot of people have missed out. It was nice to just have a change of scenery, it's what you need sometimes."

Staff confirmed that activities were sometimes cancelled due to workload pressures. One member of staff told us, "We just don't have the time some days, the care comes first." Care files held a recording sheet for staff to document activities. There was once weekly keep fit recorded. On others days staff recorded people were 'resting' or 'chatting'. Two people, living at Trewiston Lodge had a background in catering. However, there were no domestic tasks such as folding napkins for the dining area, folding laundry, or preparing food for the kitchen, offered to these people. People told us that activities were infrequent and of little interest, but all had thoroughly enjoyed the weekly trip out which had recently come to an end. The provider assured us alternative transport arrangements were being researched.

Some people chose not to take part, or could not be involved due to their care needs, in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We did not see evidence of one to one relevant activities being provided regularly for these people, We saw staff checked on people and responded promptly to any call bells. People told us, "We don't go downstairs, so don't do them, we prefer to stay up here," "I don't play the games they are too childish. We do have entertainers come in," and "We have singers and play this (currently playing) memory game, but we don't have them all the time."

We recommend the service consider specifically focus on providing meaningful activities for people. Also to take advice and guidance from an appropriate resource regarding relevant activities for people with

dementia.

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

Other people had limited communication skills and there was guidance for staff on how to support people. For example, some people had limited ability to communicate verbally. There was information for staff about how to communicate with those people.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day for meals. Staff supported people to make a choice.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan. The manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had / did not have a registered manager in post.

People were happy living at Trewiston Lodge. One person told us, "Yes, I'm quite happy with it, if you don't like something, you can always say so."

Relatives told us the manager was approachable and friendly. Comments included, '"know her by sight, but not their name. They can come and see me if they come up to my room and I feel comfortable and confident that she'd sort anything out," and "Yes, she's as good as gold and tries ever so hard. I see her often and is very approachable and would talk to her if I had any.

Staff told us, "I feel I can always approach the manager if I need to" and "There is always support available if we need it."

The registered manager spent time within the service so was aware of day to day issues. They believed it was important to make themselves available so people, relatives and staff could talk with them, and to be accessible to them.

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

There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by a clinical lead, many long standing staff and the provider.

Staff felt well supported. There were systems in place to support all staff. Meetings took place regularly. As well as whole staff meetings, each staff group also had regular meetings. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.

The provider had a quality assurance policy. People, their relatives and staff had been given a survey to ask for their views on the service provided at Trewiston Lodge at the end of 2017. Responses were positive.

There was a system of audits to ensure quality in all areas of the service were checked, maintained, and where necessary improved. Audits regularly completed included monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents;
auditing the medicines system and checking property standards were to a good standard.

There was a maintenance person with the responsibility for the maintenance of the premises. The environment was clean and well maintained. The provider carried out regular repairs and maintenance work to the premises.

The service had an open and transparent culture. Some issues identified at this inspection had been addressed by the end of the inspection.

Lessons were learned by events, any comments received both positive and negative were seen as an opportunity to constantly improve the service provided.

People were mostly happy to recommend Trewiston Lodge to other people. They told us, "Yes, I have no grudge against it here, but there's no place like home" and 'I would say that you'll not find better, not around here, the St Minver area."

Relatives told us, "100% yes and the owner is brilliant, but I can't remember his name" and "I don't know really, as I have nothing to compare it to, I think I am yes, from the point of view that I am only five minutes drive down the road."

Relatives told us that they would feel happy to recommend the service to others saying "I think I would really, yes, It's a very pleasant place in a very nice situation" and "I wouldn't hesitate to recommend it."