Care Quality Commission

Cornwallis Care Services Ltd

Trecarrel Care Home

Inspection report

Castle Dore Road
Tywardreath
Cornwall
PL24 2TR

Tel: 01726813588

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Trecarrel Care Home provides care for primarily older people, some of whom have a form of dementia. The home can accommodate up to a maximum of 44 people. On the day of the inspection 44 people were living at the service. At the time of our inspection some people had physical health needs and some mental frailty due to a diagnosis of dementia.

This unannounced comprehensive inspection took place on 23 November 2016. The last inspection took place on 10 May 2016. There were breaches of the legal requirements at the last inspection. We were concerned that a new care plan format had not been fully implemented and some care plans did not contain sufficient individualised information to effectively guide and direct staff to meet people's needs. There were gaps in staff training provision which meant staff skills and knowledge may not have been up to date. Recruitment and induction processes were not always robust. One person was found working at the service without Disclosure and Barring Service checks and sufficient references having been sought. The service did not have a registered manager in post at the time of the last inspection and there were not effective processes in place to assess and monitor the quality of the service provided.

Following the inspection in May 2016 the provider sent the Care Quality Commission an action plan outlining how they would address the identified breaches.

We were concerned that some people living at the service had bedroom doors which were locked and did not have door handles that enabled people to easily open their own door. People did not hold the keys to their locked bedrooms but needed to ask staff to open their doors when required. Upstairs there was a coded lock on the landing leading to bedrooms that were all locked with a key. Staff were not always present upstairs where people were living with dementia and were independently mobile. No having easy access to their bedrooms did not support people's choice and independence. One person had fallen upstairs and was found on the floor by staff. The registered manager assured us they were confident that the people living upstairs were appropriately placed as they preferred the quieter environment. However, they agreed they would review the locked bedroom doors with a view to making them more accessible to people.

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

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect. Staff took time to chat with people every time they passed.

We looked at how medicines were managed and administered. We found it was possible to establish if

people had received their medicine as prescribed. Regular medicines audits were consistently identifying if errors occurred.

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

Staff were supported by a system of induction training, supervision and appraisals. Staff knew how to recognise and report the signs of abuse. Most staff received training relevant for their role and there were opportunities for on-going training support and development. More specialised training specific to the needs of people using the service was being provided for most staff. For example, dementia care training. Staff meetings were held for all staff teams. These allowed staff to air any concerns or suggestions they had regarding the running of the service and improved communication between management and staff teams.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored people's weight to help ensure they had sufficient intake of food.

Care plans were in the process of being transferred to a new more person centred format. Three quarters of the care plans were now in this new format. We reviewed both new and old format care plans. Information in a few old format care plans was not so well organised and did not always contain accurate and up to date information. All care plans had been regularly reviewed and mostly reflected people's changing needs. Where appropriate, relatives were included in these reviews.

Activities were provided on a regular basis by a dedicated activities co-ordinator. There was a programme or varied activites advertised throughout the service.

The registered manager was supported by two deputy managers and a team of senior care staff. The registered manager received regular supportive visits from the provider.

The service was found to have met the breaches of the regulations from the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

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

Is the service effective?

Requires Improvement

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

Staff were supported with regular supervision and appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. However, there were concerns around people accessing their own bedrooms when they chose, as they were locked and only staff held the keys.

Is the service caring?

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The service was well maintained.

Staff were supported by the management team.

Care Quality Commission

Trecarrel Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 November 2016. The inspection was carried out by two adult social care inspectors and an expert by experience. This is a person who has experience of the care and support needs of older people.

Before the inspection we reviewed the 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 also reviewed the action plan sent by the provider stating how they were going to address the breaches of the regulations.

We spoke with 12 people that lived at the service. Not everyone we met who was living at Trecarell 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 spent time in the communal areas of the service observing care and support being given by staff.

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

We spoke with four visitors, eight members of staff including the registered manager. Following the inspection we spoke with two families of people living at the service and a healthcare professional.

Good

Is the service safe?

Our findings

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Most staff had received recent training updates on safeguarding adults. Staff were not all aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. However, there were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council, available to staff and visitors.

The service held personal money for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money was managed by the registered manager. We checked the money held for two people against the records kept at the service and both tallied. The accounts were regularly audited to ensure people's money was managed well.

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. The service sought advice and guidance from external healthcare professionals to help support people's falls risk.

We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. Some people had been prescribed creams and these had mostly been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls by law. The records of these medicines tallied with the stock held.

People who required to have pain relieving patches had records kept to help ensure staff were aware of where the patch had been applied, checks were made that it remained present and this information guided staff where to apply the next patch.

Trecarell stored medicines that required cold storage, there was a medicine refrigerator at the service for this purpose. There were records that showed medicine refrigerator temperatures were monitored daily. This meant that any fault with the refrigerator would be identified in a timely manner and the safe cold storage of the medicines could be assured. Staff training records showed all staff who supported people with medicines had received appropriate training. An audit trail was kept of medicines received into the service and those returned to the pharmacy. The service closely monitored the management and administration of medicines and any concerns found were taken up with the specific staff member concerned.

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

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. The service was in the process of changing the format of care plans to be more person centred. Where a care plan had been transferred to the new format and a risk had been clearly identified, there was guidance for staff on how to support people appropriately. However, a few older format care plans did not always contain sufficient information for staff in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, the care plan for one person, who had been identified as at risk from falls, did not contain information for staff about what mobility aid was used by the person. The registered manager was aware of this shortfall and assured us the programme to review the remaining old format care plans and improve the information available for staff, was being prioritised. Staff we spoke with were clear on how to reduce risks for specific individuals and knew people living at the service well.

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 occurred. For example, staff were directed in one care plan to speak slowly and calmly and allow the person time to respond. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Trecarell was well maintained. All necessary safety checks and tests had been completed by appropriately skilled contractors. Information was held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the service including details of their next of kin for emergency contact. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

The registered manager had changed the shift times when staff worked at the service. This was in response to becoming aware of certain times of the day when people's needs were not always being met effectively. For example, once people were up and dressed there was a 'gap' before breakfast and then again before and after lunch, when people were sat waiting for something to happen. Additional support staff were now provided from 8 am to 1.30 pm to increase staffing levels at meal times and increase the opportunity for staff to have positive interactions with people around mealtimes. Two additional staff were also provided to help provide support from 7 pm to 12 midnight for people who were preparing for bed, or who may chose to stay up. Staff were positive about these changes and felt it gave them more time to spend talking with people. The registered manager told us they had taken action to address the sickness levels at the service and this had improved recently.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw the staffing numbers had increased by one person over the past few days as there had been some new admissions that had arrived together. The extra members of staff were arranged to help the new people settle in. Care workers were supported by senior care staff on all shifts. Staff told us they felt morale had improved recently, they were a good team and worked well together. However, staff did say that when there was short notice sickness absence of staff this created difficulties and could impact on the service.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in May 2016 we found concerns with the recruitment and induction of new staff. Disclosure and Barring checks and suitable references were not always obtained before the person began working independently at the service. This meant people living at the service were not always protected from the risks associated with having staff care for them who may be unsuitable to work with vulnerable people. The manager was aware of the new Care Certificate induction guidelines for all staff new to care. However, not all new staff had been commenced on this training and therefore they had not developed this level of skill in delivering care.

At this inspection we found that the most recently employed staff had had all necessary checks and references sought before they began working at the service. New staff confirmed they had begun the Care Certificate training programme and that they had shadowed experienced staff before working alone. They felt confident to work alone at the service at the end of this period of support.

At the May 2016 inspection we had concerns about the provision of staff training. A large number of staff had not completed necessary training such as Mental Capacity Act and dementia care. Visiting healthcare professionals told us that the staff needed more training in the awareness of pressure area care to prevent unnecessary referrals being made.

At this inspection the healthcare professionals told us, "We have worked closely with the service to improve joint working. We now get a clear idea from the service in advance, of who they wish us to see when we visit. The whole service has improved greatly. We get appropriate referrals now. Some of the people we visit at their home, go there for a period of respite. We see them thrive in Trecarell, they benefit from the socialisation with other people and the good care provided."

Some people's bedroom doors were locked, without a door handle to operate the opening of the door. People were not provided with keys to their own rooms. Staff provided access to people's bedrooms when requested. Other people's bedrooms were not locked and easily opened with a handle. The registered manager told us that there were very few people living at the service who could effectively hold and use a door key. The registered manager was not able to provide an explanation as to why some rooms were operated by a key and some were not.

On the first floor there was a corridor of bedrooms which had a key coded locked door for access. This was due to the potential risk of the door leading to the upper floor being immediately next to a flight of stairs. All the bedrooms on this floor were locked and were without door handles. There were people living upstairs who were mobile and living with dementia. We saw people walking around independently on this floor. Staff were not present all the time and all the inspectors involved in this inspection found many occasions when no staff were present throughout our visit. People could only leave the first floor if staff were present to open the door. People could not access their bedrooms without support from the staff with a key. One person had fallen while in the hall of the first floor. Staff were not present when they fell. An ambulance was called to this person who had cut themselves. The registered manager confirmed that staff regularly visited upstairs

but were not permanently present. The registered manager was confident that the people who lived upstairs were appropriately placed as they would frequently ask to return to upstairs after meals and activities downstairs, as they found it quieter and calmer than the main communal areas. The registered manager confirmed that care staff and the activities co-ordinator visited upstairs regularly. There was agreement with inspectors that having some bedroom doors locked, when keys could not be held by the person, did not encourage people's independence and choice and they would review this issue with a view to enabling people to access their rooms at they chose.

The management of the service had not assessed the impact on people of having their bedroom doors locked. Doors without door handles does not support people's independent use of such doors.

We recommend that the service refer to the Mental Capacity Act 2005 legislation and ensure that any restrictions placed upon people living at Trecarrel are in their best interests and the least restrictive option available.

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 they received training. One commented, "The training is mostly on-line, I find this quite hard. I had to do one course three times to get the necessary score to pass." The service had improved the amount of training completed by staff since our last inspection. Fire safety courses were advertised in the service to be held in the forthcoming weeks. Some staff were in the process of completing on-line and paper based courses. The registered manager was being supported by the provider to complete this training for all staff. There was a record of all staff training completed and when it was due for review. However, these records showed that not all staff had completed the necessary training courses to meet the needs of people living at the service. For example, training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards had been provided to 23 of 34 care staff. We were told this was planned for the rest of the staff to complete. Only two seniors of the 11 night staff had completed medicines management training. We discussed this particular concern with the registered manager, who told us it had been challenging obtaining the necessary training for small numbers of staff who wished to do it. They were now combining with other services in the group to address this issue. The registered manager assured us these staff would be prioritised to complete the necessary training. Dementia awareness training had been provided for most of the care staff. The service had a high number of people living there who were living with dementia and this training was important to help staff meet people's needs.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

This meant that the service had met the shortfalls found at the last inspection, in relation to the requirements of the regulations.

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. People were supported by staff who knew them well, were patient and did not rush people.

There was redecoration of the main corridors being carried out at the time of this inspection requiring all the pictures to be temporarily removed. The service appeared clean and odour free. Bathrooms and toilets were clearly marked with pictures. However, people's bedroom doors only had small nameplates with people's name on. Some were printed others were hand written and not easy to read. Many people living at the

service were mobile but needed support to recognise their immediate surroundings and the small name plates were not easy to differentiate one door from another. People were able to decorate their rooms to their taste, and were encouraged to bring in their personal possessions to give their rooms a familiar feel. One person who had been visiting the service for a few years commented, "It's like a palace always clean and tidy."

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. Capacity assessments were seen in some files and best interest decisions were made jointly with families and healthcare professionals. Care plans contained consent forms to photographs being taken and displayed to aid recognition of individuals, medicines being administered and information shared with other professionals. However, where the person was unable to consent themselves due to a lack of capacity, relatives and spouses had been asked by the service to consent on the person's behalf. The service did not have a robust process for ensuring that such family members held the necessary Lasting Power of Attorney in order to be able to legally consent on behalf of another person. The registered manager assured us this practice would be reviewed and a more appropriate document would be provided for this purpose.

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. Most people living at the service, including all the people living upstairs had had applications for authorisations of restrictive care plans made to the DoLs team. At the time of this inspection two had been granted. There were conditions attached to one of these authorisations which stated that the person should be regularly offered involvement in domestic tasks such as laundry tasks and folding clothes. This was suggested as meaningful relevant activity that related to their past life. We did not see any records in this person's care file that this had been provided. Other activities were provided in groups on a regular basis such as signing, music and craft. The service had a system in place to monitor the expiry dates of any authorisations and were aware of their responsibilities to seek re assessments from the local authority.

From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care. Staff were able to tell us of the importance of protecting people's rights.

We observed the lunch time period in one of the dining rooms. The food looked appetising. People told us, "Meals are very nice," "It is first class" and "Its wonderful food." Families reported that their relatives ate well at the service.

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. They told us, "If someone wanted something specific and we did not have it, we would go out and buy it for them." Staff were available to support people with their meals both in the dining area and in their own rooms. Support was unhurried and meals were a social occasion.

Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed. The night staff were able to prepare hot food at night if people wished it. Care plans indicated when people needed additional support maintaining an adequate diet. People's weight

was regularly recorded and monitored. Where people had lost weight this was discussed with external healthcare professionals and addressed.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Good

Is the service caring?

Our findings

Not everyone at Trecarell was able to verbally tell us about their experiences of living at the service due to their healthcare needs. People we spoke with and their families were all positive about the attentive and caring staff. Comments included, "They're right on," "Nothing was any trouble" and "Can't fault it." People enjoyed have their choice of a specific seat in a lounge respected.

During the day of the inspection 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. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. Staff showed great patience and compassion when supporting people. Staff took time to stop and engage with people whenever they passed by. One person was seen to be crying while reading a book in the lounge. A member of staff approached them and asked them what was wrong. They then spent time talking with them about their family and a dog which they enjoyed seeing. This cheered up the person who then continued to read their book calmly. Another person came in to the manager's office stating she was frightened. Staff took time to sit them down in the office and suggested nice things for them to think about. This person found their religion comforting and the staff member knew this so they both sat and recalled the words to their favourite hymns. This showed staff cared for each person individually.

Bedrooms were decorated and furnished to reflect people's personal tastes. The service encouraged people to have things around them which were reminiscent of their past. Photographs of family and pets generated relevant and meaningful conversations with staff.

People's dignity was respected. For example moving and handling equipment such as slings were not shared and were named for individuals use only. Privacy was respected by care staff who ensured doors and curtains were closed during personal care visits. Staff spoke with people in lowered voices when offering to support them to use the bathroom.

People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds, past lives as well as their preferences and dislikes. They spoke about people respectfully and fondly.

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 were well cared for. Some women wore jewellery and make up and had their nails painted.

People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their family members care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

The service had held residents and families meetings. For families and friends who were further away and unable to attend such meetings the service ensured people were communicated with by post or phone. The service was planning to get connected to broadband so that people could use Skype or Facetime to increase people's contact with friends and families.

We saw people moving freely around the service spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished.

Good

Is the service responsive?

Our findings

At the previous inspection there was little detail in people's care plans about how staff were to support people with behaviours that may challenge. Staff had not been provided with appropriate guidance on how to support people when they exhibited behaviours that challenged others. This meant staff had not been given clear strategies about how specific behaviour could be prevented or instructions for staff on how they should respond when it occurred. This had contributed to a breach of the regulations.

At this inspection all the care plans we reviewed had been regularly reviewed to take account of any changes in a person's needs. We found most care plans had been changed to a new format which provided staff with more person centred information on people's needs. For example, one person's care plan stated they called out many times from their room seeking reassurance from staff at night. The service had kept records of each time this behaviour occurred. The records led staff to agree that the person may benefit from moving their bedroom to another quieter area of the service. This move was carried out and the person's records stated, "Sleeping better in new room." This showed staff monitored people's behaviour and took action to help reduce any distress.

The registered manager told us they had a few more care plans to change to the new format. The old format care plans had also been regularly reviewed. Although some information in the old style care plans was not directing and guiding staff specifically on how to meet the person's specific needs, staff we spoke with were very well informed about each person's needs and these were being met. Family members were given the opportunity to sign in agreement with the content of care plans. This meant the service had met the requirements of the regulations.

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 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 backgrounds and life history from information gathered from families and friends.

There was a staff handover meeting at each shift change. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

People had access to a range of activities both within the service and outside. An activities co-ordinator was employed five days a week and organised a programme of events including regular trips out to the local area and visits from entertainers. Records were kept by the activity co-ordinator about which people attended the activity and if they enjoyed it. This helped to inform future events.

People told us, "There are now trips to a garden centre and a memory café." This was much appreciated. A visitor commented that they had experience of another care home before their family member came to this

service and told us, "I can't fault them – got to be honest" and "Brilliant."
In addition to the organised events we saw people were supported by care staff to engage in activities when staff had the time and opportunity to do so. Staff were seen sitting with people looking at the papers or books and chatting about things that the person enjoyed. People had access to quiet areas and a well maintained secure outside space.

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

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.

People were supported to maintain relationships with family. 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. The service was planning to connect people living at the service with friends and family via electronic communication systems such as Skype and Facetime.

The registered manager was keen to involve friends and families, where appropriate, in the running of the service. Regular communication was made with families at meetings or via email and newsletter if they lived further away or were unable to attend the meetings.

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 pack provided upon admission to the service. People told us they had not had any reason to complain. The service had receive one formal complaint which had been responded to and resolved.

Good

Is the service well-led?

Our findings

At our previous inspection we found the service did not have a registered manager in post as is legally required. Some new systems and processes that had been bought in by the new manager were not yet embedded. Care plans were in the process of being changed to a new format but only a few had been completed. Staff training still needed improving and induction processes were not always robust. This led to a breach of the requirements of the regulations.

At this inspection we found the manager had completed their application and was now a registered manager. Significant changes had taken place in the management structure and responsibilities of senior staff which were now embedded. The registered manager had two deputy managers. One was responsible for the care planning of people living at the service and liaising with families, the other was responsible for staff support. The work on changing care plans to the new format was nearly completed. Staff training had improved and new staff were recruited safely and supported well on starting their roles. This meant the service had met the requirements of the regulations.

There were clear lines of accountability and responsibility both within the service and at provider level. The provider supported the registered manager well and visited the service regularly. The staff at Trecarrel had good working relationships with external healthcare providers and sought guidance and advice when necessary.

Management were visible in the service and known to staff, people and their families and friends. Relatives and staff told us the registered manager was approachable and friendly. Comments included, "If I had anything wrong I'd just ask, bit I have never had to anyway, " "They (management) are very good you know" and "It's much better than what it was – it did go downhill – but better nice new manager."

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "The manager is really approachable, they respond to any requests," "They (management) prompt us when our training is due to be completed, I have been here 14 months and I am all up to date, "Everybody (staff) has always got a smile on their face now."

There were systems in place to support all staff. Staff meetings took place regularly. 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. Senior care workers also had regular team meetings. Staff were given an opportunity to share ideas and keep up to date with any developments in working practices.

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

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, medicines management, weights and care plans. This meant the service was aware of any issues that needed attention and improvements were being made constantly.

A survey of people's views and experiences was carried out earlier this year. The responses were largely positive. Some people felt there could be more activities. This comment had been taken on board by the registered manager and the activities co-ordinator who were planning future activities programmes.

There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The owners carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

The service received compliments from families and friends of people who lived at Trecarrel. For example, "For the love and care you gave (person's name) and the support you gave me a very big hug from both of us" and "Thank you so much for all the kindness and support."