

# Tregarland Limited

# Tregarland

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 17 February 2016. We returned on 18 and 22 February 2016 as arranged with the registered manager. At our last inspection in October 2013 we found the service to be meeting all the regulations of the Health and Social Care Act (2008) we inspected.

Tregarland is registered to provide accommodation and personal care to 20 adults with a learning disability. The home is divided into two halves so the home feels personal to individuals. They are not registered to provide nursing care.

There was 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.

People felt safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. Medicines were safely managed.

Staff understood how to protect the rights of people who had limited capacity to make decisions for themselves. People were supported to be involved in decisions about their care and treatment using communication systems that were appropriate to their needs.

People received personalised care and support, which was responsive to their changing needs. They were supported by staff who knew them well and were passionate about enhancing people's well-being and quality of life. There was a wide range of activities on offer to make sure people's needs were met. People's health needs were very well managed and health promotion was encouraged. People were supported to lead a full and active lifestyle and were actively encouraged to engage with the local community and maintain relationships that were important to them. There were creative and innovative ways to promote people's health and well-being.

The registered manager and staff were committed to a strong personalised culture. Kindness, respect, dignity, and attention to detail was integral to the day-to-day practice of the service. People were treated with respect by staff who were kind and compassionate. Relatives were encouraged to visit regularly, were supported and involved in the service.

There were effective staff recruitment and selection processes in place. People were encouraged to be involved in the recruitment process. Staffing arrangements were flexible in order to meet people's individual needs.

Staff were highly skilled in meeting people's needs and received ongoing support from the registered

manager through regular supervision and training. Mandatory and specialist training was based on best practice and guidance, such as that from the British Institute of Learning Disabilities (BILD), so staff were provided with the most current information to support them in their work.

There was a positive culture within the service. There were clear values that included involvement, compassion, dignity, respect and independence. People were able to express their opinions and views and were encouraged and supported to have their voice heard. The management team provided strong leadership and led by example.

The registered manager had very robust and effective systems in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement.

## 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 said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place. People were encouraged to be involved in the recruitment process.

Medicines were safely managed.

### Is the service effective?

Good ●

The service was effective.

People's health needs were very well managed and health promotion was encouraged.

Staff understood how to protect the rights of people who had limited capacity to make decisions for themselves. People were supported to be involved in decisions about their care and treatment using communication systems that were appropriate to their needs.

Staff were highly skilled in meeting people's needs and received ongoing support from the registered manager through regular supervision and training. Mandatory and specialist training was based on best practice and guidance. Therefore staff were provided with the most current information to support them in their work.

People were supported to maintain a balanced diet, which they enjoyed.

### Is the service caring?

Outstanding ☆

The service was very caring.

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives.

The registered manager and staff were committed to a strong personalised culture.

Kindness, respect, dignity, and attention to detail was integral to the day-to-day practice of the service.

People were treated with respect by staff who were kind and compassionate. Relatives were encouraged to visit regularly, were supported and involved in the service.

### **Is the service responsive?**

**Good** ●

The service was responsive.

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

People were supported by staff who knew them well and were passionate about enhancing people's well-being and quality of life.

People were supported to lead a full and active lifestyle. People were actively encouraged to engage with the local community and maintain relationships that were important to them.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a positive culture within the service. There were clear values that included involvement, compassion, dignity, respect and independence. The management team provided strong leadership and led by example.

People were able to express their opinions and views and were encouraged and supported to have their voice heard.

The registered manager had very thorough and effective systems in place to assess and monitor the quality of the service. The quality assurance system was operated to help develop and drive improvement.

# Tregarland

## 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.

This unannounced inspection took place on 17 February 2016. We returned on 18 and 22 February 2016 as arranged with the registered manager.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 10 people receiving a service at Tregarland and nine members of staff, which included the registered manager. We also received feedback from five relatives. We spoke to a visiting physiotherapist during our inspection.

We reviewed four people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two healthcare professionals.

# Is the service safe?

## Our findings

People felt safe and supported by staff. Comments included: "I love it here. The staff are so nice. I have no worries" and "If I was worried I would speak to staff." Relative comments included: "I will be happy for my son to remain at Tregarland for the rest of his life"; "We have never had to complain about anything to do with X' welfare and care"; "We often see the residents and staff 'down town', well supervised and clearly enjoying themselves" and "We continue to be extremely grateful that our daughter resides in such a professional, caring, supportive and homely environment."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for behaviour management, epilepsy and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had guidelines in place for staff to follow if a person was feeling distressed. These guidelines had been developed with support from key health and social care professionals to ensure staff were adopting best practice. One person had devised their own warning system for staff to follow to help manage their behaviours. The system has been successful with them being able to control their behaviours, leading to a better quality of life and emotional well-being.

People said there were enough staff to meet their care and support needs. We observed this during our visit when they needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities within the home and accessing the local community.

The registered manager explained that during the daytime there were a minimum of eight staff on duty. In addition, members of the management team were also available. Staffing arrangements were also flexible when there were changes in people's physical or mental health. At night four staff members slept in and were available for people if they required anything during the night. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall, so people's needs could be met by the staff members that understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call

arrangements were shared between senior members of staff.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. People living at Tregarland are involved in the interview process, with them having the final say on who was recruited. The registered manager recognised that the people living at Tregarland need to feel comfortable with the staff working with them as it was their home. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they had been checked in and the amount of stock documented to ensure accuracy.

Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines records were appropriately signed by staff when administering a person's medicines.

The premises were adequately maintained and a maintenance programme was in place. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. This demonstrated that people were protected because the organisation took safety seriously and had appropriate procedures in place.



# Is the service effective?

## Our findings

People said staff were well trained. Comments included: "The staff know what they are doing. They are nice"; "Staff want to understand us and take the time" and "Staff deserve six million pounds a second, but that would still not be enough." Relatives commented: "We have always found X to be happy and well managed by staff; who are always courteous and polite" and "We appreciate the quality of care provided by all the staff at Tregarland."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when supporting a person to move safely with appropriate equipment.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP, psychiatrist and physiotherapist. Records showed how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. A relative commented: "The registered manager has worked closely with X's psychiatrist to identify and then monitor the effectiveness of the various drug regimes. One particular initiative, led by X (the registered manager), has been the detailed recording of X's behaviour. The detailed level of information recorded has been completed by the Tregarland staff with great dedication over a long period. The charts have been shared and discussed at the regular case meetings attended by their psychiatrist, mental health nurses and other specialists. The registered manager has put in a huge amount of effort, over an extended period, into trying to find the best ways to improve X's quality of life." People also had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

There were several examples where health promotion was encouraged. For example, on arrival at Tregarland one person had a particularly complex health condition. They had limited mobility, was unable to perform their own personal care and they lacked self-esteem. Strategies were put in place for them to adopt a healthy eating plan with gentle achievable exercise. They had exercise competitions with staff to keep them motivated. Their confidence grew and now was able to walk independently and feels good about their appearance. In their own words: "When I came to Tregarland I was 19 stone and could not move, shower or go out. The staff helped me to do exercises and they joined in. I lost my weight and can move round and do everything for myself. I now walk a staff member's dog on my own."

Other examples included: a person being unable to effectively indicate pain so staff introduced a pain doll called 'Tilley' to enable the person to show their pain through the doll. Another example was ladies requiring cervical smear tests were declining as they did not understand. The registered manager contacted

a learning disability nurse who provided a guidance film, but this proved ineffective. As a result the registered manager accessed a doll and the necessary equipment to show ladies what a cervical smear test involved. This proved successful, with ladies feeling encouraged to attend for screening.

When another person arrived at Tregarland they were having frequent seizures and were unable to walk without shaking. They were fearful that everything would cause a seizure, for example sun light, moving leaves and transport. The staff teams observant nature, knowledge, experience and handovers raised concerns about their unusual seizures and advice was sought from an epilepsy nurse. As a result their medicines were changed. A psychiatrist was also involved and it was established that some of the seizure activity was anxiety related. A plan was successfully put in place and now their life has altered and was able to do much more without fear of a seizure.

A visiting physiotherapist commented: "This is my favourite place to come. The staff are good at passing on information and working alongside me. They are very good at following the moving and handling plan and the team work well together. The staff are keen to learn and adopt a consistent approach. The staff are good at contacting me when there is an issue."

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so the registered manager could assess staff competency and suitability to work for the service. New staff were also completing the new care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Employers are expected to implement the care certificate for all applicable new starters from April 2015.

Staff were highly skilled in meeting people's needs and received ongoing support from the registered manager through regular supervision and training. Mandatory and specialist training was based on best practice and guidance, such as that from the British Institute of Learning Disabilities (BILD), so staff were provided with the most current information to support them in their work. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. One staff member commented: "The training is very good." Staff received training on subjects including, safeguarding vulnerable adults, autism awareness, conflict resolution, sensory awareness and first aid. Staff had also completed, or were working towards, varying levels of nationally recognised qualifications in health and social care.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff comments included: "The support we get is brilliant" and "The support is second to none. X (the registered manager) is wonderful." Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. This was through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person was subject to DoLS at the time of our visit and other people were waiting assessment from the local authority.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions they had worked closely with other health and social care professionals. There was supporting evidence of how people's capacity to consent had been assessed and best interest discussions and meetings had taken place. One person had an advanced statement in place to help manage their behaviour when they were anxious. An advanced statement gives people the chance to make general statements about their wishes and views for the future. They had recognised that at these times they lose capacity. This was agreed with their brother and social worker. They asked that when they try to run away, for staff to safely hold them and return them to the house.

There was a strong emphasis on the importance of people eating and drinking well. People were supported to maintain a balanced diet. People were actively involved in choosing the menu and preparing meals with staff support to meet their individual preferences. Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutritional intake with the need to consult with health professionals involved in people's care. People's weights were monitored on a consistent basis to ensure their general well-being. People had been assessed by the speech and language therapist team in the past and staff had followed their advice. Speech and language therapists work closely with people who have various levels of speech, language and communication problems, and with those who have swallowing, drinking or eating difficulties.

## Is the service caring?

### Our findings

Throughout our inspection people were keen to tell us about their home, their routines and their achievements. People were very proud of their home and spoke in a way that suggested they were happy living there. Interactions were good humoured and caring. The atmosphere was happy and relaxed. Comments included: "Staff bring laughter and happiness"; "I love living here. The staff make me happy. I have lived here a long time. The staff care about me"; "I love it here, the staff are so nice" and "The best staff." One staff member commented: "They don't live in our work, we work in their home." Another staff member said, "It's about caring for people, empowering them to lead fulfilled lives." Relative comments included: "We really appreciate the quality of care provided by staff in Tregarland" and "X has lived at Tregarland for some 18 years and throughout this period has had a consistently high level of care and consideration for which I am very grateful."

Relative surveys completed in 2015 included comments like: 'X is extremely fortunate to live in such a special place. Tregarland is an exceptional care home, made possible by the wonderful staff and management team that run it' and 'I can only speak highly of the care and treatment of residents at Tregarland. Both management and staff strive for the best for each individual and the inclusion of family and friends, in all activities where possible, makes for a very happy home.'

The atmosphere in the home was warm and welcoming. One relative commented: "The feeling of Tregarland is truly one of a home with a feeling of warmth and welcome." There was a positive atmosphere within the home with people going about their daily routines with staff supporting them appropriately. The home was decorated in a way that lent itself to a feeling of home with people having their own personal space designed to reflect their individual personalities. People were keen to show us their bedrooms and their personal belongings, including soft furnishings, pictures, ornaments and teddies. One person showed us their collection of winnie the pooh's. One was very big and had been won at a fair.

Staff treated people with dignity and respect when helping them with daily living tasks. One person commented: "I like my bedroom. Quiet. I don't like too much noise, it gives me a headache!" People could also choose whether they had a key to their bedroom to ensure their privacy. About half of people had chosen to have a key. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection. Staff attitude was one of 'can do', seeing beyond people's disabilities and finding ways for people to aspire to reach personal goals. For example, one person with cerebral palsy wanted to achieve the goal of dancing at a disco. Staff had encouraged them to take control and actively be involved in their moving and handling plan. This had led to them dancing at a disco and being a "rock chick".

Staff supported people in an empathic, kind and caring way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. We observed how staff engaged with people on an individual and personal basis and people were receptive to their approach. For example, when encouraging a person to attend to their personal care. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them which provided them with reassurance.

People were treated with kindness and compassion by staff who understood people's individual fears and worries. For example, One person required a mammogram but was afraid. Staff carefully explained the need and turned the emphasis to the trip to a coffee and cake in the hospital. This made the trip to the hospital sound more exciting for the person by reminding them they would have coffee and cake when they were there. The person attended for their mammogram and now had no fear of returning. Another person needed an MRI scan and was very distressed. Staff asked the hospital if they could be allowed to undergo a 'scan' to show the person there was nothing to fear. As a result, the person had the scan with staff holding their hand, providing them with reassurance. A person needed an operation but was scared. The registered manager supported them to the operating theatre holding their hand and then waited in the recovery room until they came around from the anaesthetic, so they were reassured they had not been left alone.

Staff involved people in their care and supported them to make decisions. This was through the use of individual cues, and looking for a person's facial expressions, body language, spoken word and objects of reference. Staff used a variety of communication tools to enable interactions to be led by people receiving care and support. For example, Makaton and talking mats. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. With Makaton, people can communicate straight away using signs and symbols. Talking mats increase people's capacity to communicate effectively about things that matter to them through the use of pictures. One person was supported to deal with their past through the use of a talking mat. This was successful and helped them to move on and lead a full and meaningful life.

Staff gave information to people, such as when activities were due to take place. We observed that staff communicated with people in a respectful way by them knowing how best to communicate with each person on an individual basis. Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, if a person was feeling upset. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff spoke in a way that demonstrated they really knew the people they supported. They were able to tell us about people's likes and dislikes as well as important information about their past, interests and relationships. Staff showed a commitment to working in partnership with people and supporting them to identify goals and aspirations. For example, one person's aspiration was to trial camping. A tent was erected in the garden and the person's keyworker brought from home a log basket to have marshmallows around the fire. Another person with mobility difficulties heard about this and wished to join in. Staff disassembled their bed and took it to the tent and hoisted them onto it so they too could camp out overnight. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. They confirmed the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people living at Tregarland and knew each

person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

## Is the service responsive?

### Our findings

People received personalised care and support specific to their needs, preferences and diversity. One person commented: "I have a choice of what I want to do." Care plans reflected people's health and social care needs and showed that other health and social care professionals were involved.

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value. There was information specific about people and pictures were used to show their likes, dislikes, dreams and aspirations. Systems were in place to help ensure information about people's needs were regularly reviewed and updated when required. For example, each person had a designated key worker who had responsibility for reviewing people's support plans and personal goals. People knew who their key worker was and confirmed they spent time with them to enable them the opportunity to plan in advance anything they would like to achieve or aspire to. Key workers would often give up their free time to help people to achieve their goals. For example, a person went fishing and another went to watch Plymouth argyle play football. One person with limited mobility aspired to go on a fairground ride at the Goose fair. Staff worked with both their physiotherapist and fairground staff and the person was able to go on a specific ride, which they thoroughly enjoyed.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, social activities and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

People were supported to lead a full and active lifestyle. Throughout the inspection we saw people coming and going from the home supported by staff. Activities formed an important part of people's lives. People engaged in wide variety of activities, such as arts and crafts and spent time in the local community going to specific places of interest. For example, skittles in the local pub, horse riding, drama, pottery, concerts and pantomimes. People's comments included: "I go to duchy college and do cooking and gardening"; "I like Status Quo, I went to see them in concert"; "We went on holiday to Perranporth last year and went to Newquay zoo"; "I went to skittles yesterday and had sausage and chips" and "I have a budgie called Santa

Claus, I will be cleaning him out later."

People attended both college and work placements to develop their life skills. One person who attended day services had to leave the facility due to funding issues. The registered manager held meetings to discuss a sensitive approach and alternative activities. The person had completed the first phase of transition and now attended college two days per week. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. One person told us about using skype at Christmas to speak with their brother. Another person had a relative with a hearing impairment. The person would speak with the registered manager and then the registered manager would email the relative to provide updates and arrange meetings. One person commented: "I am going out for lunch with my Dad tomorrow." Families were encouraged to maintain a role in people's lives. Transport and staff were offered to families to help take people with complex needs for days out.

There were regular opportunities for people, and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.



## Is the service well-led?

### Our findings

The registered manager recognised the importance of being a role model and they had a genuine passion about providing the best possible service. We found the culture of the service was positive, personalised, inclusive and forward thinking. Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff commented: "We work as a team" and "You can always go to the registered manager about anything, however small. They encourage us to be open about anything which is bothering us."

The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and eagerness and this showed in the way they cared for people. Individualised care was central to the home's philosophy and staff demonstrated their understanding of this by talking to us about how they met people's care and support needs. They spoke with commitment and used words like, "empowerment" and "personalise" when they talked about people they supported. Staff spoke in a compassionate and caring way about the people they supported and celebrated people's achievements and progress. We spoke with a range of professionals, families and staff who all felt this was an excellent, enabling and inspiring service.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Tregarland through talking to people using the service and staff and looking at records.

The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers needed to be open, honest and transparent with people if something goes wrong. Duty of candour also formed part of staff training. The registered manager recognised the importance of this policy to ensure a service people could be confident in.

Staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change. The registered manager attended leadership and management meetings provided by a local accredited training provider. The purpose of the meetings were to promote best practice, networking with other providers and then sharing the knowledge gained with the staff team at Tregarland. For example, one meeting focused on the Care Quality Commission's new way of inspecting services. The key lines of enquiry were provided in a poster format and this had been shared with staff and discussed at staff meetings.

People's views and suggestions were taken into account to improve the service. For example, resident meetings took place to address any arising issues. The registered manager ensured they spent time with people on a regular basis to identify particular activities and food choices and suggestions they might have. In addition, surveys had been completed by people using the service and relatives. The surveys asked

specific questions about the standard of the service and the support it gave people. All responses were entirely positive, praising the high standard of the service. A relative commented: "I always know that X (the registered manager) and her team are working hard in X's best interest."

People living at Tregarland and staff decided to complete a 'brainstorming' exercise during our inspection to express their views about the service. This was done between our visits. Their comments demonstrated that people and staff felt the service provided outstanding care and support. Comments included: 'Quality care service to meet people's needs'; 'Transport to enable us to go out' and 'Staff help us with budgeting so we can buy the things we really want.' This demonstrated the importance to people and staff of showing us how they believed the home was an outstanding place for people to live.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and consultant psychiatrist. Regular medical reviews took place to ensure people's current and changing needs were being met. Health and social care professional confirmed that the service worked well with them and took on board things requested.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

The registered manager had very thorough and effective systems in place to assess and monitor the quality of the service. The monitoring was carried out by the registered manager, other designated staff and external advisors. The quality assurance system operated to help develop and drive improvement. Audits were completed on a regular basis as part of monitoring the service provided. For example, the audits reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Any improvements were focused on outcomes for people. For example, care plans reviewed and changes to the home environment to ensure it remained homely.