

Cornwall Care Limited

Trevern

## Inspection report

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Date of inspection visit:  
29 November 2018

Date of publication:  
25 January 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Trevern is a 'care home' that provides accommodation for a maximum of 40 adults, of all ages with a range of health care needs and physical disabilities. At the time of the inspection there were 38 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Trevern is situated in the town of Falmouth. The building is split into three units known as the Wing, The Flats and The House. Each Wing has its own lounge and dining area. People's bedrooms were personalised and were for single occupancy. Each wing has a range of aids and adaptations in place including bathing facilities, designed to meet the needs of the people using the service. There were people living at the service who were living with dementia and were independently mobile. There was pictorial signage at the service to support some people, who may require additional support with recognising their surroundings. There was a courtyard which people could use.

The last comprehensive inspection took place in November 2017. As the service had breaches of regulation we undertook a focused inspection in January 2018 to review the actions the provider had taken to address the concerns identified. The service was rated as Requires Improvement at that time. There were concerns around staffing levels, a high reliance on agency staff and audits had not been completed to identify where there were shortcomings in the service. We imposed conditions on the providers registration to send us regular updates as to how these issues were to be addressed.

This unannounced comprehensive inspection took place on 29 November 2018. At the last inspection, in January 2018 the service was rated Requires Improvement. At this inspection we found the service remained Requires Improvement.

There was no registered manager in post. Since the last inspection there had been three interim managers in post. The interim manager at this inspection was appointed in October 2018 and was contracted to work until the end of January 2019. The provider had been actively recruiting to this post but no candidate had been appointed.

People told us that they were aware that there had been a number of manager changes at Trevern and were not able to identify who the current manager was. Health and social care professionals were also concerned about the number of management changes. They told us they were not sure who to speak to when they phoned or visited the service as staffing personnel changed. Staff told us that they were "disillusioned" in respect of the lack of constant leadership in the home.

There had also been recent changes to the Cornwall Care Senior management team with a new appointment to the Chief Executive Officer (CEO) and interim operations director. Staff were still uncertain regarding how this change would affect the organisation, but were pleased to have received a newsletter

from the CEO introducing herself to the staff.

Staff confirmed that supervision had not occurred regularly. With the appointment of the interim manager and clinical deputy manager this was now being addressed. Staff meetings had also not occurred regularly. This did not give staff the opportunity to voice their opinions or concerns regarding any operational changes to the service.

People were positive about the care they received from staff at the service. However, they told us that there remained a reliance on agency staff. People told us that they were hesitant to call for assistance as they were aware that staff were 'busy' or 'short staffed'. We received a mixed response from people in how quickly call bells were answered. Comments included "I can generally get help when I need it but I know the staff are really busy. Sometimes I say I would like to get up but they have other people to look after and say I'll just have to wait. I don't mind that because other people need them too."

Staff were also concerned about how the service was staffed and how staff were deployed to be able to meet people's needs in a timely manner. Staff rotas showed that the minimum levels of staffing to meet people's current care needs were being met. However there continued to be a reliance on agency staff to make this possible. It is acknowledged that the provider had attempted to address staffing levels and some improvements had been made, such as block booking to provide more consistency for people, and the ongoing recruitment campaign. However, this inspection identified that there remain concerns from people and staff in how staff were deployed to meet their needs. We have made a recommendation in this respect.

On the day of the inspection we observed staff interacted with people in a caring and compassionate manner. People told us they were happy with the care they received and believed it was a safe environment. We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and understood their needs and preferences. The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes.

Care plans were being reviewed. This was to ensure they gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and staff told us care plans were informative and gave them the individual guidance they needed to care for people. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Staff held a daily handover where information about people's care would be shared, and consistency of care practice could then be maintained. This meant that there were clearly defined expectations for staff to complete during each shift.

There were systems in place for the management and administration of medicines. People had received their medicine as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration.

The clinical deputy manager was currently reviewing all people at the service to ensure that their rights were protected in line with the Mental Capacity Act 2005 and that the Deprivation of Liberty Safeguards (DoLS) were understood and applied correctly.

People were protected from abuse and harm because staff understood their safeguarding responsibilities and were able to assess and mitigate any individual risk to a person's safety. Other training identified as necessary for the service was provided and updated regularly

People had access to activities both within the service and outside. Activities co-ordinators organised a planned programme of events. Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and could visit at any time.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not entirely safe

Some people were hesitant to ask for staff assistance and were concerned about the timeliness of the response they received when they requested assistance.

Staffing levels met the present care needs of the people that lived at the service.

A robust recruitment system was in place.

Staff had received safeguarding training and were confident about reporting any concerns.

### Is the service effective?

**Good** ●

The service remains effective.

### Is the service caring?

**Good** ●

The service remains caring.

### Is the service responsive?

**Good** ●

The service was remains responsive.

### Is the service well-led?

**Requires Improvement** ●

The service was not entirely well-led.

There was no registered manager in post. A registered manager must be employed and registered with the CQC to manage the service.

There was a lack of continuous leadership at the service. People and health and social care professionals were unaware who was managing the service.

The quality of records to show the care people received had improved.

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# Trevern

## 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 comprehensive inspection took place on 29 November 2018. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using, or of caring for a person who has used this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This 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.

During the inspection we spoke with nine people who could express their views of living at the service. Not everyone we met who was living at Trevern was able to give us their verbal views of the care and support they received due to their health needs. We also spoke with four relatives, staff, the Interim Manager, Clinical Deputy Manager, Interim Operational Director and the Regional Manager. We used pathway tracking (reading people's care plans, and other records kept about them), carried out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises and observed care practices on the day of our visit.

We used the Short Observational Framework Inspection (SOFI). 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 four people living at the service, medicines records, four staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

At the previous inspection we had identified concerns in respect of staffing levels and a high reliance on agency staff. Therefore, the safe section of this report was rated as requires improvement at that time.

We reviewed the actions taken since the last inspection and found that the service were no longer in breach of the regulations. However, we received mixed feedback from people. Some told us there were sufficient staff and others felt they still had to wait for care. Staff told us they felt that people's needs were met, but there were times it was difficult through unplanned sickness or absence.

Staff rotas showed that the minimum levels of staffing to meet people's current care needs were being met. This had also been reviewed by CQC as part of the conditions report sent to us by the provider. However there continued to be a reliance on agency staff to make this possible. The management team had 'block booked' agency workers so that they had the same agency workers to cover care shifts which would provide consistency for people so that their care needs could be met safely.

People were positive about the care they received from staff at the service. Some people told us that they were hesitant to call for assistance as they were felt that staff were 'busy' or 'short staffed'. Comments included, "Staff come as quickly as they can when I call them", "I don't have to call them very often but sometimes I feel like I have to wait for a long time" and "Sometimes when I press the bell, someone will pop their head around the door and say they'll be back in a minute. But it's not a minute, sometimes it's a long time and sometimes I think they forget so I press it again."

Staff told us, "Weekends are the worst because it's mainly agency. They took our weekend enhancement away so the staff won't volunteer for shifts" and "Everybody gets the care they need but it can be difficult if we are short staffed." On the day of inspection, we noted that there was a mixed staff team of permanent care staff and agency workers at the service.

We discussed the feedback with the managers around the use of agency staff, the deployment of staff around the service and how staff responded to people when they called for assistance. Two incidents of concern were discussed with the manager regarding staff availability and how quickly they responded to call bells. They agreed to investigate the incidents further and inform us of their findings.

We recommend that the service undertake a full review of how staff are deployed throughout the service to meet people's current care needs.

A recruitment campaign remained on going at the service for nurses and care staff. Eleven care staff and one nurse had been successful in their applications and would be commencing at the service in the next few weeks. Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work.

People were protected from abuse and harm because staff knew how to respond to any concerns. All staff had received safeguarding training. Staff told us they thought any allegations they reported would be fully



investigated and satisfactory action taken to ensure people were safe. Safeguarding concerns were handled correctly in line with good practice and local protocols.

There were systems in place to support people to manage their finances. The service held small amounts of money for people so that they could make purchases for personal items and pay for outings. However, the monies were pooled into one bank account and did not adhere to the principles of person centred care.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this and what to do when incidents occurred. For example, there was information on what effectively distracted the person and how to support them when anxious. We saw staff providing reassurance to people as specified in their care plan which helped the person's anxiety level reduce.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. The assessments considered the individual risks in areas such as mobility, mood and emotional needs, nutrition and hydration, and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such the environment and whether current mobility aids remained suitable. Staff were able to tell us about people's individual risks and how they were being managed.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Actions were taken to help reduce risks in the future.

An independent pharmacy inspection had been carried out the week before the inspection and no issues were found during that visit. We reviewed the storage and administration of medicines and found in the main it was safe. The service had lessened their level of auditing medicines to weekly and then monthly audits. We undertook a spot check of three people's medicines in stock and found that two tallied. The clinical deputy nurse agreed to investigate the discrepancy found.

People were supported to take their medicines at the right time by staff who had been appropriately trained. Trevern had nurses on duty plus senior carers that had been trained to administer medicines in the nurse's absence. Each person had a Medication Administration Record (MAR) sheet. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

The service was storing medicines that required cold storage, there was a medicine refrigerator at the service. In the main records of the fridge temperature were taken twice daily. This meant the safe storage of these medicines could be assured

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 could 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.

Equipment owned or used by the service, such as mobility aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by qualified contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external

contractors to ensure they worked.

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 the service was kept clean. The service had an infection control policy and the registered manager monitored infection control audits. Staff 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 could access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

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 had awarded the service a five-star rating.

# Is the service effective?

## Our findings

People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. People's needs and choices were assessed before people moved in. People could 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. People were asked how they would like their care to be provided. Copies of pre-admission assessments in people's files were comprehensive. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

The service worked closely with a wide range of professionals such as district nurses, social workers and general practitioners to ensure people lived comfortably at the service. People told us they could see doctors when needed and external appointments such as dentists, opticians and hospital specialists were facilitated. A health and social care professional told us they were confident that staff had the relevant skills to meet people's needs.

There was some use of assistive technology to support people. This included pressure mats to alert staff when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment.

Staff had a comprehensive induction at the organisation's head office when they commenced their post. The induction was in line with the Care Certificate which is a recognised national industry standard designed to help ensure staff that are new to working in care have initial training that gives them a satisfactory understanding of good working practice within the care sector. Staff were positive that they were supported appropriately.

Staff confirmed that supervision had not occurred regularly. With the appointment of the interim manager and clinical deputy manager this was now being addressed. Staff said they felt able to approach the clinical deputy manager with any queries or concerns. This gave staff the opportunity to discuss working practices and identify any training or support needs.

Training identified as necessary for the service was provided and updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling. Further training in areas specific to the needs of the people using the service was provided. For example, some people had particular health conditions and specific training in respect of this condition was provided. This showed staff had the training and support they required to help ensure they were able to meet people's current needs.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The clinical deputy manager was in process of reviewing all people in the service to ensure that relevant applications to the DoLS team had been submitted.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. There were restrictions in place including covert medicines, exit doors with key pad codes and the use of pressure mats to monitor movement. In all instances best interest meetings had taken place to check the restrictions were proportionate and necessary. Authorisations were being monitored and reviewed as required.

Staff told us they always assumed people had mental capacity to make their own decisions. We observed staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their lives and spend their time.

Where people were unable to consent themselves due to their healthcare needs, appropriate people were asked to sign on their behalf. The registered manager was aware of which people living at Trevern had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves.

The cook was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences. Staff regularly monitored people's food and drink intake to ensure everyone received sufficient each day. The monitoring charts were discussed, as needed, with the dietician, district nurse and GP to ensure the person was receiving the most appropriate health and nutritional care. Staff also monitored people's weight regularly to ensure they maintained a healthy weight and acted where any concerns were identified.

People told us, "The food is really lovely, it's all home cooked", "There is plenty to eat, I get a big plate full!" and "The food is very good but sometimes not as hot as I would like because it's hot food on a cold plate then they bring it to my room." Relatives were also complimentary about the food.

The organisation had a maintenance team to address general maintenance with contractors undertaking any specialist work. Corridors were 'themed' and signage was designed to support people with dementia to move around the service and identify with different areas and rooms.

# Is the service caring?

## Our findings

People were supported to understand that Trevern was their home and the staff were there to support them in running their home. On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a kind, caring and compassionate manner. People had developed positive and caring relationships with the staff that supported them.

People and relatives were complimentary about the caring approach from staff. Comments included "The staff are lovely, some are nicer than others obviously but there isn't a bad one", "The staff are very good, well trained and professional. I am really happy with them all and I think it will get better when they don't have to rely on Agency." Relatives commented "The staff are lovely, some of them really genuinely care and some you can tell it's just a job, but they are still very good" and "I think [relative] is happy with the staff because even though she can't communicate, her face lights up when she sees staff that she recognises."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and could visit at any time. Several relatives visited the service during our inspection. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, when people became anxious we saw staff sat with a person and provided them with verbal and physical comfort.

Some people's ability to communicate was affected by their disability but the staff were able to understand them and provide for their needs effectively. Staff knew people's care and support needs very well.

Staff had talked with some people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them. One person had their pet dog living with them at Trevern which provided them with much comfort.

People and their families were involved in decisions about the running of the service as well as their care. People's care plans recorded their choices and preferred routines. 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. Some people's capacity involvement was often limited, and consultation could only occur with people's representatives such as their relatives.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. For example, a non-denominational church service and a Jehovah's Witness bible study group were held at the home so that people who wanted to attend were able to. Support planning documentation used by the service helped staff to capture this information. This ensured

people received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example, if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

People's confidential information was protected appropriately in accordance with the new general data protection regulations.

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 rooms.

Where necessary, people had access to advocacy services which provided independent advice and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

The clinical deputy manager was reviewing all care plans. This was to ensure they gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and staff told us care plans were informative and gave them the individual guidance they needed to care for people.

We attended the staff handover meeting, which occurred at each shift change. This was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. This helped ensure there was a consistent approach between different staff to enable people's needs to be met in an agreed way each time.

Daily notes were consistently completed well, 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.

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. The mattresses which were in use at the time of this inspection, were set correctly for the person using them.

Where people were assessed as needing to have specific aspects of their care monitored, staff completed records to show when their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were reviewed and shared with relevant professionals, when appropriate, to ensure people's health needs were being met.

People told us they enjoyed the daily activities at Trevern. On the day of inspection three people had been on an outing to Falmouth in the morning, in the afternoon a group activity of games and jigsaws had been arranged and following this some people had individual time with the activity coordinator. People told us "I can join in if I want but I am not fussed like that, I am a bit of a loner" and "There is lots going on, I can go to church, we have outings and music and in the summer, I am outside every day in the garden."

The service employed three activities co-ordinators who organised a planned programme of events including singing, church services, music reminiscence, live music, hair and beauty, radio club and exercises. Staff told us they tried to visit people who were in their bedrooms more often so that they did not become socially isolated. The activities coordinators had spoken with people and families to find out people's individual interests. Records of activities were kept to show what the person had participated in and if they had enjoyed the activity or not.

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 and any support they might need to understand information. Audio books had been sourced from the local library for people who liked to listen to books. Some people had limited communication skills and there was guidance for staff on how to support people.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives said if they had any concerns or complaints, they would discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The manager said if a person they cared for was nearing the end of their lives, they would support them to have a comfortable, dignified and pain free death "in their home." The service had previously worked with relevant health professionals to ensure appropriate treatment was in place to keep people comfortable.



## Is the service well-led?

### Our findings

At the previous inspection we found audits to monitor the quality of the service were not effective. Following the inspection, we imposed conditions on the providers registration requiring them to send regular updates of actions they had taken to address the failings in their service.

We reviewed the action taken since the last inspection. From reviewing people's records, it was evident that staff had focused on improving record keeping. Staff were clear about how they needed to record information to evidence how they supported and monitored a person's health and the process to follow if a person had an incident. We found the majority of records were up to date and reflected the person's individual needs.

There was a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice. For example, checking records which demonstrated people had regular food and drinks; pressure areas were now monitored more closely and there had been a reduction in people being at risk of or needing treatment this area; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; infection control procedures and checking the property was maintained to a good standard.

Due to the action taken by the provider, as outlined above, they had complied with the breach of regulation in respect of auditing systems.

However there was no 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 and associated Regulations about how the service is run.

Since the last inspection there had been three interim managers in post. The interim manager at this inspection was appointed in October 2018 and was contracted to work until the end of January 2019. The provider had been actively recruiting to this post but no candidate had been appointed. Another interim manager had been identified to manage the post in January 2019. The interim manager was supported in the running of the service by a clinical deputy manager, senior carers, care staff and ancillary staff. The organisation had maintenance staff who they could contact in respect of the homes environment and facilities.

People told us that they were aware that there had been a number of manager changes at Trevern and where not able to identify who the current manager was. They believed that the clinical deputy manager was the current manager of the service. The clinical deputy manager commenced her post at Trevern in June 2018. Comments about her were positive, and included "She is lovely and will do anything for everyone here", "She is fantastic. I think it helps that she is a nurse so she knows how things should be done" and "She has come at the right time. I think they have been through a difficult time with staffing and everything but she is making a really positive difference. I find her approachable and professional."

Health and social care professionals were also concerned about the number of management changes. They told us they were not sure who to speak to when they phoned or visited the service as staffing personnel changed. However, they were positive about staff attitude and approach to the people they cared for, saying "The senior carers are keen to work, they take on board the advice we give and get on with it."

Staff told us that they were "disillusioned" in respect of the lack of constant leadership in the home. They were pleased with the appointment of the clinical deputy manager and commented "There have been so many changes especially in the last 12 months" and "There are more changes I suppose they are trying to make things much better."

There had also been recent changes to the Cornwall Care senior management team with a new appointment to the Chief Executive Officer (CEO) and interim operations director. Staff were still uncertain regarding how this change would affect the organisation, but were pleased to have received a newsletter from the CEO introducing herself to the staff.

Staff stated that supervision and staff meetings had been "hit and miss". They said that with the appointment of the current manager supervisions were now occurring. In respect of staff meetings these were held in January and March in 2018 with a responsive staff meeting held in August due to a specific care practice issue. No further meetings with staff had been held. This did not give staff the opportunity to voice their opinions or concerns regarding any operational changes to the service.

Relatives meetings had been held regularly with the previous interim operations director attending. Relatives fed back that the meetings kept them "Well informed about what is happening here" and they were viewed positively. They were also pleased that they had meet potential manager candidates and were able to give their views on their suitability.

The interim manager received support from the regional manager who was currently visiting them weekly. The regional manager produced a monthly report which evidenced that they had an overview of the service and completed audits of the service. For example, reviewing people's care records, staff records and the environment.

The senior managers met regularly and had redesigned their performance management system in order to improve reflective practice, increase sharing and improve communication across the organisation. This was shared with us and it evidenced that the audit tool was specific to the issues within Trevern, for example looking at staff recruitment and retention.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor them. The manager had ensured that notifications of such events had been submitted to CQC appropriately. The last CQC rating of the service was displayed.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including general practitioners and district nurses.