Caritate Limited

Caritate Nursing Home

Inspection report

Laninval House
Treningle Hill
Bodmin
Cornwall
PL30 5JU

Tel: 0120875628
Website: www.laninvalhouse.com

Date of inspection visit:
13 November 2017

Date of publication:
28 November 2017

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Caritate Nursing Home is a 'care home' that provides nursing care for a maximum of 24 adults, of all ages, with a range of health care needs and physical disabilities. At the time of the inspection there were 19 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.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 carried out this unannounced inspection on 13 November 2017. At this comprehensive inspection we checked to see if the provider had made the required improvements identified at the inspection of 17 July 2017.

In July 2017 we found there were gaps in the recording of people's care and treatment, in the recording of best interest decisions and a lack of detail in some people's care plans. We had other concerns about how risks in relation to people's care were managed and the system for monitoring the quality of the service was not entirely effective.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection.

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 caring and compassionate manner. People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included, "[Person] is well looked after", "Staff are good", "No problems at all", "I am happy living here" and "I have nothing to complain about."

Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People's behaviour and body language showed that they felt cared for by staff.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. One relative told us, "I have always felt really comfortable visiting. Staff tell me it is my home as well."

The environment was clean, well maintained and there were no unpleasant odours. Bedrooms were personalised to reflect people's individual tastes.

While safe arrangements were in place for the storing and administration of people's medicines, there were some gaps in Medicine Administration Records (MARS). There were some missing signatures where two staff had not signed to confirm the accuracy of handwritten entries for prescribed medicines. Topical creams had not been dated on opening and there were missing records of when staff applied creams for people. We found some creams that were out of date. There were discrepancies between records of medicines given and the stock held for some people. We have made a recommendation about medicines recording.

Staff were supported by a system of induction training, one-to-one supervision and appraisals. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Caritate. Staff supported people to access healthcare services such as occupational therapists, GPs, speech and language therapists (SALT) and chiropodists. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

People were able to take part in a range of group and individual activities. A full time activity coordinator was in post who arranged regular events for people. These included quizzes, craft work, board games and relaxation exercises. The service owned a mini-bus and this was used by staff to take some people to regular activities and others for days out.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People and their relatives told us, "Staff ensure [person] has fat free meals because of his health condition" and "The kitchen makes me special meals when there is something on the menu I can't eat."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Comments from staff included, "Manager is lovely, she is very approachable", "If we need anything the manager sorts it straight away" and "There has been a big improvement compared to the last few months. This manager has a different approach, everything is about the residents."

People and relatives all described the management of the home as open and approachable. Relatives told us, "I can talk to the manager at any time if I have any concerns or queries", "I have every confidence in the management of the service" and "I have never doubted our decision for [person] to move to Caritate." There

were regular meetings for people and their families, which meant they could share their views about the running of the service. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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. People were supported with their medicines by staff who had been appropriately trained. However, records of when staff administered and managed people's medicines were inconsistent. We have made a recommendation about this.

Risks in relation to people's care and support were identified and appropriately managed.

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

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met. Specialist advice was appropriately sought from external healthcare professionals.

People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

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. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in social activities of their choice and access the local community.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Caritate Nursing Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 13 November.2017. The inspection day was carried out by one adult social care inspector and a specialist nurse advisor. The specialist advisor had a background in nursing care for older people.

Before the inspection we reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We looked around the premises and observed care practices on the day of our visit. We also spoke with three visiting relatives.

We spoke with the registered manager, the nurse in charge and four care staff. We looked at five records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we spoke with another relative.

Requires Improvement

Is the service safe?

Our findings

We found medicines were administered in a considerate manner by staff who had been trained and assessed as competent to manage medicines. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record. People were given their medicines at the correct times. 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 had suitable arrangements for the ordering, storage and disposal of medicines. The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored.

There were auditing systems in place to carry out weekly and monthly checks of medicines. Annual external audits were carried out by a pharmacist. However, there were some gaps in Medicine Administration Records (MARS). Some people had medicines that were prescribed to be taken when required (PRN). MAR charts were inconsistently completed so it was unclear if people had always been offered their PRN medicines.There were some missing signatures where two staff had not signed to confirm the accuracy of handwritten entries for prescribed medicines. Topical creams had not been dated on opening and there were missing records of when staff applied creams for people. We found some creams that were out of date. There were discrepancies between records of medicines given and the stock held for some people. However, we judged that this had not had an impact on the safety of how people received their medicines.

We recommend that systems are put in place to ensure that accurate records in relation to medicine administration and management are maintained.

People and their relatives told us they felt it was safe living at Caritate. Comments included, "No problems at all", "I am happy living here "and "I have nothing to complain about."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service did not hold any money for people. When people needed to purchase items such as for toiletries and hairdressing items, the person's family or representatives were invoiced for any expenditure.

At the inspection in July 2017 we had concerns about how risks in relation to people's care were being

managed. At this inspection we found improvements had been made. Individual risks had been identified and appropriately managed for each person. Care files contained individual risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as nutrition, pressure sores, falls, choking and breathing difficulties. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, one person was at risk of chest infections due to their complex health needs and because they were mostly cared for in bed. Their risk assessment stated, "Ensure [person] is positioned at a 45 degree angle at all times." Records showed that staff checked the person at regular intervals throughout the day to ensure they were positioned at the correct angle.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the inspection there were four care staff and one nurse on duty from 8.00am to 8.00pm to meet the needs of 19 people. In addition, the registered manager, the administrator, activities coordinator, a cook, a kitchen assistant and two housekeepers were working at the service. Since the last inspection staffing levels had been increased at night from one care worker and one nurse to two care workers and one nurse. The numbers of staff had been increased in response to people's increased needs and feedback from staff. People and their relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. We saw people received care and support in a timely manner.

Incidents and accidents were recorded in the service. Appropriate action had been taken and where necessary changes made to learn from the events or seek specialist advice from external professionals. Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were stored securely in a locked cabinet and were accessible to staff and visiting professionals when required.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean, well maintained and there were no unpleasant odours. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when needed. Housekeeping staff were employed to work every day and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary. Hand gel dispensers were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks. Some people needed help from staff to move from one place to another, with the use of a hoist and a sling. At the last inspection we found that some slings were shared between people, which presented an infection control risk. At this inspection we found each person had been allocated their own individually assessed sling, suitable for their needs and therefore the risk of cross infection was reduced.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand 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 appropriately skilled 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. Records showed there were regular fire drills.

Good

Is the service effective?

Our findings

At the inspection in July 2017 we found the service had not always acted within the legal requirements of the Mental Capacity Act 2005 (MCA). This was because there were gaps in the recording of best interest decisions. At this inspection we found improvements had been made and when decisions had been made on a person's behalf, in their best interest, these were appropriately recorded. For example, one person had a listening device in their room to alert staff if they stopped breathing. They did not have the mental capacity to consent to this device being in place. There was a record of the best interest process as well as a care plan and risk assessment to give guidance for staff.

The 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 had their capacity assessed appropriately. The service knew who had appointed lasting powers of attorney for either finances or health, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

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. Management had applied appropriately for some people to have a DoLS authorisation. Two authorisations were in place at the time of this inspection. One of these had a condition attached stating that the service must inform the authorising authority if the person's activities were reduced. The condition was being met as the person had continued with their agreed activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We observed throughout the inspection that 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 life and spend their time.

People's need and choices were assessed prior to moving in to the service. This helped ensure people's needs and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff they told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date.

At the time of the last inspection the service was working with the Kernow Clinical Commissioning Group (KCCG) on an agreed action plan for nurses to complete specific training. This was because there had been concerns that nurses lacked the skills to care for people with certain needs. At this inspection we found the required training for syringe drivers, diabetes and insulin, record keeping, wound care, oxygen care, catheter care and venepuncture had been completed. Training for tissue viability had been booked in October 2017 and cancelled by the trainer. Another date had been arranged for December 2017. The registered manager advised us that KCCG were happy with the training nurses had carried out and the action plan was completed.

Staff were aware of the service's equality and diversity policy and received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

There was a system in place to support staff working at Caritate. This included regular support through one-to-one supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff were also supported to gain qualifications and all staff had attained or were working towards a Diploma in Health and Social Care.

Newly employed staff completed an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, mental capacity, safeguarding and equality and diversity. They also spent time familiarising themselves with the service's policies and procedures and shadowing experienced staff so they could understand the needs of the people living at the service. Due to the complex health needs of some people living at the service new staff did not work on their own with those people until they had acquired the relevant skills to meet their needs. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

At the inspection in July 2017 we found charts to monitor people's nutritional needs and to check people's skin integrity were not being consistently completed. At this inspection we found where staff needed to monitor some people's food and fluid intake records were accurately kept. Where people need to be re-positioned, because they were cared for in bed, and their skin needed to be checked regularly staff completed charts to record these checks. This showed that appropriate action was being taken to help ensure people were adequately hydrated and nourished and protect from people the risk of skin damage due to pressure.

People's health conditions were well managed and staff supported people to access healthcare services. Staff supported people to see external healthcare professionals such as occupational therapists, GPs, speech and language therapists (SALT) and chiropodists. Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

Technology was used to support the effective delivery of care and support. For example, two people had listening devices in their rooms so staff could monitor when they might need assistance.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Tables

were laid with white clothes and table decorations. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible.

There was an agreed menu for each day, with choices for each course. Some people had special dietary requirements and these were catered for individually. People told us they enjoyed their meals and they were able to choose what they wanted each day. People and their relatives told us, "Staff ensure [person] has fat free meals because of his health condition" and "The kitchen makes me special meals when there is something on the menu I can't eat."

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. The service was on two floors and the second floor was accessed by a passenger lift. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises. There were plenty of safe and secure outside spaces that people could access independently or with assistance from staff.

Good

Is the service caring?

Our findings

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 caring and compassionate manner. People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included, "[Person] is well looked after", "All the staff are lovely" and "Staff are good."

There was plenty of shared humour between people and staff. People, who were able to verbally communicate, engaged in friendly and respectful conversations with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them.

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, we observed a care worker supporting one person to eat their lunch. The worker was completely focused on the person they were helping, speaking with them and maintaining eye contact throughout the 35 minutes the meal took to eat.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Comments from staff included, "I enjoy the work", "We don't rush people and we have enough time to sit and talk with people"

People were at the centre of the service and routines were led by the people living at Caritate. As one member of staff said, "We go by what the residents want, they came first." There were no unnecessary rules or routines, put in place to suit staff, rather than the people that used the service. There was a diverse mix of people living at the service with a range of different physical needs and a wide age range. The culture of the service was one where each person was treated as an individual rather than being defined by the type of service they lived at. The relative of one person told us, "[Person] is younger than some of the other people living here and we were discouraged by professionals from choosing this home, three years ago, for that reason. However, we chose it because there was, and still is, a lovely calm atmosphere where people are treated as individuals and can be themselves. I have never doubted our decision for [person] to move to Caritate."

Staff had worked with 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 so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People

told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. One relative told us, "I have always felt really comfortable visiting. Staff tell me it is my home as well."

The registered manager had supported some people to access advocacy services when they needed independent guidance and support. One person wanted to raise a complaint about an external organisation and the registered manager had supported them to do this. 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.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings for people and their families, which meant they could share their views about the service.

Good

Is the service responsive?

Our findings

At the inspection in July 2017 we found care plans lacked detailed guidance for staff to follow and care records were not always updated as people's care needs changed. Where people had specific needs such as needing to be re-positioned when cared for in bed or were at risk of choking, care plans had insufficient detail about how to meet these needs. Care files were not very organised and some information, such as guidance from healthcare professionals, was difficult to find and therefore staff might not be aware of its existence

At this inspection we found the necessary improvements had been made and a robust system was in place to ensure care plans were updated and accurately reflected people's needs. Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care plans 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 told us care plans were informative and gave them the individual guidance they needed to care for people.

Care planning was reviewed regularly and whenever people's needs changed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

Some people living in the service had limited verbal communication. Staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with key staff and in conjunction with people's families. This meant staff could provide care and support for people that was responsive to their needs.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors. The records were positioned discreetly in order to protect people's privacy and confidential information. We found records were accurately completed.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Relevant equipment was provided and records showed staff monitored this equipment to ensure it was set according to people's individual needs.

Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received

consistent care and specific staff were available to respond to their needs.

When needed the service provided end of life care for people. A few weeks before this inspection staff had supported one person at the end of their life. Staff had worked closely with the local district nurses and GP to ensure the person was comfortable and as pain free as possible. Staff told us they were proud that they had helped to ensure that the person's last wishes were meet.

Before moving into the service the registered manager or a nurse visited people to carry out an assessment of their needs to check if the service could both meet their needs and expectations. Copies of pre-admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

There were activities on offer for people to take part in within the service and in the community. A volunteer visited the service each week to arrange bingo and crafts sessions. A full time activity coordinator was in post who arranged regular events for people. These included quizzes, board games, crosswords and relaxation exercises. The service owned a mini-bus and this was used by staff to take some people to regular activities and others for days out.

Where people were unable to join in the group activities the activities coordinator and care staff spend time each day with them on an individual basis. This had enabled staff to develop personalised activities suitable for each person living at the service such as reading with people or playing music. The service subscribed to specialist organisations so staff could keep up to date with new research and ideas to continuously improve the type of activities on offer. This meant people had access to meaningful activities personalised to their specific needs.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. When concerns had been raised these had been dealt with in a timely manner and plans had been put in place to make any necessary improvements.

Good

Is the service well-led?

Our findings

At the inspection in July 2017 we found systems to assess and monitor the quality of the service provided were not always effective. In July 2017 the registered manager had only been in post for a few weeks and while they had put an audit system in place it had not been fully implemented. Concerns found at the July inspection, in relation to care records and the risk management of people's care, had not been identified by the service.

At this inspection we found the necessary improvements had been made and there was a robust system in place to assess and monitor the quality of the service provided. Although, we have made a recommendation about ensuring that accurate records, in relation to medicine administration and management, are maintained. We discussed with the registered manager that while there were weekly and monthly medicines audits in place these audits had not identified the issues we raised. After the inspection the registered manager told us the medicines audit tool had been amended so that records would be checked in more detail.

Before the July inspection safeguarding concerns were raised with Cornwall Council about the care of some people living at the service. At the time of this inspection investigations into these concerns had been completed by external agencies. The registered manager had fully cooperated with these investigations and had been open to suggestions made about how the service could improve. Action plans, to carry out the identified improvements, developed with Cornwall Council and Kernow Clinical Commissioning Group had either been completed or were due to be completed by the end of November 2017

As part of the lessons learnt from the safeguarding investigations and working with commissioners the registered manager had realised the important of recruiting the right staff. The existing staff team had been consulted about this and asked for their ideas. A team leader had written new questions to use at interviews to help judge how a candidate would provide care for people. This showed that management were committed to continuously improving the service and involving staff in that process.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the registered manager, at daily handover meetings, regular staff meetings and supervisions.

Staff had a positive attitude and the management team provided strong leadership and led by example. Comments from staff included, "Manager is lovely, she is very approachable", "If we need anything the manager sorts it straight away" and "There has been a big improvement compared to the last few months. This manager has a different approach, everything is about the residents."

The registered manager, nurses and team leaders regularly worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual

staff's practice they would address this through additional supervision and training.

People and relatives all described the management of the home as open and approachable. Relatives told us, "I can talk to the manager at any time if I have any concerns or queries" and "I have every confidence in the management of the service." There were regular meetings for people and their families, which meant they could share their views about the running of the service.

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 the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

The provider carried out regular repairs and maintenance work to the premises. There was a full time maintenance person in post with responsibility for the maintenance and auditing of the premises. Any defects were reported and addressed in a timely manner. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.