Caritate Limited

Caritate Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Caritate Nursing Home provides nursing care for up to 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.

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 and associated Regulations about how the service is run.

We carried out this unannounced inspection on 17 July 2017. At this comprehensive inspection we checked to see if the service had made the required improvements identified at the inspection of 13 and 14 February 2017.

In February 2017 we found that people's consent to their care was not always appropriately recorded and informal consent was not consistently sought by staff before providing care to people. We had concerns relating to gaps in the recording of how people's health care needs were being monitored. Medicines were not safely managed and there was a lack of effective quality monitoring systems.

At this inspection we found improvements had been made to the management of medicines, how people's consent was sought and to the recording of people's consent. However, we still had concerns in relation to gaps in the recording of people's care and treatment and the system for monitoring the quality of the service.

Safe arrangements were in place for the storing and administration of medicines. There were some missing signatures where two staff had not signed to confirm the accuracy of handwritten entries for prescribed medicines. Some people had been prescribed creams and these had not been dated upon opening. We found some creams that were out of date. However, the registered manager told us systems in relation to this would be improved and we judged that this had not had an impact on the safety of how people received their medicines.

People, or their advocate's, consent to their care and treatment was appropriately recorded. We observed that staff asked for people's consent before assisting them with any care or support.

Food and fluid intake charts for some people were not completed thoroughly enough to be able to check exactly how much food and fluid the person had taken. Where some people's care plans stated they should be re-positioned, and their skin checked at particular intervals during the day, there were no records to say that these checks had taken place. Although, we found no evidence that people's skin integrity and food and fluid intake needs were not being met. While a new system of audits, to monitor the quality of the service provided, had been developed audits in relation to the care provided had not been implemented at the time

of the inspection.

At this inspection we had other concerns about how risks in relation to people's care were managed, the lack of detail in some people's care plans and gaps in the recording of best interest decisions.

Where some people had lost weight and there were no risk assessments in place to give guidance for staff about how to minimise the risk of further weight loss. Concerns raised by staff about the accuracy of the weighing scales had not been investigated. Where people had been assessed as being at risk from developing skin damage, pressure relieving mattresses were in place. We found mattresses were not set at the correct setting for individual people's weight and there was no system in operation to check if mattresses were set at the correct level. For another person, the risks associated with them not having timely access to anti-biotics, due to their complex respiratory disease, had not been identified.

Care plans lacked detailed guidance for staff to follow and some had not been updated to reflect the care being provided to people. A listening device had been put in place for one person, who was at high risk of choking, and this had not been updated into their care plan. There was also no record that a best interest process had been carried out because the person did not have the mental capacity to consent to this monitoring.

People told us they felt safe living at Caritate and with the staff who supported them. People and their relatives told us, "Very nice staff, they are very good to me", "Very pleased with the home, they look after my daughter well" and "I am very lucky to live here." We met with several people living at the service but some were unable to tell us their views about the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner.

People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. The relative of one person told us, "Since living at Caritate staff have managed my daughter's diabetes and skin condition well. Staff have also helped her to lose weight and she is healthiest I have seen her."

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. Staff supported people to keep in touch with family and friends.

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 told us they enjoyed their meals and they were able to choose what they wanted each day. One person said, "The food is lovely, very good."

There were activities on offer for people to take part in within the service and in the community. However, some people living at the service were unable to join in the activities on offer due to their complex health and communication needs. Two weeks before our inspection a full-time activities coordinator had been employed and they had started to develop a more personalised approach to activities. This would enable people, who were currently not engaging in any meaningful activities, to be offered activities suitable for their needs.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. Staff told us they felt supported by the registered manager commenting, "The new posts of team leader and seniors are good. I feel very positive about it, we are going in the right direction" and "We have had a difficult time, but things are getting better."

Before our inspection safeguarding concerns were raised with Cornwall Council about the care of some people living at the service. Investigations into these concerns were still in progress at the time of this inspection. An action plan to improve the service had been developed with Cornwall Council. Despite only having been in post since April 2017 the registered manager had made good progress with the action plan and all actions were due to be completed by 31 August 2017. All of the concerns found at this inspection were part of the action plan. The registered manager also took action to rectify some of our concerns during and immediately after our inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

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. Risks in relation to people's care and treatment were not consistently 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 to work with vulnerable people. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Requires Improvement

The service was not entirely effective. Records in relation to the care and treatment provided to people were not consistently completed.

People's rights were not fully protected because the service had not always acted within the legal requirements of the Mental Capacity Act 2005

Staff received appropriate 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.

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.

Staff respected people's wishes and provided care and support in line with those wishes.

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

Is the service responsive?

Requires Improvement

The service was not entirely responsive. Staff were knowledgeable about people's needs and supported people in a person-centred way. However, some people's care plans did not accurately reflect the care being provided to them.

People were supported to take part in some social activities. Work was in progress to develop a more personalised approach to activities.

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

Is the service well-led?

Requires Improvement

The service was not entirely well-led. Systems to monitor the quality of the service provided had not been fully implemented so had not identified some areas for improvement.

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

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 17 July 2017 and was carried out by two adult social care inspectors 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 six people living at Caritate Nursing Home and a visiting healthcare professional. We looked around the premises and observed care practices on the day of our visit. We also spoke with the registered manager and 10 staff, which included care staff, nursing staff, housekeeping staff, kitchen staff, the administrator and the maintenance person. We looked at 12 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 telephoned three relatives for their views of the service.

Requires Improvement

Is the service safe?

Our findings

At this inspection we had concerns about how risks in relation to people's care were being managed. Some people had lost weight and there were no risk assessments in place to give guidance for staff about how to minimise the risk of further weight loss. Where risk assessments had been put in place these were not always updated when weight loss occurred. For example, records showed that one person had weighed 91.7 kg on 16 May 2017 and 81.5 kg on 14 June 2017. This was a weight loss of over 10kg and when their care records were reviewed on 26 June 2017 "risk management remains the same" had been recorded. Records showed that on 15 July 2017 the person's weight had increased to 88 kg. Staff told us they were concerned that the scales used were not accurate so it was not clear if these readings were correct. No action had been taken to respond to concerns by staff about the accuracy of the scales and there was no evidence of action taken to ascertain the reasons why people might have lost weight. This meant people were at risk of their health care needs not being met because unexplained weight loss or the risk of inaccurate weight readings had not been investigated.

Where people had been assessed as being at risk from developing skin damage, pressure relieving mattresses were in place. We found mattresses were not set at the correct setting for individual people's weight and a specialist mattress had not been sourced for one person whose weight was below the range of settings for the mattress on their bed. A member of staff told us, "We just keep an eye on them to see if they are working." However, there was no system in operation to check if mattresses were set at the correct level when first put in place and on an on-going basis. While we found no evidence that people's skin integrity was not being adequately managed there was a risk that people could come to harm by having equipment that was not being used correctly.

One person was at risk of choking when eating certain foods and had been assessed by the Speech and Language Therapist (SALT) as needing to have 'fork mashable' food. We were unable to find any guidance for staff in their care file. After the inspection the registered manager told us it had been misfiled and was in a different section of the folder. It was not clear if staff knew about the guidance as we observed some confusion about what was meant by 'fork mashable'. On the day of the inspection the person had been given their lunch, which was suitable for their needs and had been mashed into small soft pieces. However, they then told staff they did not want their lunch and asked for a ham sandwich. This was given to them, cut into small pieces, and they were left unattended to eat it. This was despite the SALT instructions that only 'fork mashable' food was suitable, and anything else, such as a sandwich, would put them at high risk of choking. As it transpired the person did not eat the sandwich and declined offers of anything else. This showed a lack of awareness by staff of the risk of harm to the person by being served incorrect foods.

We found the risks associated with the health needs for one person, who had a complex respiratory disease, had not been adequately assessed. Due to their health condition they had a history of needing access to anti-biotics quickly when their breathing deteriorated. On 26 June 2017 the person became unwell and their GP was called who prescribed anti-biotics. Although, it was not in the service's control, it was over 24 hours before the anti-biotics were available. Before the medicines could be given the person was admitted to hospital because their condition had significantly deteriorated. When we spoke with the person they

explained that, before they moved temporarily into the service in May 2017, they had a rescue pack in their home with a supply of the appropriate anti-biotics. The service was not aware that the person had a rescue pack when living at home. Had a rescue pack been put in place the medicines could have been administered, immediately after a call to their GP, and this might have prevented their hospital admission.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the inspection of 13 and 14 February 2017 we found medicines were not managed safely. There were gaps in the recording of when people were given their medicines, where errors had occurred these had not been investigated and there was an excess stock of some medicines.

At this inspection we found improvements had been made and there were safe arrangements were in place for the storing and administration of medicines. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. 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. Nurses were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

There were some missing signatures where two staff had not signed to confirm the accuracy of handwritten entries for prescribed medicines. Some people had been prescribed creams and these had not been dated upon opening. We found some creams that were out of date. However, the registered manager told us systems in relation to this would be improved and we judged that this had not had an impact on the safety of how people received their medicines. Medicines audits had been developed but not yet started. An external audit by a pharmacist had been recently completed and no concerns were found.

People told us they felt safe living at Caritate and with the staff who supported them. People and their relatives told us, "Very pleased with the home" and "I am very lucky to live here." We met with several people living at the service but some were unable to tell us their views about the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People were protected from the risk of abuse because staff 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. Staff received safeguarding training as part of their initial induction.

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 five care staff and one nurse on duty from 8.00am – 8.00pm to meet the needs of 19 people. In addition, the registered manager, the administer, activities coordinator, a cook, a kitchen assistant, a laundry assistant and a domestic staff were working at the service. Rotas showed that some days there were four care staff on duty and other days there were six. The registered manager told us when they had recruited to the current care staff vacancies they intended to increase the staffing levels to six care staff every day. 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.

We observed there were suitable amounts of personal protective equipment such as disposable gloves and aprons. Where people needed help from staff to move from one place to another, with the use of a hoist, enough slings were available for staff to use. Some people had their own named sling and other people

shared slings. Staff told us these were washed after each use. However, it is considered to be good practice for slings not to be shared for infection control reasons and to respect people's dignity.

The environment was clean and well maintained. The service employed a team of housekeeping staff and a full-time maintenance person. Records showed that manual handling equipment, such as hoists, bath seats and lifts had been serviced. The day before our inspection the passenger lift had broken between two floors and a replacement part was on order and expected to be fitted the day after our inspection. In the meantime, because the premises were built on a slope and the front and back of the building were on different levels, people could access different floors by ramps around the outside of the building. There was a system of health and safety risk assessments. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Requires Improvement

Is the service effective?

Our findings

At a previous inspection in November 2016 we found the service had not met the requirements of the Mental Capacity Act 2005 (MCA) including Deprivation of Liberty Safeguards. At the last inspection of 13 and 14 February 2017 we found improvements had been made but still found some concerns. These were in relation to people's consent to their care not always being appropriately recorded and informal consent was not consistently sought by staff before providing care to people. At this inspection we again found that improvements had been made.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS). Applications for DoLS authorisations had been made appropriately to the local authority.

Since the last inspection the registered manager had developed a new form for people, or their advocate, to sign to give consent for their care and treatment. If people lacked the mental capacity to sign themselves the form clearly recorded who had signed on their behalf and on whose legal authority this had been done.

At the last inspection we had concerns about the manner in which some staff provided care for people. Staff carried out tasks with people without first seeking their consent or assumed that they wanted the same food or drink without checking if they wanted to make a different choice. At this inspection we saw a change in the culture and approach of staff. We observed that staff asked for people's consent before assisting them with any care or support.

At this inspection we found there was no record that a best interest process had been carried out when a listening device was placed in one person's room and at the nurse's station. The person's care plan had also not been updated to record that a listening device was in place. The device was put in place because it was essential that staff were alerted if the person stopped breathing because they were at high risk of choking. The person did not have the mental capacity to consent to this monitoring. However, on the day of the inspection the device was not working and the registered manager assured us they would rectify this.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the inspection of 13 and 14 February we found charts to monitor people's nutritional needs were not being consistently completed. At this inspection we found there were still gaps in the recording of how

people's care was being monitored. Food and fluid intake charts for some people were not completed thoroughly enough to be able to check exactly how much food and fluid the person had taken. Some people's care plans stated they should be re-positioned regularly, because they were cared for in bed, and their skin checked at particular intervals during the day. However, there was no system in place to record that these checks were taking place. We found no evidence that people's skin integrity and food and fluid intake needs were not being met. However, it was not possible to evidence if people received the right care for their needs due to the lack of accurate records. On the day of the inspection the registered manager put re-positioning charts in place and staff had started to use them.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff provided people with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. 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. People told us they enjoyed their meals and they were able to choose what they wanted each day. One person said, "The food is lovely, very good."

People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. The relative of one person told us, "Since living at Caritate staff have managed my daughter's diabetes and skin condition well. Staff have also helped her to lose weight and she is healthiest I have seen her." Care records confirmed people had access to health care professionals to meet their specific needs. This included staff arranging for opticians, dentists and chiropodists to visit the service as well as working closely with healthcare professionals.

At the last inspection staff training had fallen behind and at this inspection we found improvements had been made. Records showed staff had completed training, or were booked to complete, in all areas appropriate for the needs of the people living at the service. Since the last inspection concerns were raised that nurses did not have the relevant skills to care for some people with complex medical conditions. As a result of this, Cornwall Council, in conjunction with the Kernow Clinical Commissioning Group (KCCG), had agreed a service improvement plan with the provider. The improvement plan had stipulated that all nurses complete specific training. Until this training had been completed commissioners had restricted new admissions for people with some specific medical conditions. We found the required training for syringe drivers, diabetes and insulin, record keeping, tissue viability, wound care, oxygen care, catheter care and venepuncture had been arranged for July, October and November 2017.

Staff told us they felt supported by their managers and they received regular individual supervision. The new registered manager had met with every member of staff since their appointment and had set up an on-going programme of regular one-to-one supervisions. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there had been regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service. The registered manager encouraged staff development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

New employees completed an induction which included familiarising themselves with the service's policies and procedures and working practices. The induction also consisted of a period of time working alongside

more experienced staff getting to know people's needs and how they wanted to be supported. All new staff were enrolled, within a few weeks of starting, on a programme to complete a Diploma in Health and Social Care. However, the induction was not in line with the care certificate. This is a nationally recognised qualification for staff newly employed in the care industry that ensures they have the basic skills and knowledge needed to care for people effectively. The registered manager assured us that all staff, who were new to the care industry, would complete the care certificate.

Good

Is the service caring?

Our findings

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. People and their relatives told us they were happy with the standard of care provided by staff. Comments from people and their relatives included, "Very nice staff, they are very good to me" and "Staff look after my daughter well." Where people were unable to communicate verbally, their behaviour and body language indicated 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. People appeared to be well cared for. 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 some people became anxious staff sat and talked with them and we observed that after these interactions people looked visibly happier and calmer.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Comments from staff included, "This is people's home and I will not rush the care I give to people", "We have been told that when new care staff are recruited the staffing levels will increase and this will mean we can spend more time sitting talking with people" and "I would be happy for a relative of mine to live here."

People were able to make choices about their daily lives. Staff were aware of people's 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 one of the lounges or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. People told us they had chosen the decoration in their room. One person told us, "I love my room, I have Wi-Fi and can use my tablet to access the outside world."

People's privacy was respected. 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.

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.

Requires Improvement

Is the service responsive?

Our findings

While there was no evidence that people's needs were not being met some care plans lacked detailed guidance for staff to follow. Care plans were being regularly reviewed but these reviews did not always highlight that some care plans should be updated because the person's care needs had changed. For example, some care plans did not contain information about how often people should be re-positioned when cared for in bed. Where guidance was in place about re-positioning this was not always updated in response to an individual person's changing needs.

Where people needed staff to help them to move with equipment such as a hoist their care plan did not detail the size and type of the hoist and sling used. This meant staff may not know the correct equipment to use for each person.

Some people living at the service were at risk of choking and the service had a policy in relation to choking. The policy stated that when a person was assessed as being at risk of choking a separate choking care plan should be written to give instructions for staff to follow. However, for one person, who had been assessed as being a high risk of choking, there was no such care plan in place.

Care files were not very organised and some information, such as guidance from healthcare professionals, was difficult to find and therefore staff may not be aware of its existence. For example, guidance from Speech and Language Therapists (SALT) in relation to specialist diets or exercise routines prescribed by physiotherapists.

Staff spoke knowledgably about the needs of people living at the service. They told us daily handovers were informative, although these were not well recorded. We therefore judged that vital information about people's needs was being communicated verbally to staff. However, gaps in the written instructions, for staff to follow, meant there was a potential risk that staff would not know how to provide the right care for people.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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. On the day of the inspection we saw six people take part in a game of bingo, which they seemed to enjoy. The service owned a mini-bus and this was used to take two people swimming each week, and take other people out locally for coffee.

Some people living at the service were unable to join in the activities on offer due to their complex health and communication needs. The registered manager had recognised that some people were not engaging in any meaningful activities. Two weeks before our inspection a full-time activities coordinator had been employed and they had started to develop a more personalised approach to activities. This would enable people, who were currently not engaging in social activities, to be offered activities suitable for their 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.

Requires Improvement

Is the service well-led?

Our findings

At the inspection of 13 and 14 February 2017 we found audits to monitor the quality of the service were not effective as they had not identified the concerns raised at that inspection. The action plan submitted after the last inspection stated that audits would be improved by June 2017. At this inspection we found the service had developed a new audit system. However, this system had not been fully implemented and concerns found at this inspection, in relation to care records and the risk management of people's care, had also not been identified by the service.

The registered manager had been in post since April 2017 and they had made many positive changes to the service in that short time. Initially their emphasis had been on improving staff morale and staff training. They had put a new management structure in place to allocate audits to specific nurses, senior care staff, the head of housekeeping and the kitchen. Audits for housekeeping and the kitchen had started. Audits formats were being finalised at the time of the inspection for the auditing of care plans, medicines and monitoring charts. It was clear the provider and registered manager had put a lot of time and effort into sourcing an external quality assurance package and making changes to the formats supplied so they were appropriate for this service.

Discussions with the registered manager demonstrated that they recognised that care audits should have been prioritised and they had missed the deadline they set for completing this. The management structure, put in place to enable the audit programme to be fully implemented, had been delayed because staff had to be recruited to some positions. The positions of a team leader and two senior care workers started two weeks before our inspection. The service still had a nurse vacancy at the time of the inspection, although recruitment to this role was in progress.

Before our inspection safeguarding concerns were raised with Cornwall Council about the care of some people living at the service. Investigations into these concerns were still in progress at the time of this inspection. An action plan to improve the service had been developed with Cornwall Council. All of the concerns found at this inspection were part of that action plan and so were in progress. The registered manager had made good progress with the action plan and all actions were due to be completed by 31 August 2017. The registered manager had also been working closely with NHS and Cornwall Council commissioners because there had been a suspension for new admissions into the service since April 2017. This work had resulted in a partial lifting of the suspension which had helped to maintain the financial viability of the service.

The registered manager also took action to rectify some of our concerns during and immediately after our inspection. Before we left the inspection charts to record when people were re-positioned had been put in place. The registered manager assured us they would work with the nurses and senior care staff to implement care audits. We were advised the day after the inspection that this work had started. Based on the progress made in a short period of time, and the confidence people, staff and relatives had in the new manager, we were assured that the audits systems would be fully implemented very soon.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff morale was good and there was a positive culture within the staff team and with an emphasis on providing a good service for people. Staff told us they felt supported by the registered manager commenting, "The new posts of team leader and seniors are good. I feel very positive about it, we are going in the right direction", "We have had a difficult time, but things are getting better" and "We are a good team."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people lacked mental capacity, to make informed decisions, records did not always show that the service had acted in accordance with the Mental Capacity Act when making decisions on people's behalf. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health and safety of people using the service were not consistently assessed or updated. Regulation 12 (1) and (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality of the service provided had not been fully implemented so had not identified some areas for improvement. Records in relation to the care and treatment provided to people were not consistently completed. Regulation 17 (1) and (2)