Cornwall Care Limited

St Martin's

Inspection report

St Martin's Crescent
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

St Martin's 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 34 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.

St Martin's is situated in the town of Camborne. It is a purpose built one storey building with a range of aids and adaptations in place to meet the needs of people living there. 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 is a central hub of lounge and dining spaces, as well as three separate lounges. People's bedrooms were personalised and were for single occupancy. There were a range of bathing facilities in each area designed to meet the needs of the people using the service. There was a courtyard which people could use.

This unannounced comprehensive inspection took place on 5 November 2018. At the last inspection, in May 2016 the service was rated Good. At this inspection we found the service remained Good.

The registered manager commenced at St Martins in April 2018. People and relatives were positive about recent management changes and said management were approachable, would listen to suggestions and felt supported. Staff told us with the change of manager and changes at senior management level there had been a number of positive improvements to the service.

The registered provider had improved quality assurance and governance arrangements. The management team were keen to implement changes that would improve the quality of people's care and assist staff. For example, they had reviewed the deployment of staff to ensure that people's needs were better met. One impact fof this was the number of incidents at the service had reduced significantly.

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 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 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 needed and wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to themselves and other people. Care records contained information for staff on how to avoid this and what to do when incidents occurred.

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 and these were effective in identifying errors occurred such as not dating creams on opening.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of 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.

The registered manager had implemented a nutrition project and invited people and relatives to contribute to this. This meant people preferences were being considered and were offered a choice in line with their dietary requirements.

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.

Staff were supported by a system of induction training, supervision and appraisals. Staff said they felt supported by the manager and could approach them with any queries. Staff meetings were held regularly.

Staff were recruited in a safe way. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

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.

People were asked for their views on the service regularly. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The staff team were motivated and happy working at the service. The staff felt valued and morale was good.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the manager and members of the senior management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Safe.	Good
Is the service effective? The service remains Effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains Responsive	Good
Is the service well-led? The service remains Well led,	Good

St Martin's

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 5 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 eight people who could express their views of living at the service. Not everyone we met who was living at St Martin's 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 registered 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.

Good

Is the service safe?

Our findings

People told us they felt safe at St Martin's. Comments included "I would rather be at home, but I do feel happy here and safe, definitely". Relatives echoed this view, commenting "It's very, very good here. The staff are very good" and "I'd have no hesitation to speak to staff. My [relative] is well cared for here. In previous settings I've had to raise safeguarding, but here, all [my relatives] needs are met."

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.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations, the manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

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. We raised this with the operational manager and agreed we would discuss this practice with the provider at our next provider meeting.

People and their relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. Staffing arrangements met people's needs in a safe way. The manager reviewed people's needs regularly. This helped ensure there was sufficient skilled and experienced staff on duty to meet people's needs.

We saw the staffing levels were adhered to as shown on the rota. A registered general nurse (RGN) senior nurse and ten care staff were providing care to people. There was also a team of catering and housekeeping staff, plus management support. In addition, a dedicated activity coordinator provided group and individual entertainment during the day. At night a RGN and three carers were on duty from 7.30pm to 8am. A member of the management team was always present in the service during the day and was on call overnight. The rota showed that agency staff were used regularly to cover any short falls in staffing and provided assistance to people who were assessed as needing one to one support. The same agency worker was employed to provide consistent one to one support to a person. The registered manager was actively recruiting to vacant staffing posts.

Risk assessments were in place for each person. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately to minimise risk and keep people safe, such as to prevent poor nutrition and hydration and falls. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may

present a risk.

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, providing staff with 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.

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. For example, it was noted that at specific times of the day some people became more anxious. The manager altered the time activities were provided and changed how staff were allocated around the home to ensure that staff presence was more visible to support people. From these actions there had been a significant decrease in incidents occurring.

There were safe arrangements in place for the administration of medicines. Daily internal audits helped ensure medicines management was safe and effective. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. People were supported to take their medicines at the right time by staff who had been appropriately trained.

Each person had a Medication Administration Record (MAR) sheet. Staff completed these records for each dose given. From these records it could be seen that people received their medicines as prescribed and at the correct time. When staff had transcribed medicines for people, on to the MAR following advice from medical staff, the handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams which were dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use.

The service 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.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. This helped to protect people from being cared for by unsuitable staff.

Good

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.

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).

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 found they 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. One person said "I have no complaints. All the staff are brilliant. They help me with showering and I can get up and go to bed when I want, I don't need much assistance, only with showering and they will always ask before."

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 St Martin's had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves.

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 were supported by the manager to have the appropriate support to carry out their roles effectively. This included a comprehensive induction at the organisation's head office. Once in post there was continuous training and support. 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 had initial training that gave them a satisfactory understanding of good working practice within the care sector. Staff were positive that they were supported appropriately. One staff member said, "The induction and training provided is really good."

Staff confirmed that they had one to one supervision with a line manager. This gave staff the opportunity to discuss working practices and identify any training or support needs. The registered manager acknowledged that the supervision of staff had varied in its quality and this had been identified as a training issue which was being addressed.

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 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.

The manager and cook had held 'nutritional meetings' with relatives and people to look at what foods people liked and how they could support people with their nutrition and hydration. Relatives were positive about these meetings and commented that more fruit and vegetables were now provided, especially as snacks.

People told us, "Food is great." Relatives were complimentary about the food saying, "[person's name} doesn't recognise how to eat. [Person] has a food supplement in a beaker, so that's how they're managing it and [person] is receptive to that" and "From what we've seen, it's excellent – they're well fed here and they have choices and lots of drinks.

The home had 'two seatings' for lunch. The first seating was for people who needed staff support to assist them with their meal. The 'second seating' was for people who were more independently able to have their meal. Both seatings were not rushed and staff continuously checked that people had all they needed and offered support in a caring manner. If a person wished to have their meal in their own bedroom this was respected and facilitated.

The organisation had a maintenance team to address general maintenance with contractors undertaking

any specialist work. The service had been redecorated. Corridors were 'themed' and signage was designed to support people with dementia to move around the service and identify with different areas and rooms.

Good

Is the service caring?

Our findings

People were supported to understand that St Martin's 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 "Yes, it's excellent – Tip-Top" and "They look after me; They are all very good." Relatives echoed this view. Comments included "[Person's name] is well cared for here. They always have his best interests at heart and are very caring."

People were positive about the attitudes of the staff and management towards them. People told us they felt that they were treated with respect and listened to. Comments included "I'm very happy and they are all respectful."

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.

Staff were proud to work at St Martin's and told us, "Its brilliant here, the residents, staff we are a big family really."

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. When one person's anxiety did not lessen staff suggested they move to a quieter area of the home. They moved to a quieter lounge, and we saw that the persons level of anxiety decreased.

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. This enabled staff to talk to people about things that interested them.

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, one person liked to pray every day and this was respected. 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.

Good

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 registered 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.

The service held 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 and this meant that people's needs were 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.

We observed call bells were answered quickly and people did not have to wait long for a response. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner.

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. There was some confusion as to where these records should be kept but it was acknowledged that an electronic recording system would be implemented in a few weeks which would resolve this issue. 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 St Martins. Some people also went out with family. The service employed a activity co-ordinator who organised a planned programme of events including singing, exercises and visits from entertainers for the week. This included weekly visits from the local pre-school which people told us they enjoyed. We saw people making poppies in the morning. An entertainer visited in the afternoon who provided a singing session which people joined in, and some people were dancing. 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.

Relatives were complimentary about the activities on offer. Comments included "They have a trip every fortnight on a Tuesday and I can go with [family members name]' – we went to the garden centre, Tehidy Country Park and coffee at Tyacks Hotel" and "They have some lovely activities. Children from the nursery school visit, which is lovely for the residents. They had an animal visit with a snake and spider recently. When dad first came here, we already had a pen portrait for him, which included all of dads interests and preferences etc, so all of that was already in place and so staff had all of this information on admission and it's kept in his care plan" and "We completed a 'Your Life and Other Info' book when he first came in here. We wrote that he likes to be smart and likes things to be tidy, doesn't like noise and was never a hobbies man, He doesn't like any activity with lots of noise, or even with lots of people talking, he'll say 'shush', which is why it suits him here in the quieter lounge. He likes to listen to music."

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. 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. There were no complaints being investigated at the time of this inspection. 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.

Good

Is the service well-led?

Our findings

The registered manager had been in post since April 2018. 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.

People and relatives told us they felt the management team at St Martin's were approachable and would listen to any suggestions they may have. There had been changes to the management team and people and relatives were positive about these changes. Comments included "[Manager] is approachable, listens and is supportive. In the past when I've spoken to her, she is non-judgemental and empathetic, she knows everyone and her hunger is to give the people here the best possible care" and "She is very good and very approachable and listens. The first thing she said was that's my door, that's my office and its always open to see me if you want to".

Staff told us with the change of manager and also changes at senior management level there had been a number of positive changes to the service. Staff comments included "I feel appreciated here. I feel part of a team."

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 St Martins, for example ensuring that staff are deployed around the service which had significantly reduced the level of incidents in the home.

The management team were keen to implement changes that would improve the quality of people's care and support staff. For example, they introduced nutrition meetings with people and relatives to review the menu to ensure that it met people's preferences, and was nutritious. People and relatives were pleased that they were invited to be involved in this project and could already see the benefits for people such as more snacks available, and a change in the menu.

Staff had a positive attitude and the management team provided strong leadership and led by example. The manager was supported in the running of the service by nurses, senior carers, care and ancillary staff. The organisation had maintenance staff who they could contact in respect of the homes environment and facilities. They also received support from the regional manager who visited them monthly and also the operational director. 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 manager worked in the service five days a week. Senior staff had an on-call rota so that they could support staff when they were not present. Staff said they believed the manager was aware of what happened at the service on a day to day basis in respect of the people they supported.

Staff told us they felt that their roles were clear and knew who was responsible for each task. Information about people's care was shared, and this provided consistency in care practice . Any concerns relating to the running of the service were regularly discussed.

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. Records were up to date and reflected the individual needs. Accident and incident records were also completed and audited by the management team.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. The manager was aware that staff supervision needed to be more regular and had implemented a staff supervision programme.

People and relatives told us their views about the running of the service were sought. People were complimentary about the changes to the service. Relatives meetings were held where they were encouraged to share their views about the running of the service. People also had meetings with senior staff. These were an opportunity to review care plans and discuss any elements of people's care or the service that they wanted to improve or develop.

The registered persons understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The manager said if she had concerns about people's welfare she liaised with external professionals as necessary. The manager submitted safeguarding referrals when appropriate.

There was also 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 to see people had regular food and drinks; monitoring care plans to ensure they were to a good standard; monitoring accidents and incidents; auditing the medicines system; infection control procedures and checking the property was maintained to a good standard.

The service's records were well organised, and when asked, staff were able to locate all documentation required during the inspection. People's care records were kept securely and confidentially, in line with the legal requirements. The manager had ensured that notifications of such events had been submitted to CQC appropriately according to legal requirements. 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.