Cornwall Care Limited

Trevern

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

This inspection took place on 24 and 26 May 2017 and was unannounced.

At the previous comprehensive inspection on 21 November 2016 we found breaches in the legal requirements relating to staffing levels, management arrangements, monitoring records, and the security arrangements of the building. Following the inspection in November 2016 the provider sent the Care Quality Commission an action plan outlining how they would address the identified breaches. We undertook this inspection to check the provider had followed their plan and to confirm that they now met legal requirements.

Trevern is a care home that provides nursing care for up to a maximum of 40 predominately older people. At the time of the inspection there were 36 people living at the service. Some of these people were living with dementia. The building is split into three units known as, The Wing, The Flats and The House. The Wing is used for people who have complex health needs.

There was a registered manager at the service who had not been at work for several months. 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. There was a temporary manager in post who supported us throughout the inspection. The temporary manager will be referred to throughout this report as "the manager".

At the previous inspection, the service had identified the minimum numbers of staff required to meet people's needs. We found these were not being consistently met. The management team had identified there were high levels of staff absenteeism due to last minute sickness and this was contributing to low staffing numbers. Action was being taken to address this issue and a new sickness management policy had been introduced. However, it was too early for us to evaluate the effectiveness of this new policy. At this inspection, we found improvements had been made. We reviewed the rotas held by the service and observed staffing levels. We found that staff were able to respond to people in an unhurried way and call bells were answered promptly. The manager told us the sickness policy worked well and numbers of absenteeism had reduced.

At the previous comprehensive inspection in November 2016, we found that care plans contained risk assessments for a range of circumstances. The assessments were updated regularly to reflect people's changing needs. However, there was a lack of guidance in place for staff on how to care for someone who had been identified as at risk. We made a recommendation in the previous inspection report about the management of risk. At this inspection, we did not feel that this issue had been adequately addressed. We continued to find examples in people's records were a risk had been identified and the care plan did not contain guidance for staff on how to reduce the risk or meet the person's associated care needs.

At the previous inspection in November 2016, we found that people's health needs were monitored. However, records documenting this were inconsistently completed. There were gaps in records and some had not been dated. This meant it was difficult to establish whether people had received care according to their plan of care. This continued to be a concern at this inspection. We found frequent examples in people's records where we could not gain an accurate picture of the care people were receiving.

At the previous comprehensive inspection, we found there was a lack of clear oversight of the service. Although some staff had been given responsibility for various areas, for example, rotas and auditing, this had not prevented the problems identified at this inspection from occurring. An interim manager was in place but they had not gained a good working knowledge of the service. Relatives were not clear as to the arrangements for managing the service and some told us communication had been poor. At this inspection, we found there was a manager in post. This manager was committed to raising standards at the service and addressing areas of concern, however they had not been in post for long enough for us to make a judgement about their leadership of the service. We continued to find that although audits had taken place, they had failed to identify issues found by us during the inspection.

We found issues relating to the administration and recording of covert medicines. Covert medicine is medicine given to a person without their knowledge, for example, being crushed in their food or drink. Staff told us, if there was a covert agreement in place, they would routinely administer the medicines covertly, rather than first offering the person the medicine overtly. This did not comply with their own policy on covert medicines which clearly stated that covert administration should be the last resort. We found an example where the medicines on the persons covert agreement did not correspond with the medicines listed on the person's medicines administration record (MAR).

People's rights were not always protected through the correct use of legal frameworks. For example, when required, people had been assessed under the Mental Capacity Act (MCA) by staff, however, the assessments we found were either completed in 2014 or had not been dated. It was therefore not possible to gain an accurate picture of their capacity to make decisions.. The manager had sought authorisations under the Deprivation of Liberty Safeguards (DoLS) when needed, however, where the restrictions in place in people's care plans had changed, this had not always been reported to the Supervisory Body.

There was a lack of personalised information in many of the care records we reviewed. This meant staff might not be aware of people's backgrounds, histories, preferences and routines. Most care records we reviewed contained a document called; "My life narrative", but in most cases, this was left blank. Some staff we spoke with confirmed they did not feel they knew enough about the lives of the people they supported. People had access to activities, however these were basic and some people told us there was not enough to do. We have made a recommendation about this.

Some people we spoke with provided negative feedback on the food. We noted that some food offered on the first day of the inspection did not look appetising. We found that when people needed their food to be pureed, the food was not presented in an appetising way, for example, by using moulds to make the foods replicate it's original form. The service did have the moulds needed to do this, but they were not being used. We inspected the kitchen and found limited information on people's dietary needs for the cook. The cook relied on the care staff to plate the food up for individual people from the trolley, meaning there was a potential for errors.

We found some concerns with the environment. We noted the sluice room to be frequently unlocked and unattended. We found a broken window in one area of the home. We also found a quiet lounge with a heavily stained carpet, mismatched furniture and one armchair without armchair covers, with a fleece

blanket over the top. We also found a key cabinet containing keys to different areas of the home, which was unlocked and open, with the keys on display.

People and their relatives told us the service was safe. People were supported by staff who understood how to recognise and report any signs of suspected abuse or mistreatment. Staff had been safely recruited, and had undergone checks to help ensure they were suitable to work with people who were vulnerable. People were supported by staff who had undergone training to help ensure they could meet their needs effectively. Staff were supported by a thorough induction process which including shadowing more experienced staff. All staff were supported by an ongoing programme of supervision as well as an annual appraisal.

People and their relatives told us the staff were kind. Staff spoke about the people they supported with fondness and affection. People's dignity was protected by staff who were respectful and compassionate. The atmosphere at the service was pleasant and relaxed and people appeared comfortable and at ease. People's confidential information was securely stored.

There were suitable numbers of nursing staff on duty to provide nursing care. If people became unwell, the service made prompt referrals to doctors or specialists. People had access to a range of health and social care professionals including social workers, chiropodists and speech and language therapists.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the 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

Aspects of the service were not always safe.

People's care records contained insufficient guidance for staff on how to manage identified risks.

Some areas of the home were not kept secure.

Staffing levels were satisfactory.

People generally had their medicines as prescribed and on time.

Is the service effective?

Requires Improvement

Aspects of the service were not effective.

Practices and records relating to the administration of covert medicines were not robust.

Where people had been assessed as lacking capacity under the MCA, the assessments were out of date. Updates had not been sent to the supervisory body where restrictive practices had changed in line with the Deprivation of Liberty Safeguards.

We received negative comments about the food and there was insufficient guidance in the kitchen for the cook on people's dietary needs.

People were supported by staff who had received training to carry out their role effectively and who were supported with a programme of supervision and appraisal.

Is the service caring?

Good

The service was caring.

People were supported by staff who spoke about them with fondness and affection.

People were supported by staff who treated them with respect and promoted their independence.

People's confidential information was securely stored.

Is the service responsive?

Requires Improvement

Aspects of the service were not responsive.

Monitoring records to evidence the care people were receiving were not consistently completed.

There was a lack of personalised information in people's records to inform staff of their background, history, preferences and routines.

People had access to activities, but these were not personalised. We have made a recommendation about this.

There was a system in place for receiving, investigating and monitoring complaints.

Is the service well-led?

Requires Improvement

Aspects of the service were not well led.

Audits had failed to identify gaps in records of the care and treatment provided.

There was a new manager in post, who staff spoke very highly of.

Morale amongst staff was good.

Trevern

Detailed findings

Background to this inspection

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

We undertook an unannounced comprehensive inspection of Trevern on 24 and 26 May 2017. The inspection was carried out by one adult social care inspector and a specialist advisor who had a background in nursing. On the 26 May 2017 an expert by experience was also present. Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

Not everyone we met who was living at Trevern was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices and interactions between staff and people.

We spoke with the manager, Cornwall care's assistant operations director and the clinical deputy manager. We spoke with nine people and 14 members of staff. During the inspection we also spoke with three relatives.

We looked at care documentation for eight people living at Trevern, medicines records, five staff personnel files, training records for all staff and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in November 2016 we found concerns relating to staffing. The service had identified the minimum numbers of staff required to meet people's needs. We looked at rotas and found occasions when these staffing levels had not been met. All of these gaps had been due to last minute staff sickness. In order to address this, a new sickness management procedure was being introduced which would highlight if staff were developing poor sickness records. At this inspection, we found that improvements had been made. The sickness management procedures had meant that levels of absenteeism had reduced. We found that staffing levels appeared suitable. Staff were able to meet people's needs in an unhurried way and people were provided with assistance promptly.

At the previous comprehensive inspection we found concerns relating to the documentation and management of risk. Care plans contained risk assessments for a range of circumstances including moving and handling, skin integrity and the likelihood of falls. The risk assessments were updated regularly to reflect people's changing needs. However, there was a lack of guidance in place for staff on how to care for someone who had been identified as at risk. At this inspection, we found more concerns relating to this issue. For example, one person had been identified as at risk of becoming aggressive during personal care interventions. Their care plan stated; "At times you may have to assist [person's name] in the best way possible to ensure hygiene requirements are met". Another person's record directed staff to manage situations which could escalate in an "appropriate manner" and following up with a "suitable timeframe of re-engagement". This did not provide staff with the specific and detailed information required to provide consistent safe care.

Staff less familiar with people's, such as new or agency staff may not have had access to relevant information to enable them to help ensure people's needs were met and they were protected from identifiable risk. Another person had been assessed using the MUST (Malnutrition Universal Screening Tool). The tool indicated they were at risk due to poor nutrition and were losing weight. Their care plan indicated that they should be offered fortified foods and weighed weekly. The following month, the care plan had been reviewed and indicated that the person had lost more weight, but stated that the care plan should continue. There was no reference to the person being referred to a dietician or their GP as indicated by the MUST tool. This meant we could not be sure identified risks were being appropriately acted upon to keep people safe.

Where people had been identified as at risk of behaving aggressively, staff completed a document called a "Behaviour/trigger review record". Staff were asked to record on this form, a description of the behaviour, any identified trigger, the action and the outcome. We found that these records did not consistently provide sufficient detail of the incident. One record we reviewed did not specify which staff members had been involved in an incident where a person had become aggressive during personal care interventions, or the outcome. This meant it was not possible to identify triggers or themes which might have reduced the likelihood of a reoccurrence, to assess whether the approach was successful, or to review the person's wellbeing afterwards.

We found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some concerns relating to the environment. We observed that the sluice room was unattended and unlocked frequently throughout the inspection, leading to the risk of cross infection. We found a cracked window in one area of the home and a keypad which did not appear to be working on one stairwell. We found some fire doors marked; "fire door, keep shut" had been propped open. We also noted dated, mismatched furniture and a heavily stained carpet in one quiet lounge. We lifted a blanket which was covering one chair, to find there were no cushion covers on it. We also found a key cabinet in this room which was unlocked and open with keys to several areas of the home on display. This was a shared space which people living on the unit had full access to.

People had PEEPS (Personal emergency evacuation plans) in place, which provided information on the level of support people would need in the event of an emergency evacuation. However, these plans did not contain a photograph of the person concerned. This meant that if the person was not in their bedroom at the time the evacuation was required, it may not be possible for emergency staff to identify them.

People told us they felt safe at Trevern. Comments included; "I feel safe because if [staff] say they are going to do something, they do it" and "I'm always safe because everybody is so helpful". One relative we spoke with confirmed; "Everything is so good. The people and the staff".

People generally had their medicines as prescribed and on time. People's medicines were stored and disposed of using the correct procedures. Medicines administration records (MAR) were accurately completed. Where medicines required refrigeration, fridge temperatures were logged daily and fell within the guidelines that ensured the quality of the medicines was maintained. Where people were prescribed medicines which required more strict controls, these were managed suitably. Medication audits were taking place regularly in order to monitor the quality of the service and highlight any areas for change. We noted one audit had identified the need for a new medicines fridge and we saw that this had been actioned, with a new fridge on order.

People were protected by safe and thorough recruitment practices. Records confirmed all employees underwent the necessary checks prior to commencing employment to confirm they were suitable to work with vulnerable people. This included DBS (disclosure barring service) checks.

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of abuse would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and this was regularly updated. The training helped ensure staff were up to date with any changes in legislation and good practice guidelines. Policies and procedures were in place in relation to abuse and whistleblowing. Staff knew who to contact externally if they thought concerns had not been dealt with appropriately within the service. One staff member said; "If I ever suspected anything I would report it. We have the safeguarding number on the back of our identification cards".

The service was visibly clean throughout and there were suitable levels of PPE (Personal Protective Equipment). Staff had received training in infection control and we observed good hand hygiene practices.

Requires Improvement

Is the service effective?

Our findings

We found issues relating to the recording and administration of covert (disguised in food or drink) medicines. Where people had their medicines administered covertly, there was an agreement for this in their records, signed by their doctor. However, we saw little evidence of a best interest process to ensure that less restrictive alternatives were explored. We spoke with staff who confirmed that they would not offer the medicines to the person before administering them covertly. This practice did not reflect Cornwall Care's policy on using covert medicines, which clearly stated it should be given as a last resort. One staff member told us; "If it's care planned, we give it covertly". We also found an example where the medicines listed in their covert agreement did not reflect those listed on their MAR chart.

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 people lack mental capacity to take particular decisions, any decisions 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 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.

We found issues relating to staff understanding and recording of practices relating to the Mental Capacity Act. One person's care plan described the use of restraint and stated; "If restraint is necessary in [person's name] best interest, please use as little as possible". We found a Mental Capacity assessment for this person, which was dated in 2014. We looked at the DoLS paperwork which had been submitted to the Supervisory body relating to this person and found that restraint was not listed as a restrictive practice to be authorised by the DoLS order. This meant that any restraint used would potentially be unlawful. In addition, staff were not trained in the use of restraint. We spoke with the manager about this. The manager confirmed that staff did not use restraint to support this person and that the care plan was not accurate. The manager took action to re-write the care plan to reflect this. We reviewed several other records relating to people living at the service which contained capacity assessments, all of which were either dated in 2014 or not dated, meaning it was not possible to know if they were reflective of the person's current capacity to make decisions.

We looked through DoLS paperwork submitted to the Supervisory Body. We found that although the registered manager had submitted applications as required by law, where the person's care plans had changed in the meantime, the Supervisory Body had not been updated. This meant that they were not always acting within the principles of the MCA and associated safeguards.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

We received mixed feedback from people on the standard of the food. Comments included; "The food is improving, it's up and down"; "Everything is boiled to death" and "The food is sometimes like mush". One person asked us to look at the chips they had been served with their lunch and commented that they were; "inedible". We observed that most people who had been served with the chips had not eaten them. Two further people told us the chips were always of this standard. Some people needed their food to be pureed. We noted that although the service had been provided with moulds to use, to make pureed foods look appetising, they were not currently being utilised. This meant the pureed food came out as a paste and did not replicate the food in its original form. We highlighted this to the manager who arranged for training for the kitchen staff so that they could use the moulds.

The Kitchen staff did not have a robust system in place to monitor residents' dietary requirements and relied on a white board with very basic information about some people's dietary needs. The kitchen staff relied on the care staff to know whether people had specific dietary needs based on the consistency of the food, for example, if it was pureed or mashed. The care staff plated the meals from the trolley but there was not list on the trolley detailing people's dietary needs. This created the potential for people not receiving their food in the way they needed.

People's records evidenced that they had access to a range of health and social care professionals such as social workers, GPs, dieticians, percutaneous endoscopic gastronomy (PEG) nurse, diabetes nurse specialist and chiropodists.

People were supported by staff who had undergone training in order to carry out their role effectively and there was a system in place to remind staff when it was due to be renewed or refreshed. Staff had received training in subjects identified by the provider as mandatory such as moving and handling, infection control and health and safety. Training was also provided in subjects which were specific to the needs of the people living at the service, such as diabetes and continence care.

Newly employed staff were required to complete an induction before they began working at the service. This included familiarising themselves with organisational policies and procedures. Staff new to care completed the Care Certificate. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. All staff were supported by an on-going programme of supervision, competency checks and an annual appraisal.

Good

Is the service caring?

Our findings

People told us the service was caring. Comments included; "The staff here have done wonders for me"; "The staff are great, so friendly and caring" and "I think the care is good because the staff are so loyal". Comments from relatives included; "The staff are lovely. They really care about these people"; "They put themselves out for people" and "They care. I could not complain in any way".

Interactions between people and staff were kind and compassionate. We saw staff routinely asking people if they were comfortable and enquiring if they needed anything. One staff member said; "I try to go the extra mile here. If I have a spare five minutes, I always take time to sit and chat to the residents". People appeared content at the service. We saw some people were sat in the garden under sun umbrellas enjoying the warm weather. A staff member said; "It's nice to get out if we have a bit of nice weather. We always make sure the residents have cold drinks and sun cream".

Staff spoke about the people they cared for with warmth and affection. One staff member said; "Have you met [person's name]? she's amazing". Another staff member said; "I love all of them. There are some amazing characters here and I feel privileged to work with these people".

People's preferences were respected. People told us they went to bed and woke in the mornings at the time they chose. A staff member told us one person enjoyed a lie in, and they were later seen having a late breakfast. One person told us; "When I get up, they bring me a cup of tea because they know that's what I like". Two people living at the service had brought their dogs to live with them. One person told us having their pet with them brought them great comfort. Staff were kind to the animals and made them feel part of the family at Trevern.

People told us staff treated them with dignity and respect. Staff members were seen to knock on people's bedroom doors and wait to be invited to enter before going in. Offers of care were made discreetly. We saw one staff member quietly asking a person if they would like assistance with going to use the bathroom. People's confidential information was securely stored in locked offices.

Staff told us they tried to promote people's independence wherever possible. One staff member told us; "[person's name] is able to make their own tea, so I always allow them to. Even if it takes longer". Another person had always enjoyed gardening, so staff arranged for them to plant tomatoes, which were growing on the patio.

Bedrooms were decorated and furnished to reflect their personal tastes. People had photographs and possessions in their bedrooms. There were also photographs and pictures hanging throughout the building. This helped create a homely atmosphere. We saw thank you cards and messages which had been sent to Trevern by relatives expressing their gratitude.

People's religious and spiritual needs were considered at the services. We saw references to this in their care records. We were told there was a monthly church service at Trevern which people enjoyed.

People's relatives were made welcome at the service and there were no restrictions on visiting times. We observed staff taking time to speak with relatives and to keep them informed. One relative we spoke with told us; The staff always let me know what is going on".

Requires Improvement

Is the service responsive?

Our findings

At the previous comprehensive inspection in November 2016, we checked monitoring records and found there were some gaps in the records. One person needed to be repositioned regularly in order to protect their skin from pressure damage. Records to evidence this were not consistently completed. Another person had been identified as being at risk because they were not drinking enough. Fluid monitoring records had been put in place but these were not always completed. The records that were in place were not always dated.

At this inspection, we continued to have concerns relating to the completion of monitoring records. For example, we found gaps in one person's repositioning chart so it was not possible to know if they had been moved as required. We also found that topical cream charts were inconsistently completed, meaning it was not possible to know if people had their creams applied as required. One person had a number of complex health issues including a catheter, a colostomy bag and a gastronomy tube. We found this person's records lacked evidence of the daily care provided to them. Another person had had an ulcer and required dressings to be changed regularly. The care plan did not stipulate how often the dressings should be changed or what type of dressing should be used. The person's records showed the last change had taken place almost three weeks, ago. It was not possible to ascertain from the records whether the person was having the care required to meet their needs.

We looked at food and fluid charts kept in people's bedrooms. On some units the flood and food charts were inconsistently completed. Some meals had been missed without an explanation and we saw examples where targeted fluid balances were not reached and there was no evidence of the action taken by staff as a result. We also found people's care monitoring records to be fragmented with records being stored in different locations on the three different units. This created the possibility that important information might be missed. These issues were highlighted to the manager who assured us that people were receiving their care as required, but acknowledged that the recording and documentation of the care provided was not sufficient.

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

Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. However, there was a lack of information on people's background, history and preferences in many of the files we reviewed. Most people's records contained a section titled; "My life narrative". We found this was often not completed. Comments from staff included; "it would be nice to know more about the people we support and who they are. It isn't always in their file" and "We need more information. If we don't know what they used to do, how are we to help them?". One person's records stated; "Staff should sit down with [person's name] to discover more about her past. By doing this, we can get a clearer picture of [person's name] and her lifestyle". This was dated in October 2016, and reviewed in April 2017 with no further detail added about this person's lifestyle and history. This information is important as it helps staff establish meaningful conversation with people. We highlighted this

to the manager who acknowledged the issue and said it was being addressed by sending out documents to families to complete, to build a better picture of their family member for staff.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service employed two activities coordinators. Staff also assisted people to take part in activities. Activities included some visits from outside entertainers, exercise sessions and occasional walks in the local community. We saw little evidence of personalised activities taking place. There was an activity programme in the reception area, but many of the activities on offer were basic, such as bingo, a visit from the hairdresser or playing games. Comments from people included; "There's not much to do, but I don't mind" and "I wish there was more to do, but all in all I don't mind too much". One staff member mentioned ad-hoc activities which took place one one unit. "I sing to them, do their nails, show them videos on my phone of things I did at the weekend". Whilst this sounded positive, we could not find evidence to support this in people's records or daily notes.

Recommendation; For the provider to research personalised and dementia friendly activities and consider how these might be provided to people living to Trevern

There was a system in place for receiving and investigating complaints. Relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. We saw that any concerns raised had been investigated promptly and used to raise standards and drive improvements.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection in November 2016, we found there was a lack of clear leadership at Trevern. The service was being overseen by an interim manager who had only been in post for five weeks and was not familiar with the service. The interim manager was supported by a senior nurse who had been at Trevern since early 2016, and a senior healthcare assistant who had worked at the service for many years. Relatives were unclear as to arrangements for the management of the service.

At this inspection, we found that the registered manager had not been at work for some time. However, a temporary manager had been appointed and had been in post for five weeks. People, relatives and staff spoke very highly of this manager. One staff member said; "I know I can go to her and I feel able to talk to her". Whilst this was a positive factor, it was too early for us to make a judgement on the sustainability of the improvements to the leadership of the service.

At the previous inspection in November 2016, we found that regular audits were carried out on various aspects of the service including care plans and records of support people received. These audits had failed to identify the gaps we found in the monitoring systems. At this inspection, we continued to find concerns relating to the effectiveness of the audits taking place at the home. For example, many of the care records which lacked guidance for staff on managing risk, or which contained gaps in recording had been signed as being audited on a monthly basis. This mean that the systems in place to monitor the quality of the service were not operating effectively.

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

Cornwall Care policies are stored electronically and updated centrally. However, we found files with some hard copies of key policies printed off for staff. Many of the policies in these files were out of date, including the DoLS Policy which pre-dated the important changes in practice following the Cheshire West ruling. This was highlighted to the manager who said these would be removed and replaced with updated policies.

At the time of the inspection, there were no relatives' meetings, however there were plans for these to be re-introduced. There were also plans to introduce weekly manager's meetings for all heads of departments. There were staff meetings which gave staff an opportunity to share ideas, concerns and best practice.

Morale amongst staff had improved since the last inspection. Comments from staff included; "Things were difficult here for a time, but they have changed. I feel valued"; "I find it really nice. The teamwork is amazing" and "Spirits are really high".

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff raising concerns would be protected. Staff confirmed they felt able to raise concerns and felt confident the management would act on them appropriately.

The manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The Duty of Candour is a legal obligation to act in an open and honest way in relation to care and treatment.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a lack of personalised information to inform staff, in people's care records. For example, relating to their background, history and preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Capacity assessments were out of date and not reflective of people's current needs. Documentation and practices around covert medicines did not reflect the principles of the Mental Capacity Act and were not in line with the Organisation's policy.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care records contained insufficient guidance for staff to manage identified risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We continued to find gaps in monitoring records, which were required to provide an oversight to people's health care needs and treatment meaning it was not possible to know if people were receiving appropriate care.

Audits intended to monitor the quality of the service had failed to identify the issues with people's care records and monitoring forms