

Cornwall Old People's Housing Society Limited

Perran Bay Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



Overall summary

The service provides accommodation and personal care for up to 42 predominantly older people. This service did not provide nursing care. At the time of our inspection there were 31 people using the service. The service has a registered manager supported by a deputy manager who was a qualified nurse and the service's training officer. 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 saw people were well cared for, relaxed and comfortable in the home. Everyone we spoke with complimented and praised the staff who supported them. People's comments included, "(The staff) are very patient. I'm happy here", "I can't fault them, they definitely treat me with respect" and, "We're not in our own homes but we're in the next best place".

Care records were personalised, up to date and accurately reflected people's care and support needs. The care plans included information about people's likes, interests and background and provided staff with

Summary of findings

sufficient information to enable them to provide care effectively. We observed people were cared for compassionately and with respect. People told us they were respected by staff, “I’m treated well, with respect” and, “never once have I heard a carer get cross”.

People were cared for by an established, motivated and well trained staff team. Managers and directors provided effective leadership to the service and regular residents meetings ensured people were involved in the running of the home. The atmosphere in the home was warm, friendly and supportive and we saw staff were able to spend time chatting and laughing with people.

People said, “We’re not in our own homes but we’re in the next best place!” and staff told us, “it’s all pretty good

here really”, “a brilliant place to work” and, “I love it, It’s the best job I have had in my life”. The registered manager was well supported by the provider’s directors and said, “my support network is second to none”.

People were actively involved with the local community. Staff and volunteers supported and encouraged people to engage with a wide variety of activities and entertainments available within the home. The services pendant call bell system had been designed to enable people to call for staff support from the beach and waterfront.

Professionals who worked regularly with the service told us, “it’s a great home, just fantastic”, “I have booked my place there” and, “it is probably the best home I have ever been to”.

Summary of findings

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 was safe. There were sufficient staff available to meet people's assessed care needs.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

Medicines were managed in accordance with best practice and where specific advice was received from professionals this had been reviewed with a pharmacist.

Good



Is the service effective?

The service was effective. Staff were highly motivated, well trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Good



Is the service caring?

The service was caring. The established staff team knew people well and provided support discreetly and with compassion.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

People's preferences in relation to their end of life care had been discussed and the service aimed to provide people with a home for the rest of their lives.

Good



Is the service responsive?

The service was responsive. People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

A wide variety of activities were available within the home provided by staff, volunteers and local community groups. People were empowered to make meaningful decisions about how they lived their lives.

People were supported and encouraged to actively engage with the local community and maintain relationships that were important to people. The services call bell systems was designed to enable people to request support from staff while outside the home.

Outstanding



Is the service well-led?

The service was well led. Managers and directors had provided staff with appropriate leadership and support. Staff, volunteers, directors and managers worked effectively as a team to ensure people's needs were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

The service's managers and staff were open, willing to learn and worked collaboratively with other professionals to ensure people's health and care needs were met.

Outstanding



Summary of findings

A designated group of directors were responsible for supporting the management team and representing their views during board meetings. Managers and staff were encouraged to continue the professional development and flexible working arrangements had been used to facilitate this.

Perran Bay Care 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 checked 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 inspection took place on 3 and 4 December 2014 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of experience was older peoples' care.

The service was previously inspected on 8 November 2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection

reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications 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 11 people who used the service, three relatives who were visiting, eight members of care staff, the registered manager, deputy manager, three volunteers, three members of the provider's board of directors and four health professionals who regularly visited the service. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included three care plans, four staff files, five Medication Administration Records, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

People spoke fondly of the staff at Perran Bay Care Home and told us they felt very safe. One person said, “I definitely feel safe here. They’re always here for us. Someone will come when we call.” Staff told us, people “are definitely safe” and “well looked after”. Professionals who visited the service regularly told us, “I think this is a safe and caring service” and “it’s a nice little home, I have no concerns at all”.

Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included relevant contact information. Safeguarding information posters were displayed throughout the home to ensure people, relatives and visitors had access to information on how to raise issues outside the service if they wished.

The registered manager explained that telephones were provided in all bedrooms to enable people to keep in touch with their friends and family. This also enabled people to report any concerns they might have to either their relatives or health professionals privately from their rooms.

All of the staff we spoke with were able to explain the services available and the local authorities’ procedures in relation to the safeguarding of adults. Records showed the service was actively involved in helping to ensure people who used the service were safe and protected from all forms of abuse. Where the home had previously had concerns in relation to one person these had been reported and appropriate actions taken to protect the individual concerned. Professionals told us the service’s actions in relation to this incident had led to “really positive outcomes for [the person]”.

People’s care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

People lived in a well maintained, clean and tidy home. There were detailed cleaning schedules available within the home and all staff had completed infection control

training. One of the service’s directors had responsibility for the security and safety of the building and had completed a recent security audit with support from a police officer. The results of this audit had been shared with the board and the minor issues identified were in the process of being resolved.

The service had installed CCTV equipment in the corridors of the home. The installation and use of this equipment had been discussed with residents prior to its installation and was explained to prospective residents prior to their arrival at the home. The CCTV system coverage was not monitored but was reviewed when unobserved incidents were reported to staff. The manager explained that the system was particularly useful in relation to falls as it allowed staff and health professionals to review footage of incidents to aid in their assessment of people’s condition.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been recently serviced. All lifting equipment within the home was in good condition and had been regularly tested and serviced. All electrical equipment had been tested to ensure its effective operation.

A concise but detailed emergency plan for the service was available in the staff room. This plan included full details of the home’s emergency procedures and details of arrangements in place with local hotels and other care services for people’s short term accommodation. This plan would be operated if, as a result of a catastrophic event, the service was no longer able to meet people’s accommodation needs.

We saw people were able to easily request support from staff using a combination of a call bell system in their rooms and a pendent call system while in the services communal areas and gardens. During the inspection we saw staff were not rushed and responded promptly and compassionately to people’s request for support. People told us, “they check on us every couple of hours during the night” and “they arrive quickly when we press our buzzers, day and night”.

There were ample staff available in the home to meet people’s care needs. We found six care staff were on duty each morning, five in the afternoon and three waking care staff on duty overnight. Additional support was provided by two catering staff, three domestic staff, two administrative staff, the deputy manager and registered manager.

Is the service safe?

Administrative staff and managers were fully trained to provide care and support and we observed that managers and administrative staff routinely supported people at lunchtime to ensure everyone was able to eat together. We inspected the home's staff rota and found there were sufficient staff employed to meet people's care needs. Professionals told us "there are always plenty of staff, who focus on what people need" and "they are well staffed, really caring".

People were cared for by suitable staff because the provider followed robust recruitment procedures. Interview records demonstrated prospective staff members' employment histories had been reviewed in detail as part of the recruitment process. Disclosure and barring service checks had been completed before staff were appointed to positions within the home. In addition appropriate recruitment checks had also been completed for all volunteers and members of the provider's board of directors.

A safe or lockable drawer was available in each person's room to enable people to store their valuables securely. In addition the service had appropriate arrangements

available to support people with their day to day finances. All residents' monies were held in a designated account that could be immediately accessed when required and transactions were fully documented and regularly audited.

People received their medicines safely, when they needed them. We saw medicines were dispensed to each person directly from medicines trolley and people were provided with appropriate drinks to aid them to take medicines. The Medication Administration Records (MAR) had been correctly completed. All medicines that require stricter controls by law were stored securely and accurately documented.. Regular medicines audits had been completed by the deputy manager who was a registered nurse and a recent external audit of the home's medicine procedures had been completed by a pharmacist. All staff who dispensed medicines had received appropriate training and there were robust procedures for the investigation of medicines errors within the home. Records demonstrated that when the home had received unusual advice on the handling of a medicine from a GP this had been checked with a pharmacist and subsequently reviewed and altered.

Is the service effective?

Our findings

Staff and managers knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. Professionals told us, "the staff are great", and "the staff are very much on the ball".

People were cared for by well trained staff. We inspected the home's training matrix used to manage the training needs of the staff team. We compared the information in the training matrix with the certificates available in the four staff files we inspected. The training matrix accurately recorded details of the training staff completed. These records showed staff had completed training in relation to the safeguarding of adults, manual handling, infection control and food hygiene training. Some staff had received additional training in a variety of topics including dementia awareness, the Mental Capacity Act and Deprivation of Liberty Safeguards and safe handling of medications. The deputy manager was a qualified instructor and additional training courses had been provided in collaboration with Truro College. Staff told us, "we have training all the time" and "the training is really good".

There was a formal procedure for the induction of new members of staff to Perran Bay Care Home. Each new member of care staff spent their first day of work being shown round the service and reviewing the home's policy documents. Staff then shadowed experienced staff for a minimum of two weeks and completed a number of formal training courses before providing care independently. During their 12 week probationary period new staff members completed the Common Induction Standards (CIS) training. The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting. The deputy manager explained the service was currently reviewing its induction procedure to ensure it complied with the requirements of the new care certificate which will replace CIS. Staff told us they had found the induction process enjoyable and informative. Staff comments included, "my induction was really good, I spent a couple of weeks shadowing staff and did loads of training".

Staff were well supported by the management structures within the home. Each member of care staff received regular supervision from their team leader. Team leaders were responsible for managing a team of up to eight staff.

Team leaders provided their staff with supervision, guidance and leadership during shifts and supported them to identify and manage their individual training needs. Team leaders received support and supervision from both the deputy and registered managers. There were regular staff meetings and the minutes of these meetings demonstrated that issues raised by staff had been addressed and resolved by the homes leadership team. The provider's directors visited the home daily and routinely spoke with staff on a one to one basis to enable staff to provide direct feedback on their experiences to senior leadership. Staff told us, "I meet with my manager every eight to 12 weeks to have supervision plus an annual review" and, "We have regular staff meetings. They are useful". In addition the provider had made arrangements to enable staff to access free counselling support in relation to both work and personal matters.

The service provided both apprenticeships and work experience opportunities to young adults from the local community. We saw these opportunities were well managed and designed to provide young people with an appropriate introduction to the care sector while ensuring the safety of people at the service.

People's consent to care and treatment was sought in line with legislation. Although everyone in the home had capacity to make decisions for themselves, the managers we spoke with had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment. Training records and notices within staff rooms demonstrated that additional staff training in relation to the MCA and DoLS was ongoing.

There were no restrictive practices within the home and we observed people moving freely around the building and leaving the service to visit local shops and cafes. People chose how to spend their time. We observed people chatting together and with staff and visitors in the dining room and lounges, spending time in their own rooms, engaged with various activities throughout the home.

People were well supported by staff during mealtimes. Meals were served promptly and where people required

Is the service effective?

support to eat this was provided discreetly by staff who sat and chatted pleasantly while providing assistance. The atmosphere in the dining room was extremely positive and meals were delivered in the style of a good quality restaurant. People were able to choose what they ate and the cook had been provided with specific guidance on people's dietary requirements. Everyone told us the food was "really good". People commented, "I enjoy the food, I am given a choice" and, "they do not pile my plate with food, it is always well presented and there's always an alternative choice". People were offered a choice of beverages at lunch which included beer and wine. We saw drinks were served regularly throughout the day and people told us drinks were "always" left available in their rooms overnight.

People had access to healthcare as required. Care records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. Managers had made appropriate referrals to health professionals including GPs, district nurses, dentist and speech and language therapists. The home had followed expert guidance when provided and had maintained detailed records in relation to the effects of

treatment interventions at the request of clinical professionals. Professionals who worked regularly with the service told us, "it's a great home, just fantastic" and, "they are very, very open, they communicate very well with us".

People live in a home that was well maintained and decorated in a homely manner. Communal rooms were light, airy and comfortable. The home enjoys good views over the beach and seating arrangements in the lounges and other communal areas had been designed in accordance with people's wishes. The majority of bedrooms had en-suite facilities and there were three bathrooms fitted with over-head hoists and a wet room was available within the home.

The home had both a garden and roof garden. Raised flowerbeds had been installed to enable people in the home to actively participate in gardening and a number of bird tables had been fitted to attract local wildlife to the homes gardens. During our inspection we observed that the home's maintenance worker was making alterations to the access arrangements to the front garden. These alterations were designed to enable people who used wheel chairs or had other difficulties mobilising to directly access the homes front garden and beachfront.

Is the service caring?

Our findings

People and staff were happy in the home. We witnessed numerous examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing, and joking with people. Everyone we spoke with complemented and praised the staff who supported them. Peoples' comments included; "I've never had anyone be rude to me. They're very patient. I'm happy here", "I can't fault them, they definitely treat me with respect" and, "We're not in our own homes but we're in the next best place". Staff told us, "we all know the residents really well, it's lovely", "people love it here [one person] who is on respite wants to come and live here" and, "I would happily have my Gran here, she has visited and she loves it".

During lunch time people were greeted warmly as friends, by staff on arrival and supported to tables of their choice. Staff demonstrated clear concern for peoples' comfort. One person was asked discreetly if they would like an additional cushion to provide support at the table. This offer was accepted and the cushion was provided immediately. Carers sat with people they were supporting to eat, and chatted pleasantly together through the meal. Where staff wished to share information with their colleagues this was done discreetly at the side of the room. We observed that both the registered manager and the home's administrator provided people with additional support during the meal.

Throughout the inspection it was notable that staff were not rushed in their interactions with people. We saw that staff, volunteers and directors all spent time chatting with people individually and supporting them to engage with activities. Staff told us, "we have enough time to talk and really get to know people". We saw that where people requested support it was provided promptly and discreetly by staff. People told us, "They're always here for us, someone will come when we call".

When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. People in the home were smartly dressed and well cared for. People told us the staff respected their wishes, "I'm treated well, with respect, nobody shouts", "never once have I heard a carer get cross" and, "there are only two male carers, both treat me with respect, they never come to my room alone and if I object to a male carer, they don't attend".

The manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The home was fully staffed and the staff team was very stable with a number of staff having worked in the home for over 20 years and one member of domestic staff having worked in the home for over 50 years. Professionals who visited the service regularly told us, "the staff are great" and, "attentive and caring".

The manager explained the home took a holistic approach to care by ensuring the wellbeing of both people and their families. For example in order to enable relatives to remain with people if they became unwell the home had a room available for family use and a recliner chair that could be located in people's rooms on occasions when family members did not wish to leave their side. In addition the manager described care agreements that had been reached between people, the home, and relatives. The home recognised the sense of loss experienced by family carers when their relative moved into a care home. In order to address care agreements between people, the home and relatives were used. These agreements enabled existing carers to retain some responsibility for specific aspects of the person's care. Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend the activities and concerts in the home.

With support from local community groups, the home's volunteers and staff, had made arrangements to ensure that all residents would receive a number of individualised Christmas gifts. On the day of our inspection we saw that two off-duty staff were busy sorting and wrapping people's gifts.

People told us they were treated with dignity and that their privacy was respected by staff. Comments included, "So far, I can't complain, all the staff treat me well, they help me with washing, shaving and dressing and they do it with respect".

Care records showed that people's wishes in relation to their end of life care had been discussed and preferences recorded. Training records showed all senior staff had completed training in palliative and end of life care. The registered manager explained the home had recently been asked by a local GP to provide respite care for one person at the end of their life. The home had successfully cared for the person and supported the family through their grieving

Is the service caring?

process. People who used the service were confident they would be able to remain in the home until the end of their lives. One person told us, “The manager says people can die here, they do not have to go to hospital.”



Is the service responsive?

Our findings

People's care plans were detailed and informative. They included records of initial assessments completed prior to individuals moving into the home. People were encouraged to visit Perran Bay regularly before moving in. This gave people a chance to meet other residents, get to know staff and gain an understanding of how the service operated. Once a person decided to move into Perran Bay one of the service's managers visited the person at home to discuss the details of their specific care needs and their wishes. During this assessment meeting details of the person's life history, likes, preferences and interests, care needs and medical conditions were discussed, in order to establish that the home was able to meet their care needs. People were offered overnight visits and encouraged to move into the home on a trial basis to help ensure they were happy with the service before moving in permanently.

The care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information was accurate. The care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively. The care plans included clear instructions for staff to encourage people to be as independent as possible, while providing information on the level of support normally required. For example, one care plan informed staff, "[The person] can wash but cannot fill the sink with hot water."

At the time of the inspection the service was in the process of introducing a new format of care plan. The new style care plans had been developed by the deputy manager with support from an external contractor and were designed to be individualised. These care plans included photographs of the person and additional information about people's background and life history. The text of each care plan section was colour coded to indicate the degree of support people required in relation to each area of care. Staff told us, "the care plans are quite good, they are in the process of being updated and they are getting better" and "there's a lot of information in the care plans". The care plans included clear informative daily records of the care provided and activities each person had engaged in.

Information about people was shared effectively between staff. A senior staff handover meeting was held prior to each of the three shift changes each day. We observed one shift handover meeting. Staff shared information about how people had spent their day, changes to medical conditions or care needs and details of planned activities or appointments. We saw this information was then passed on to the shift coming on duty by the senior member of staff. This meant staff received up to date information about people's needs immediately before the beginning of their shift. Staff explained, "the changeover is very useful" and, "the seniors do the hand over and then tell us".

People are supported to take part in activities. The planning and coordination of activities at Perran Bay were led by the home's group of approximately 20 volunteers. We saw there was a detailed calendar of activities available to advise people of what had been planned. Planned activities included, bingo, quizzes, community shop, animal visits, film nights, concerts and events held by local community groups within the home.

In addition we saw staff, directors and volunteers, regularly engaged with people in informal activities including reminiscing, chatting and playing a variety of games including dominos, puzzles and electronic fitness games. A professional who visited the service regularly, told us, "There are often activities going on in the afternoon, the other day there were some youngsters in doing 'Loom band' bracelets." They said how pleasant it had been to see children and people in the home exchanging experiences.

People were involved in the planning of activities with support from the home's volunteers and specific activities had been arranged to meet people's needs. For example one person had always worked with horses and had commented to staff that they missed them. This information had been passed to the volunteer team who had been able, through their links with the local community, arrange for a miniature pony to visit the service. Staff told us people had really enjoyed this visit and they were currently making arrangements to support the person who was particularly interested in horses to visit a local stable yard. Volunteers told us they had been asked by people if they could produce the questions for the quizzes. They explained this was now ongoing and people would begin setting the quiz questions with support from volunteers in the coming week.



Is the service responsive?

The home received large numbers of visitors. Staff explained that people were encouraged to invite friends and relative to the home for meals to help maintain their relationships, and further develop the homes links to the local community. Directors told us, “this is the centre of the community, the whole village interacts with it”.

Perran Bay Care Home is located in the centre of Perranporth with direct level access from the home to local shops, cafes and public houses. People told us, “it’s lovely here, I wouldn’t choose to live anywhere else. I can walk outside and go to the beach or the shops”, “we can go to the town or to the beach, we can do what we want” and “I go out every day to the coffee shop”. One person said, “We’re not in our own homes but we’re in the next best place!”

People’s independence was promoted further by an additional receiver for the pendant call system. This was fitted to the exterior of the building in order to enable people to request support from staff while on the beach or sea front. This also enabled people to freely engage with the local community as people knew they could call for assistance from staff while away from the home.

People actively participated in local community events. At the time of our inspection the home was hosting the village nativity scene in the service’s car park and preparations were ongoing for a performance of a school nativity play in the dining room. In addition the manager explained garden fetes and other community events were held regularly at the home and the communities’ St Piran’s day parade visited the home each year.

We saw people were involved in the planning and development of new ideas for the home. The regular residents’ meetings were well attended. We reviewed the minutes of these meetings and found suggestions people had put forward had been adopted by the home. For example people had requested changes to the menu and that specific dishes be served more regularly, the requested changes had been made by the cook. With support from volunteers, people had recently arranged for a male voice choir to hold a concert in the home. Relatives, friends and the local community had been invited to attend and people had chosen the food and refreshments that would be served.

People told us the staff helped them to write letters and cards to keep in touch with friends and family. The

registered manager explained that free Wi-Fi was available throughout the home and two people currently used computers to access the internet to keep in touch with relatives and friends.

The home supported people to attend church when they chose and we observed that a communion service was held at the home during the inspection. The manager explained that the home had good links with local faith groups and was able to arrange a variety of services within the home to meet people’s needs.

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose where and who they sat with at lunchtime, how they spent time during the day and which of the activities they engaged with. People said, “I can choose the time I get up and go to bed”. Staff explained that it was important for people to have choice and control over their lifestyle. Some people preferred not to engage with activities and one person told us, “I enjoy looking at the view”. Although staff encouraged everyone to engage with activities they respected people’s wishes when they chose not to join in. Staff said, “we have plenty of activities but some people choose not to do them”.

None of the people we spoke with had any complaints about the quality of care they received at Perran Bay Care Home. People were aware of how to make complaints and we saw that copies of the service’s complaints procedures were displayed at various locations around the home. People told us they would raise any issues or complaints with staff. People’s comments included, “No complaints, I’m afraid not”, “I first came here for respite then decided to move in..... I have no complaints” and “If I have any problems I would talk to the staff, I wouldn’t suffer in silence.”

When people reported issues to staff these had been addressed and resolved promptly. For example, we saw one person had commented that they had difficulty using their door handle as it was too high. The person told us that within two days of raising this issue the door handle was moved and they had also been offered and accepted the installation of additional hand rails within their room.

Perran Bay Care Home regularly received compliment cards and letters of thanks from people’s friends and relatives. One recently received card said, “huge thanks to you for your fabulous care and kindness”.



Is the service well-led?

Our findings

People and their relatives consistently commented on how happy they were with the care provided at Perran Bay and that they enjoyed living in the home. People told us, “I couldn’t be anywhere better!” Staff morale was high and the atmosphere within the home was warm, happy and supportive. Staff told us, “it’s a brilliant place to work”, “I love it, it’s the best job I have had in my life” and “I don’t think people could be looked after any better”. The culture of the service was open, honest and caring and fully focused on people’s individual needs.

The healthcare professionals we spoke with all complimented the service on the quality of care and support it provided. Professionals’ comments included, “I have booked my place there”, “I think it is excellently managed” and “it is probably the best home I have ever been to”.

The service was provided by a charitable organisation set up by members of the local community to provide a home for elderly people. Strategic leadership was provided by a volunteer board of directors whose specific responsibilities were clearly defined. Three directors formed the care sub-committee responsible for supporting and supervising the service’s managers and ensuring their views were accurately represented at board meetings. The registered manager told us “the board are totally supportive”, “my support network is second to none” and directors told us, “we all get on very well, the manager knows she can pick up the phone to any of us”. We saw that the excellent relationship between the actively involved directors and the registered manager supported the delivery of very good quality care.

Managers and staff were actively encouraged to continue their professional development and flexible working arrangements were used to empower staff to expand and develop their skills. Directors had commissioned specialist advice where appropriate to ensure the service’s systems and processes reflected current best practice. Health professionals expressed to us their confidence in the management of the service and said, “I think they both [registered and deputy manager] do a really good job of running the home” and “I’ve been really impressed with them”.

Managers and senior staff were active participants in a number of local peer support groups where they sought to share their experience and learning with other care providers. The registered manager commented, “working together is the best way to go”. The leadership team provided strong role models for staff. Managers and directors knew people well and demonstrated through their commitment and evident concern for people’s welfare and the service’s focus on providing excellent personalised care. Directors told us, “the residents have to come first, that’s always the priority”, “It’s a huge commitment but I absolutely love it” and “I feel very positive, It represents three or four hundred hours of my time and I am proud of it”.

The service engaged positively with the local community and pro-actively recruited volunteers. The volunteers were responsible for supporting people to plan and facilitate activities within the home and organising fund raising events. There was a “can do” attitude in relation to proposals for new events and activities. Records showed recent activities had included children’s performances, musical events, garden parties and visits by a variety of animals including dogs, horses and owls.

It was evident volunteers had been creative and enthusiastic innovators of new activities, that people had wanted and enjoyed.

Directors and volunteers were actively involved in the day to day operation of the service and their contribution was valued by people, staff and managers. During the two days of our inspection we observed directors spending time chatting with people and staff, reminiscing, playing games and supporting managers with advice and guidance. Volunteers operated the services shop, fetched shopping from local stores, chatted with people, and one volunteer and their pet dog spent time visiting the people who enjoyed interacting with animals. Volunteers told us, “I am in most weeks” and “I’m coming in tomorrow to help with the Christmas decorations”. Staff said, “The members (volunteers) and directors are all so supportive of the home” and “everyone supports each other from top to bottom”. The service was highly valued by the local community, who recognised the quality of care it provided. Volunteers and directors willingly volunteered considerable amounts of their time and energy to support the service as they enjoyed being part of and supporting this community asset.



Is the service well-led?

Managers recognised the vital role of well-motivated staff in ensuring people's care needs were met. The staff team was highly motivated and well established. Staff told us they felt valued and the importance of their contribution to the home was recognised and celebrated. Pay structures ensured all staff received a "living wage". The registered manager said, "If the staff are happy then everyone is happy" and directors commented, "we know we have a good formula, staff are happy, residents are happy, and relatives are happy". At the time of our inspection preparations were under way for the home's Christmas parties. Directors explained that they prepared, cooked and acted as waiters, at the staff Christmas party as a way of demonstrating the value they placed on the staff who worked at the home.

During our conversations with people, staff and managers and through our observations we identified numerous novel approaches used to meet people's individual care needs. The support provided was highly personalised and designed to enable people to live the lives they chose.

The service had worked effectively with local health organisations, community groups, charities and volunteers to ensure people's health, spiritual and recreational needs were met.

Staff and managers had confidence in their own knowledge and experience and were willing to challenge advice from professionals where they believed this was not in the person's best interests. Records showed managers had recently successfully challenged some guidance after having sought a second opinion from another health professional.

The home's records were well organised and staff were able to easily access information from within people's care notes. Regular audits designed to monitor the quality of care and identify areas where improvements could be made had been completed. Where issues or possible improvements were identified these were always addressed and resolved promptly and effectively.

People were encouraged to provide feedback and their views were actively sought by managers before changes

were made to the service. Resident's meetings were held regularly and people's relatives were encouraged to attend where possible and contribute. Minutes of the meeting demonstrated that feedback provided was valued and acted upon so that the service could work to constantly improve.

Each month a formal quality assurance visit was carried out by directors and volunteers to monitor the quality of care provided by the service and to identify any areas where improvements could be made. During these visits people, staff and relatives were always asked their opinions of the quality of service provided and a tour of the facilities was completed. The visit team also reviewed all the findings of previous visits and checked any actions identified had been thoroughly addressed.

Records showed where people, volunteers or staff had raised concerns with managers these had been thoroughly investigated and appropriate actions taken to improve people's experiences. People said "If I have any problems I would talk to the staff" and staff told us "the managers are approachable, you feel you can bring things up" and "I know I can go the managers with anything, they will always make time for you".

The dining room was decorated with numerous colourful paintings which had been produced by local school children. The home had provided the art materials to the school and had hosted an exhibition of the children's work. This exhibition had been so successful that both the home and the school had agreed this should become an annual event. The service had extremely strong links to the local community and had invested in equipment to facilitate and enable people's active participation in village life. In return the service supported the local community as the largest local employer, by offering work experience placements, hosting numerous community events, procuring services from local businesses and provided care and day time activities for people. Directors told us "This is the centre of the community, the whole village interacts with it" and relatives said, "they get fantastic support from the community".