

Cornwall Care Limited

Redannick

Inspection report

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit took place on 16 May 2017 and was unannounced.

Redannick provides residential care for up to 41 older people most living with dementia. At the time of the inspection there were 41 people living at the service. The home is situated within a residential area of central Truro, the town centre and transport network. Car parking is available at the front of the home on a private forecourt. This is a single storey service so accommodation is all on one level. There are external garden areas suitable for people to use.

At the last inspection in June 2015 the service was rated 'Good' overall and Outstanding in the domain Responsive. At this inspection we found the service remained 'Good' and Outstanding in Responsive.

People and relatives all spoke positively about the service. Relatives told us that people were safe living at the service and that staff were kind, friendly and treated people well. They told us that the registered manager was always available and approachable.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse. Accident and Incidents were logged, investigated and action taken to keep people safe. Risk assessments were in place which were individualised for the person. This was to minimise potential risk of harm to people during the delivery of their care and support. Risk assessment were regularly updated and changes made as necessary so staff were responding to current risk levels.

The premises were safely managed. Recent improvements had been made to the environment to make it more pleasant and homely. Further refurbishment work was taking place when rooms became vacant. All areas were clean and hygienic and a safe place for people to live. Equipment had been serviced and maintained as required.

We found the way medicines were managed was safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with safe arrangements for storage.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were enough staff available to ensure people received prompt and attentive care. Staff had time to chat with people as well as meeting their care and support needs. Recruitment procedures were safe to help ensure staff were of suitable character to work with vulnerable people.

People and relatives told us staff were competent and well trained. Staff had been provided with a range of training relevant to their role and the registered manager had installed a culture where staff sought out new knowledge and shared their knowledge with their peers.

People and relatives spoke positively about the food provided by the home. There was sufficient choice and people received appropriate support where required. We observed regular snacks and drinks throughout the day were provided between meals to make sure people received adequate nutrition and hydration. Comments from people who lived at the home were all positive about the quality of meals provided. One person said, "It's perfectly OK, I've got no complaints about it."

We found people had access to healthcare professionals and their healthcare needs were met.

There was an extensive range of meaningful activities available to people including regular access to community events. Families were extremely satisfied with the activities available to their relatives and told us the service went, 'over and above' what they would expect to be available. Comments included, "Loads of trips, we're able to join them if we want." There were activities taking place on at least five days a week at the service. A dedicated activities co coordinator was currently in their 30th year at the home as a carer and activity worker. They were clearly passionate about their role.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered provider had a robust quality assurance process in place to drive improvement in the service location Redannick. These included regular audits of the service, annual surveys, resident meetings and staff meetings to seek the views of people about the quality of care at the service. There was also evidence of the service engaging with external quality assurance organisations which showed the service was open and transparent.

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 Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Outstanding.	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

Redannick

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 inspection visit took place on 16 May 2017 and was unannounced.

The inspection team consisted of an adult social care inspector and an 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. The expert-by-experience had a background dealing with older people and people in the early stages of dementia.

Before our inspection visit we reviewed the information we held on Redannick. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. This 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. This provided us with information and numerical data about the operation of the service

We spoke with a range of people about the home This included five people who lived at Redannick, four relatives, nine staff members, the registered manager and assistant operational director.

We spoke with two health professionals visiting the service as well as requesting information from the service development team of the contracting authority.

We looked at care records of three people who lived at the home, training and recruitment records of staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People told us they felt safe and supported by staff. Their comments included, "Yes, all the time, we're well looked after here" and "Staff are always there when I need them." Relatives told us they had 'every confidence' in the way their relative was cared for. They said, "I always walk away from here knowing (person) is very well cared for and safe. It gives me total piece of mind," "There is always one carer and two floating carers in each area where people are".

Staff said they felt confident that people were always treated well and that they did everything to ensure their safety and wellbeing. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would identify and act on any concerns. The procedures that were in place to minimise the potential risk of abuse or unsafe care were known to staff who had been trained and updated about how to respond to concerns.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as emotional and behavioural, nutrition and hydration, skin, mobility and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such as their medicine, design of their room and whether current mobility aids were suitable. This supported staff to identify and act to protect people from any specific area of risk.

Risks associated with skin and pressure sores were assessed. Where people were identified to be at risk appropriate equipment and positioning records were in place. Risk assessments included risks posed to others as a result of people's behaviours. Where necessary the assessments were accompanied with behaviour record charts which had the aim of trying to predict when untoward behaviour may manifest itself and thus help to protect others from harm. The service worked closely with a dementia liaison nurse who regularly visited the service to monitor people and advise staff on the best approach.

There were sufficient numbers of staff deployed throughout the service to ensure safe and timely care. Staffing numbers were planned using a dependency calculation. A staff member was deployed in each of the four areas of the service with two staff 'floating' between them. This ensured where some people required two staff to support them they were always available without leaving any of the areas without a visible member of staff. A relative said, "Whenever I come here there are always staff around. Nobody has to wait for help." Staff told us they thought there were always enough of them and there was no reliance on agency staff which meant there was continuity in the staff team. A staff member said, "It's important we all know the residents needs and because we are a strong team it really works well." We observed care and support and saw staff were visible and attentive throughout the day. Staff were available to quickly intervene if people became distressed, or needed any kind of support or reassurance.

We checked a sample of the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. Medicines had been checked on receipt into the service, administered as prescribed and stored and disposed of correctly. The medicine administration records for three people had been accurately recorded as seen following the morning administration round. This meant people had received their medicine as prescribed and at the right time. The registered manager had audits in place to monitor medicines procedures. Some people had been prescribed creams and these had been 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 medicines that required stricter controls by law. We checked the stock held against the records and they were correct. Regular audits of all aspects of medicines management were carried out to check medicines were managed safely.

Family members felt their relatives medicines were managed safely and people told us, "A girl brings me my medicine and half a glass of water," "Yes, staff bring me them (medicines) and I ask them for paracetamol if I have a headache" and "I don't take any medication, but yes I can have medicine for pain relief."

The building was clean and free from offensive odours. We asked everyone if they thought the home was kept clean, all said 'yes'. One person went on to say, "The cleaner does a great job." A relative said, "Never any smells, always clean and fresh. It's a credit to them (staff)."

There were hand sanitising gel and hand washing facilities available around the service. We observed staff making appropriate use of personal protective equipment including disposable gloves and paper towels.

There was documentation to record maintenance and service of equipment as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. Families told us they were confident in the competency of the staff team supporting their relatives. One relative said, "Yes, from what we've seen. My sister or I visit every day". Another relative told us "I have every confidence in the staff. I see how good they are when I visit and that's often." Records demonstrated staff received a range of training relevant to their role. Staff described training as "excellent" and said the registered manager was effective in finding and sharing knowledge. They said the training and support gave them the skills needed to undertake their role.

There was a strong focus on ensuring all staff engaged in the organisations training and development programme in order to provide effective care and support to people using the service. The registered manager told us staff were provided with the necessary training to meet the needs of people living at the service. A staff member told us, "I've been supported and encouraged to work through my diplomas. It has helped me to gain more confidence and to understand more about what I do." A visiting healthcare professional told us they felt the staff were knowledgeable and skilled in delivering care to people. They said, "The staff are very good at listening to our advice and acting on it. I do have confidence in the staff here."

Where necessary new staff without previous care experience completed the care certificate. The care certificate is a training scheme for staff in social care which it is recommended that all staff new to care complete.

There was a system in place to support staff working at Redannick. This included regular support through supervision and appraisal. Staff had regular access to managers or senior staff if they needed additional support in a less formal way. A staff member said, "If I am not sure about anything I know I will get the support I need. I only have to ask."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. Assessments had taken place and applications submitted where restrictive practices were in place. Staff were very aware of enabling people to live with the least restrictive practice. For example people had space to move around the service independently. Good clear signage designed to support people living with dementia was in place throughout the service. Each area of the service had a specific colour scheme which followed good practice for people with dementia conditions, in that it supported them when trying to identify the area they were in.

Throughout the morning period people were getting up and moving into various lounges and dining areas within the service. There were no restrictions as to timescales for breakfast. People were observed having breakfast when it suited them. For example two people had chosen to 'lie in' until later in the morning. Staff told us they supported people to eat when they wanted to. One staff member said, "I know it's a late breakfast for (Person) but they like to have a late breakfast and they will probably have a snack later in the afternoon before the main meal." This showed staff listened and acted on people's choices in respect of meals and mealtimes.

We observed lunchtime meals being served. It was a relaxed approach with people being supported to eat in the three dining areas. This made it less formal and because of the small dining rooms it supported people to engage with each other. Where people needed one to one support staff were seen to do this discreetly and with dignity. For example one staff member sat with a person in a quiet area where they were able to converse with the person, while sitting and encouraging them to take their meal in a calm and relaxed way. It was clear from the smiles and engagement this was a positive experience for the person.

There was a pictorial menu displayed in the lounge area although we heard people asking what was for lunch and others talking with staff about the choice of the main evening meal. When speaking with the chef we were told and could see there were always choices available to people each day. Snacks and drinks were always available to people outside of mealtimes.

The registered manager told us they had chosen to make the evening meal the main meal of the day as they had observed when it had been served at lunchtime people became drowsy and more lethargic in the afternoon. By serving a choice of lighter lunchtime food meant people were more alert and responsive to activities in the afternoon. We observed this was the case on the day of inspection with people engaging in a range of activities or chatting to one another after lunch. This demonstrated the service was effective in how it monitored and acted in people's best interests.

People had access to healthcare professionals including GP's, opticians and chiropodists. There was access to specialist professionals including dementia liaison nurse and continence nurse, to ensure those specific needs were being met and to provide staff with any advice and guidance to support them to deliver effective care and support. Care records contained details of any multi-disciplinary notes. District nurses who visited documented when they had seen a person and when they would return. People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. This meant people's health was being effectively managed.

The homes environment was light and spacious with every effort made to personalise lounge and dining areas. People and their relatives had been encouraged and supported to personalise their rooms with personal items. There was room for wheelchairs and hoists to be used without causing restrictions or hazards to people. There were garden areas available to use which were continuing to be developed with garden furniture and raised garden planting for people who had an interest. Some of the rooms were overlooked and in these instances suitable curtaining ensured privacy. However, where windows were being replaced the glazing meant people could not see in but it did not affect looking out. This meant less curtaining was used and it enabled people to have better views from their rooms while ensuring privacy was upheld.

Is the service caring?

Our findings

Throughout the day we observed staff engaged with people in a caring and sensitive way. For example, they spoke with people in soft tones and with a smile on their face. We observed staff using appropriate touch and humour when spending time with people. For example, when supporting a person to engage in an activity which involved armchair exercise. The staff member encouraged people to follow their moves where some people's dexterity was affected. This generated a lot of laughter and demonstrated positive engagement between staff and people using the service. One staff member said, "We have a lot of fun. Patience and kindness is the key." The observations we made confirmed people who lived at Redannick were supported in a compassionate and inclusive way.

Care staff were consistently courteous when engaging with people for example we heard carers saying, "Here you are, do you want me to cut them for you? I know you love these sausages," "You ok there? Let me sit you up" and "You eat up there, you'll be all well for your birthday then" and "It's a beautiful cake. Who wants a bit more? You like chocolate cake."

Bedrooms were decorated and furnished to reflect people's personal tastes. Some people felt it important to have things around them which were reminiscent of their past, as it helped give their bedrooms a familiar feel.

People's dignity was respected. For example moving and handling equipment such as slings were not shared and were named for individuals use only. Privacy was respected by care staff who ensured doors and curtains were closed during personal care visits.

Visitors came and went throughout the day without restrictions. They told us they visited regularly at different times and were always greeted by staff that were able to speak with them about their family member knowledgeably. One visitor said, "I come here a lot and at different times. Staff are always around to make me feel welcome."

People and their families were encouraged to be involved in decisions about the running of the service as well as their care. Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meetings if they wished. People told us the external family group meetings made them feel supported and cared for themselves. One relative said, "I know its (Person) who is being cared for here but the staff have certainly cared and supported me."

Staff treated people with respect and dignity throughout our visit. For example, staff did not enter rooms before they knocked on people's bedroom doors and made themselves known before entering. Peoples care records identified their preferred term of address and staff were aware of what people wanted to be known as.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed

people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

During the inspection staff were observed providing care and support in a calm, caring and relaxed manner. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided.

People were supported to move around the service spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished.

Is the service responsive?

Our findings

People were overwhelmingly positive about how the service responded to theirs or their relatives care needs and how they were responded to by staff who had an in-depth understanding of them. Comments included, "Very much person centred and personalised," "(Person) had some real issues about another resident and they (staff) were on top of it straight away without any fuss," and "Exceptional staff. They have taken a lot of the responsibility I felt from me and that's helped me and made me more confident in how they know how to meet mums needs." This constructive feedback demonstrated the services commitment in ensuring peoples wellbeing was valued. A health professional told us that staff was "totally and unreservedly" committed in what they do for people. They said, "Always go over and above, extremely consistent."

The registered manager and staff had an exceptional understanding of people's individual needs and how best to meet people's immediate and on-going needs. The service's pre assessment and health professional's assessment formed the foundations from which comprehensive care planning documents were developed. The information relating to individual management of a person's care needs included specific focus on risk and how it would be managed. For example, where a person's mood and behaviour had changed an immediate direct referral for support from the dementia liaison nurse resulted in a GP referral for a change in medicine which resolved the issue quickly. This showed staff were observant and extremely responsive in the best interest of the person. A staff member told us, "We are very much on the ball, if we notice anything or a change of pattern in a person's behaviour we feed it back to the manager and it gets acted on straight away."

Care records included a thorough explanation of people's abilities and the level of care they required. For example care files contained information in relation to mental and physical health, communication and medicine. For example where a person's health needs had changed records clearly showed when it had been noted and what action had been taken, including information from health professionals. Information flowed extremely well and the records were clear to read and understand. A health professional told us they found the records kept by the service to be very clear and detailed in content. They said, "When assessing always very in-depth, excellent."

Care planning information was readily accessible to support professionals if required. For example during an urgent hospital admissions. This meant other health professionals had the necessary information when assessing further treatment.

Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. The way staff worked together and shared information meant people received the care and support they needed when they needed it. Staff told us relatives were involved in care planning process and reviews whenever possible. This was confirmed by two relatives who told us they were aware of their relatives care plan and were involved in developing it saying, "Yes I am and yes, I was definitely involved in developing it." The relatives told us, "Staff will contact me if changes to the care plan are needed, same as if the medication needs to change" and "My relative didn't want to be involved in the care plan, the staff will speak to me if any changes to the care plan are required."

To enable staff to get to know more about people where possible, details of their life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today and what important events have occurred in a person's life.

There was evidence of one life book which included 'snapshots' of the significant events the person had chosen to share with staff. Staff encouraged people to share interesting details of their lives so far but respected people's privacy when they felt questions were too intrusive. This showed staff respected the person's right to privacy and confidentiality. Another person book had been supported by the family with photos of some life events. A staff member told us, "(Person) loves going through these photos it always brings out a smile on their face and clearly brings back happy memories."

Without exception it was clear staff recognised and responded very positively to people's choices about how they spent their time and where they spent it. For example, one person liked to move around the various areas of the service. This caused some consternation to some people as they did not wish to communicate. On three occasions different staff members discreetly intervened where they observed people getting anxious. Their individual responses were extremely person centred in that they sat with the person, engaged hand and eye contact before communicating and encouraging the person to move to another area. In all instances the response was positive and it demonstrated staff had exceptional skills in diffusing what could be a potential confrontation. A staff member told us they valued the training they had received in how to engage with people in a positive and non-confrontational way.

The previous report judged the service was outstanding in how it used innovative ways in improving people's choice and access to activities and events. This inspection identified this was continuing. Families were extremely satisfied with the activities available to their relatives and told us the service went, 'over and above' what they would expect to be available. Comments included, "Loads of trips, we're able to join them if we want, we meet them there. The home even subsidised our entrance fee to a museum – we gave the money back as a donation," "My relative does go out on the trips, she used to love going out," "I saw a programme on the TV last night about different activities and exercises specifically designed for people with dementia and I wanted to tell you that all of the ones you do here were included" and "Staff email me a list of what activities are going on at the home in the month. This helps me, because it means that I can arrange my own health appointments at a time when I know my relative will be occupied with an activity that I know she enjoys." These exceptional comments demonstrated the service embraced new ways to enable people to live active and varied lives.

There were activities taking place on at least five days a week at the service. A dedicated activities co coordinator was currently in their 30th year at the home as a carer and activity worker. They were clearly passionate about her role. They told us they were part of an organisation called 'Our Organisation that Makes People Happy' (OOMPH). This is an organisation aimed at training staff working in the care industry enhance the mental, physical and emotional wellbeing of older people through meaningful activities. For example through gentle exercise suitable for people with limited or no mobility. We observed an exercise session on the day of the inspection. It was well attended and delivered by staff who were totally committed to ensure people 'had fun' and engaged with each other. The session was loud, fun and generated lots of laughter and communication between people. A relative told us, "This is not just for you, it happens all the time. They (staff) are excellent in getting people interested and keeping them interested."

There were photographs throughout the service and in the activity diary showing an extensive range of activities people were taking part in. It included, parties, celebrating festivals including Christmas, Easter, and Valentine's day. Meetings for people using the service and staff included discussing future events and gaining ideas which might be viable. This included, celebrating a couple's special wedding anniversary. This

was shared with the family to make it a special occasion. Other ideas included a trip to a local zoo, shopping at a local supermarket for those interested. Visiting sports events including cricket matches. There were arrangements being made for people to visit a DIY stall. This had resulted from a person who had been an engineer. The family had told staff about this. In order to respond to this interest a disused hoist had been taken part and the person and knowledgeable staff member had taken time to assemble it. From the photographs it was clear this had been an extremely positive development for the person. A member of staff told us it had been dismantled on a number of occasions so the person could experience it again. They said, "It has been a brilliant idea and has worked so well for (Person). You can see how much enjoyment they get out of taking it down and putting it together again." This demonstrated the service went to notable levels to provide person centred care.

Some people had expressed an interest in gardening. In order to respond to this there was a raised garden area for planting vegetables or flowers. Propagators had been put in place to give seedlings a start. One person frequently went to the window to look over the garden and was supported by a staff member to access the garden and talk about gardening issues. This was recorded in the person's activity records and showed they were getting a lot of enjoyment in doing this.

The range of activities were aimed at lessening anxiety and irritability that dementia conditions can bring. Also to help people living with dementia feel more engaged with life. A staff member told us, "We really do focus on activities as we can see what a difference it makes to them, but we do respect it when residents don't want to join in. I know it's not for everyone."

Redannick had a compliments, concerns and complaints procedure called 'Have Your Say' which was made available to people on their admission to the service and in the reception area. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. All residents and relatives we spoke with had never felt the need to raise a complaint, but told us they were aware of how to make a complaint should they need to. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

Is the service well-led?

Our findings

There was a registered manager employed at Redannick. 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.

Redannick is a location which is part of the larger organisation Cornwall Care. Since the previous inspection there had been some changes to the management structure. The service had an operational director overseeing the running of this and other services within the organisation. In addition an assistant operational director was assigned to this service and regularly visited to support the registered manager. This meant they were more visible at services and it helped them to engage with the service more effectively. The assistant operational director was available throughout the inspection. It was clear there was a positive working relationship between the registered manager and the assistant operational director.

The service had been consistently compliant with previous CQC inspections since 2012. People told us they were very confident in the way the registered manager oversaw the service and that they felt it was the open and transparent approach to management that made it the service it was. A health professional told us, "They (management team) are brilliant. A very stable home." Staff told us they felt Redannick was well run. They told us the registered manager was actively involved with the day to day running of the service and they found this supportive. We observed this during the day of the inspection with interactions with people who lived at the home. Staff told us the management team's leadership was very good and they felt supported in their roles and responsibilities. Comments included, "I feel I get all the support I need and we support each other as a team" and "We (staff) have seen a lot of changes but they have always been shared with us (staff) so we know what it's about and how it's going to affect us." A relative said, "Willing to listen and always has time to talk to everyone."

The service was keen to engage with all stakeholders of the service including, staff, people using the service, relatives and professionals. A staff member told us, "Regular meetings and I think our points are listened to. We have made some changes in how staff cover each area and they (management) listened to what we thought would work and it does on the whole." This showed the management team were positively listening and engaging with staff in respect of improving operational practices. A relative told us they did not always have the time to attend meetings but always had a chat with the manager or seniors when they visited and were satisfied they were listened to. Another relative told us they were very satisfied with how the home was run and said, "I have already recommended this home to others," and "We felt like we'd won the lottery with this home. They are all like a second family."

People had the opportunity to comment on the quality of services delivered at Redannick. We reviewed feedback analysis from the most recent survey. It showed Redannick was well placed within the organisations overall table of good service provision. There were a range of comments people had made including, "I have always been made to feel welcome at Redannick," A source of comfort knowing (Person) is so well cared for." One relative said that they had been involved in feedback relating to the home, in the

form of a card with 1-10 questions about their views. For example, 'Would you recommend this home'. The cards were always available at reception. Three people using the service and one of the relatives said that they were satisfied with the overall care and support they receive. The second relative said they were quite satisfied. Three people using the service and two relatives said that they would recommend the home to others. Comments made included, "Carers are all approachable, in a way I do love them all," "I have already recommended this home to others" and "Yes, I definitely would. We felt like we'd won the lottery with this home. They are all like a second family'. This demonstrated the service was open and transparent in its approach to quality assurance.

Quality assurance systems were used to measure the effectiveness of the service. They included audits in areas such as care plans, medicines, accidents and incidents. Audit results fed into a monthly monitoring plan completed by the registered manager and monitored by the assistant operational director as well as clinical leads. Management overview included analysis of information about the quality and safety of the service. The service also engaged with external quality assurance organisations to independently measure its effectiveness and quality of care. For example it received a rating of 9.3 for a care organisation survey where interested parties were invited to vote on the quality of care received. In addition the service was a member of a national organisation promoting meaningful conversation. This showed the service was open to external scrutiny.

The service had a system for gathering the views of relatives, friends and people who lived at the service by means of annual surveys. Redannick had received a positive overall performance rating of 868 In March 2017 with the average being 828. The review focused on staff and care, home comforts, choice and having a say and overall quality of life. This positive outcome reflected the dedication and commitment of the registered manager and staff in providing a high quality service to people.

The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses and healthcare professionals. the service had established links with a number of project groups which supported staff and people with additional advice and support. For example, Falmouth University Assistive Technology project, was working with the organisation to help develop assistive technology specifically to support people with dementia conditions.

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring medication administration and staff training. Regular checks were also made to the building and fire procedures and equipment. This helped to ensure people were living in a safe environment.