

Cornwallis Care Services Ltd

Addison Park

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Addison Park provides accommodation with personal care for up to 37 people. There were 27 predominantly older people using the service at the time of our inspection.

People's experience of using this service and what we found:

Medicine systems and processes were in place. There had been a communication issue between the service and the GP practice. This had led to some difficulty obtaining a prescribed medicine in a timely manner for a person who arrived at short notice. The acting manager was addressing this issue at a meeting planned with the GP practice.

The homely remedy policy required updating.

Staff were kind and spent time chatting with people as they moved around the service.

People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. These were correctly set for the person using them.

Staff were recruited safely in sufficient numbers to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us, "They are well managed yes, no grumbling either, no complaining. Good rapport with some, we have good chats" and "They work together well as a team help each other out, I like that. They have time to have a chat as well, I like it when they smile at me."

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records.

Staff had received appropriate training and support to enable them to carry out their role safely. Some staff were due updates, and these had been planned to take place in the near future.

There were activities provided for people. There was not an activity co-ordinator in post at the time of this inspection. Resources were available for people to take part in art and crafts. A plan of activities was in place and advertised. Some people went out into the local community as they chose.

Everyone living at the service had an electronic care plan which was regularly reviewed.

Risk assessments provided staff with sufficient guidance and direction to provide person-centred care and support.

Audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service.

The acting manager encouraged all the staff to provide a very person-centred approach. We observed many very kind and caring interactions between staff and people.

Complaints were recorded, and responses were seen. The acting manager told us there were no on-going complaints at the time of this inspection.

Visiting healthcare professionals told us, "We are not concerned about this service at all, the staff provide good care and call us appropriately and in a timely manner. It is very good here" and "We have noticed an improvement of this service over the recent months."

Rating at last inspection and update:

At the last inspection the service was rated as Requires Improvement (report published 27 July 2018) and we issued requirement notices. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a scheduled inspection to review the action taken by the provider following our previous inspection.

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Addison Park

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by two inspectors, a specialist nurse advisor 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.

Service and service type:

Addison Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed for Addison Park and was due to commence this post in the next few days.

Notice of inspection: This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with eight people who used the service, five relatives, five staff members, the administrator, the acting manager, the maintenance person, the provider and two visiting healthcare professionals. We reviewed the care records of six people and medication records for all the people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Addison Park. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe –this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm

Using medicines safely

- Medicine systems and processes were in place. One person, who had arrived at short notice for a respite stay at the service, had had the dose of one medicine reduced just before arriving at the service. The person did not bring in sufficient amounts of the new dose to cover the time they were staying at the service. The service followed their ordering process and regularly chased up the order with the GP, however, two doses were not available until the new dose arrived. The acting manager had recognised there was a communication breakdown between the service and the GP and a meeting had already been planned for the week following this inspection, with the GP practice to discuss effective communication and joint working in the future.
- The homely remedy policy required updating as it did not include an over the counter medicine taken for constipation, which was being held at the service.
- A recent audit had been carried out by an external pharmacist in May 2019. Some actions were issued from this audit which were in the process of being completed. Internal audits were regularly carried out and the findings from these more detailed audits were also being actioned to further improve the management of medicines.
- The cold storage of medicines was assured. Records were kept of daily checks of the medicine's refrigerator.
- Staff were trained in medicines management and competency checks to ensure safe practice were in place. The records of medicines that required stricter controls tallied with the balance of medicines held at the service. All medicines were counted at each medicine round to help ensure an accurate balance was held.
- We asked people if they were able to access pain relief. Comments included, "Within a quarter of an hour of me asking I get given it. The carers come at one o'clock and I can ask for paracetamol then. Yes there good at listening to what I want" and "Yes, I have asked for something for pain and been given it. I know I could talk about feeling unwell to them and they have looked after me, keeping a closer eye on me".

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- People told us they felt safe, commenting, "Yes I do, most definitely" and "I do, they reassure me."

Assessing risk, safety monitoring and management.

- Risks were identified, assessed monitored and regularly reviewed.

- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- People's money, that was kept safely by the administrator, was appropriately managed. The accounts were audited regularly.

Preventing and controlling infection

- Infection control audit processes were in place at the time of this inspection. The acting manager had identified that some waste bins in some people's rooms and the medicines room, were not foot pedal operated and did not have lids. This did not help reduce the risk of infection and contamination from the contents of the bin. An action to obtain appropriate bins was in the process of being addressed. The floor in the medicine room had not been regularly cleaned and there was no cleaning schedule present for that room. The acting manager was aware of this and assured us they would again raise it with the night staff who had this responsibility.
- The main communal areas of the service appeared clean and were free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Areas of concern found at the last inspection had been effectively addressed and improvements were noted at this inspection.
- Issues raised by people or their families had been listened to and addressed. For example, one family raised an issue about the lack of activities that were provided. The acting manager had taken action and put up a monthly activity plan.
- Short notice sickness absence was becoming a concern at the service. A member of staff had been given the responsibility for arranging the staff rotas. To help ensure staff were happy with their rota a draft rota was sent out to all staff for comment before the final rota was drawn up. This attention to staff availability had decreased the short notice absences.
- During this inspection it was a sunny day and the new location of the dining area was very hot and stuffy. Many people went to sleep during their meal and the heat was not conducive to socialising. We discussed this with the acting manager who had already recognised the unsuitability of the conservatory area in the summer months. There was a plan to move the dining area back to its original area, a cooler part of the service.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. There were staff vacancies at the time of this inspection. Agency and Cornwallis Extra staff were covering these shifts. Cornwallis Extra is the providers own pool of bank staff used across the group of homes to cover sickness and planned staff absences.
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.
- People told us staff responded quickly to them when they called. Comments included, "I do use it, [call bell] more at night though and they do come, I haven't waited that long" and "It's on my bed there, I can

reach it from my wheelchair. When I have used it, I have waited anything from 2minutes to 15 minutes for it to be answered."

- People had access to call bells to summon assistance when needed.

Is the service effective?

Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure there was a robust system for monitoring which people had a DoLS authorisation. Specific conditions set for one authorisation were not being supported. This was a breach of Regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action and the regulation was now being met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The acting manager had improved the processes for managing this information and there were accurate records held of which people had DoLS authorisations.
- There were four authorisations in place at the time of this inspection, two with conditions attached to them. These conditions were being supported and recorded.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- People told us staff always asked for their consent before commencing any care tasks. Comments included, "I haven't seen it [care plan] lately but have in the past. Everything that's done for me, I consent to on a daily basis" and "Nothing gets done unless I want it to be. I decide each day."
- The acting manager had obtained a special pen to enable people to sign in consent to their own electronic care plans, where their capacity made this possible.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff recorded some people's food and drink intake, where concerns had been identified. These records were automatically totalled by the electronic records system in use at the service. The acting manager monitored these records daily to ensure people had sufficient intake. Care plans and handover records clearly recorded when a person was on a strict fluid limit.
- Families were invited to stay and join people for meals at the service. One relative told us, "I sometimes eat Sunday lunch here with my relative and its very good and hot enough and a good portion."
- People were offered a choice of food and drink. People's preferences were well recorded in care plans. Vegetarian meals were available.
- People told us they enjoyed the food provided. People told us, "I order what I fancy. The carers will feed me in my room or if I choose the dining room" and "Midmorning a list comes around and I choose from that, sometimes I don't want what's on the list, and choose something else. It's never too much bother, and its ok."
- Many people required support with their meals. There appeared to be more people requiring this support than staff available. Some family members were present during lunch and supported their loved on to eat. One told us, "I like to come at least four times a week and help with the meal times that way I know what my relative has eaten. My relative is slow and therefore needs the time and patience to eat and I know they get this when I am here. There doesn't look like enough staff helping at meal times." We discussed the potential for two meal sittings with the acting manager who assured us this would be addressed with the new manager.
- No menu was displayed to prompt people to recall what was on offer for a meal. The dining area had been moved recently and the white board displaying the menu had not been moved to the new dining area. The acting manager assured us this would be addressed. Adapted equipment such as plate guards and cutlery were provided where needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were gathered prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Care plans showed people's needs had been robustly assessed and planned for. Clear guidance and direction was provided for staff on how to meet those needs.

Staff skills, knowledge and experience

- People were supported by staff who had ongoing training. People told us, "Yes I feel the carers know what they are doing, the management does keep changing but I hear that's to be sorted soon" and "I use lots of equipment I am dependant on a hoist and two carers to move me and keep me safe and I think they do. I have great confidence in them."
- Staff were given opportunities to discuss their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held regularly and staff told us they felt able to speak and be heard.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Regular GP visits ensured that changes to people's needs were managed effectively. A visiting healthcare professional told us, "I have no concerns about the care provided here. The staff call us appropriately and communicate any changes in people's condition in a timely way" and "[Acting manager] has worked their

socks off recently to ensure people receive consistently good care."

Adapting service, design, decoration to meet people's needs

- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- People had their pictures displayed on their door to help them identify their own rooms. There was some pictorial signage on the toilets/bathrooms. This helped people, living with dementia, to identify their surroundings more easily.
- Secure outside space was available to people. People were encouraged to spend time outside.
- As bedrooms became vacant they were redecorated and updated. There was painting of the service in process during this inspection.

Is the service caring?

Our findings

Caring –this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed many kind and caring interactions between people and staff. For example, staff regularly checking with people that they were comfortable or if they wished to move to another area or back to their rooms.
- Relatives told us "I always find they [carers] have a smile on their face and a cheery how are you today. They appear to all get on" and "Yes , they [carers] are always friendly cheerful and call out to me as they pass by."
- Staff had been provided with training to help ensure people's rights were protected at the service.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the acting manager, staff or the administrator. The administrator had encouraged people to report their views and experiences to a web-based care home review service. This had improved the rating of the service.
- Some care plans indicated that people had been involved in their own care plan reviews. The acting manager provided care and support to people at the service regularly and spoke with people to discuss any changes they wished to make to their care and support.

Respecting and promoting people's privacy, dignity and independence

- Care staff were very person-centred in their interactions with people. They knew people well and held many relevant and meaningful conversations with people throughout the inspection visit.
- One person was supported to watch a portable TV in the conservatory with head phones attached so that they could hear easily and not disturb other people. This was greatly enjoyed by the person who could enjoy the company provided by the communal area yet still enjoy their television programme.
- People told us they felt respected. We observed care staff lowered their voice when speaking with people about any support they may need. People told us, "We talk in my bedroom with the door closed if I want to talk privately. Staff close curtains and door while I have a bed bath" and "I like the way that they show they can do the job right. The curtains in the bedroom are closed until I am up and dressed. If my bedroom door is closed, they knock before entering."

Is the service responsive?

Our findings

Responsive –this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The electronic care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Some people required regular re-positioning by care staff while being cared for in bed. This was provided and recorded appropriately.
- The acting manager and staff had recently worked closely with other agencies to support a person with very specific needs and wishes which challenged the service. This had led to a multi-disciplinary approach being used.
- Daily notes reflected the care people had received.
- Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were provided for people. There was not an activity co-ordinator in post at the time of this inspection. We were told this post was being recruited to. Activities were planned and advertised. One person told us, "I will look forward to the new activities person starting soon. I have some suggestions. I would also like to go out."
- People, who were able, went out in to the local area as they wished.
- Visitors were encouraged at any time. Comments included, "My family are working but they come at least once a week and they choose at what time that is" and "No restrictions, daughter can come whenever she wants, that's one of the good things here."
- A fete had been held at the service recently and had been very well attended by relatives and friends, raising funds for activities for people living at Addison Park.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- We were told there were no formal complaints in process. People told us, "I have no complaints about the carers they are a good bunch"
- Many compliments had been received by the service. For example, "Thank you so much for taking care of [person's name]. You made him feel truly at home."

End of life care and support

- The staff were supported by the community nursing team to provide good quality end of life care to people.
- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.

Is the service well-led?

Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to robustly monitor the quality assurance processes in place. Audits and records were not effectively monitored. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The acting manager and the administrator were very keen for staff to work in a person-centred way. Staff meetings and supervision had taken place to support this. The administrator had set up a comment box where people, staff and visitors could record where they have observed caring and person-centred support being provided. The responses would then be shared with staff at meetings.
- People and visitors were encouraged to share their views and experiences of the service on a web-based care home review site. Comments included, "My husband has settled with his severe dementia in this care home. The staff are welcoming, polite and respectful. The home is clean and warm. Always secure, meals are regular, varied menus and can deal with dietary requirements. In house laundry keeps my husband's clothes clean" and "An efficient and friendly service administrated by cheerful and friendly staff at all times."
- Residents and family meetings had been held to share information with people and seek their views of the service provided.
- People told us, "They are well managed yes, no grumbling either, no complaining. Good rapport with some, we have good chats" and "They work together well as a team help each other out, I like that. They have time to have a chat as well, I like it when they smile at me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The acting manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in place at Addison Park. A manager had been appointed and had

begun to register but their circumstances had changed, and they had to leave. Another manager had been appointed to start the same week at this inspection. An application for them to become the registered manager was planned to commence immediately. The acting manager had been covering this role since April 2019 with support from the administrator. A visiting healthcare professional told us, "[Acting manager] has put their heart and soul in to this place over the past few months and really done a good job."

- The acting manager was very familiar with people's needs and preferences and worked alongside the care staff when necessary.
- Detailed audits of many aspects of the service were taking place including infection control, care plans and medicines administration. These audits had been used to make improvements to the service.
- The ratings and report from our previous inspection were displayed in the entrance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication between people, staff and families was good.
- Staff felt the acting manager was very approachable and they could raise anything with them and it would be acted upon.
- A survey had been sent out to people and families. The responses were positive. Where comments had been made these had been considered and action taken to address them.
- Life histories were documented. A relative told us, "When our relative first came we gave the manager their life story. Also, how things had been done up till then. Everything got written down. I come in regularly and I oversee how things are being done and make suggestions when I think it's appropriate or needed."

Continuous learning and improving care

- The acting manager had plans to further improve the care and support provided to people at Addison Park. As the new manager was due to start in the days following this inspection, discussions were planned to share ideas and continue the improvement of the service.

Working in partnership with others

- Care records held details of external healthcare professionals visiting people living at the service as needed.
- Visiting healthcare professionals told us, "We are not concerned about this service at all, the staff provide good care and call us appropriately and in a timely manner. It is very good here" and "We have noticed an improvement of this service over the recent months."
- The community nurses visited people at the service regularly to support any nursing needs. They had no concerns about the service provided