St. Nectans Residential Care Home Limited

St Nectans Residential Care Home

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
St Nectans Residential Care Home is registered to provide nursing, care and accommodation for up to 35 people. There were 24 people living in the service when we visited. People cared for were mainly older people who were living with a range of care needs, including arthritis, diabetes and Parkinson's disease. Most people needed support with their personal care, eating, drinking or mobility.

People's experience of using this service and what we found
People told us they experienced safe care. People told us, "I am comfortable here, it's clean and I'm very happy here." Another person said, "The staff are very caring, polite and respectful." A relative said, "All the staff are very approachable, and I have got to know them well they will always make time to talk to us." We observed, and people told us that staff met their needs with care and kindness.

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by suitably trained and knowledgeable staff, who had been assessed as competent.

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. Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were knowledgeable about the people they supported and had built trusting and meaningful relationships with them. Staff had all received training to meet people's specific needs. During induction, they got to know people and their needs well. One staff member said, "It's a lovely home, we are lucky because we have great residents and a really supportive team to work with." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. One staff member described the service as, "Like an extended family, the atmosphere is good. We always find laughter is the best medicine and you hear lots of laughter here." People were relaxed, comfortable and happy in the company of staff and engaged in a positive way. People's independence was considered important by all staff and their privacy and dignity was also promoted.

Activities were tailor-made to people's preferences and interests. People were encouraged to go out and form relationships with family and members of the community. Staff knew people's communication needs well and we observed them using a variety of tools, such as pictures and objects of reference, to gain their views. People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. End of life care was delivered empathetically and

with respect and dignity.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

The provider used a range of quality assurance systems to check people and their relatives were satisfied and confident in the standard of care provided within the home. The service had systems to continuously monitor, assess and improve the service provided.

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

Rating at last inspection and update:
The last rating for this service was Good (published 01 December 2016).

Why we inspected:
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

St Nectans Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of one inspector.

Service and service type
St Nectans 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did
Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The registered provider had completed a Provider Information Return (PIR). 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. We looked at notifications and any safeguarding

alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we looked around the service and met with the people who lived there. As some people were unable to fully communicate with us, we spent time observing the interactions with people and staff. We spoke with 12 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the manager, registered provider and seven members of staff. Following the inspection, we requested feedback from four health and social care professionals.

We reviewed the care records of five people who were using the service and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

Good

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.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- A staff member said, "We have training and we discuss safeguarding procedures at team meetings." Another staff member said, "I wouldn't hesitate to report anything I thought was poor practice or potential abuse."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Using medicines safely

- Arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "I get my pills when I need them." A second person told us, "I don't worry about anything, the nurse gives me my tablets daily."
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. For example, people who received insulin injections to manage their diabetes had clear guidance and information to ensure that the injection site was rotated.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines were available and described the circumstances and symptoms when the person needed this medicine.
- Medication audits were completed on a daily and monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.
- Homely remedy guidance had been reviewed and agreed with the GP.

Assessing risk, safety monitoring and management

- People told us, "I'm ok here, it's not home but I feel safe, I was having falls at home, here I am supported

so I don't fall," "Staff make sure we are alright." We were also told, "I needed more support so I came here, I have no regrets," "They look after me well here." Visitors told us, "Very happy with the care, any grumbles are dealt with, I'm happy with the safety aspect," and "My mother is safe here, I totally trust the staff and they keep me informed."

● The provider used a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.

● Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were up to date and reflected the care plan.

Staffing and recruitment

● There were enough staff to meet people's needs. Rotas confirmed that people who required one to one support always had this facility. The registered manager ensured that staff deployment accounted for any medical appointments or activities to ensure they happened. This was supported by the rotas and peoples' individual daily activity care plans.

● Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.

● Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by management during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

Preventing and controlling infection

● The service was clean and without odours. Domestic staff completed a daily cleaning schedule. People and visitors were complimentary about the cleanliness. Comments included, "They keep my room really clean," and "Always clean and fresh."

● Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands) and at the entrance of the building, to help protect people from risks relating to cross infection.

Learning lessons when things go wrong

● Accidents and incidents were documented and recorded. We saw incidents and accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the local authority and CQC.

● Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. A sensor mat had been placed in their room which meant staff could support the person safely.

● Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Good

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 Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the community diabetic team to ensure people received the care they needed.
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person said, "They have always ensured that I get a female carer."

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. This was confirmed by the training programme provided. One staff member said, "The training is both face to face and on-line." The provider sourced face to face training from various external agencies, for example, the local authority.
- People told us "I think they (staff) are all wonderful." Another person said, "They know what they are doing, I get good care." Visitors told us, "I have no doubts about staff skills, I see them do things safely." Another visitor said, "My relative is happy, staff seem trained."
- Our observations during the inspection confirmed that staff had received training, for example, people were moved safely with lifting equipment and staff assisted people with their food and drink in a safe way.
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was good, I had time to read care plans, get to know people before working on the floor."
- Staff received regular supervisions with their line manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.

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

● People told us they enjoyed the food provided by the service. One person said, "Very nice, lots of choice." Another person said, "Always looks and smells nice." Visitors told us, "Always homemade good food."

● People were offered and shown choices of food and drink. One person said, "Yes, they offer me choice at all meal times and there's always something I like." Another said, "Breakfast is my favourite meal, we can all have a fry up everyday if we want it."

● Staff were attentive to people's individual needs and knew people's preferences, which were recorded in care plans. Discussion with the cook confirmed they were knowledgeable about people's personal preferences and diet requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. The food prepared was presented well and met people's individual needs. Pureed food was presented in a way that people could see the differing colours and textures.

● Staff offered people drinks throughout the day and staff supported them appropriately. People who had been identified as at risk from dehydration were monitored and action taken by staff. All staff were informed at handover of those who had not been drinking very much. We saw one person being encouraged to drink little and often during the day. This approach worked and by late afternoon they had drunk 700mls of fluid which was 80% of the target for that person.

● Food offered and taken by people was recorded in their care records. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose, such as referral to the GP or dietician.

● People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked about who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day at hand over and if someone is not eating or has lost weight we discuss how to prompt and improve their intake."

● If people required assistance to eat or had their meals provided a certain way, this had been provided. Staff assisted people by sitting next to them and assisting them in a professional way without rushing them. We saw staff assist people with empathy and compassion.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

● People had support from various health and social care professionals to improve their wellbeing. This included GP's, district nurse, specialist nurses, such as tissue viability nurses and chiropodists.

● People who lived with diabetes had regular appointments with the optician, chiropodist and diabetic nurses to ensure their health and well-being was effectively managed.

● The manager explained how closely they worked with district nurses, to ensure people got the care they needed in a timely way. A health professional said, "The staff know their residents very well, very efficient and contact us for advice."

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

● St Nectans was an older style building that that was being upgraded and redecorated on a planned basis. Furnishings and décor were chosen carefully to ensure they were suitable for people but retained a homely and comfortable feel.

● All floors of the service were fully accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens. There were a variety of communal areas were on the ground and first floors, providing people a choice of where to spend their time. There were adapted bathrooms and toilets and hand rails in place to support people.

● There was a safe accessible garden area. The garden areas were well kept, safe and suitable for people who used walking aids or wheelchairs.

● People's rooms were personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests. As rooms became vacant they were redecorated.
● Throughout the building there was clear signage that helped people find their way around the building. Notice boards contained information about the home, photographs, pictorial activities, staff names and roles, religious services and complaint procedures.

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

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
● Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
● People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about who supported them when they went out and what activities they wished to do.
●There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restrictive practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met. For example, one person who remained on bedrest had bedrails for their safety.
● The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

Good

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 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

- Feedback from people and visitors consistently described staff as "lovely," "kind and amazing." One person said, "Wonderful staff very kind and respectful." A visitor said, "I am so pleased with the home, I can relax knowing my relative is safe."
- The service had received many compliments from families. The manager collected them and shared them with staff. Compliments were also displayed in the reception area of the home.
- The kindness of the staff team was commented on by a visiting health care professional who told us, "Very welcoming, always greet people with respect and cheerfulness." Another health professional said, "Staff are helpful. No concerns at all."
- Staff demonstrated that they genuinely cared about people and their well-being. Relatives felt staff put themselves out to be a help and told us they were "impressed with the care and support."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people.
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The registered manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

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

- People had been supported to express their views and be actively involved in making decisions about their support as far as possible. People and their families confirmed they were involved in day to day decisions, and care records showed when they had participated in reviews of their care. One person said, "They know what I want and ensure I get it, they know I like to sit quietly sometimes, and they respect that." A visitor said, "They involve me in all decisions and keep in contact by email."
- People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for

themselves and which they needed help with.
● Staff supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. One visitor said, "I can visit whenever, and stay as long as I wish." Staff enabled people to be in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence
● People's privacy and dignity was respected. Staff explained how it important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care.
● We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
● People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them. People were assisted with make-up, shaving, jewellery and nail care.
● Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to eat independently, for example, using cutlery that met their needs, such as smaller spoons and angled handles.
● People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
● Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

Good

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

●People were supported to exercise choice and control in their day to day lives and were empowered to make their own choices about what they do with their time. People told us, "I make my own decisions, when to have breakfast and where I spend my day," and "I choose what help I need on a day to day basis, somme days I'm better than others."

●People's needs assessments included comprehensive information about their background, preferences and interests. This information aided staff to initiate topics of conversation that were of interest to people. A staff member said they had read peoples care plans and it had helped her to understand people and care for them. They said, "Reading about their life, family and what experiences they have had, good and bad, gives us a real insight in to them as people."

● Before coming to live at St Nectans, senior staff visited the person, either at home, in hospital/care home and completed a pre-admission assessment. This ensured that the person's needs' and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived.

● A recent enquiry by a person who wanted to live at St Nectans had been invited to the home to visit first, due to their use of a mobility scooter. This was because access for them might be a problem. On arriving at the service, the person themselves said it would be a problem due to narrow doorframes. This had prevented a failed admission to the home.

● Care plans were personalised and included up to date information for staff on how best to support people with their assessed needs. These were reviewed monthly and amended more frequently when needs changed.

● Where people had specific health care needs, these were identified and showed how people should be supported. Staff could explain where and how this support should be provided. For example, people who lived with diabetes had a person specific care plan that identified clearly the persons' diabetic needs, the complications they might experience and how staff could recognise the symptoms for that person if their blood sugar dropped or was too high. There was clear information of what action to take according to their blood sugar range. This ensured staff could manage their care responsively and effectively.

● People who lived with anxiety had detailed care plans and risk assessments that identified triggers and how staff should manage these to provide a consistent approach. For one person it had been identified that they became anxious about time and couldn't see their clock clearly. Staff had responded by getting a talking clock which had reduced their anxiety.

● People's records reflected their beliefs, values and preferences and included specific details like what time

they got up, went to bed and whether they preferred showers or baths. People confirmed their preferences were met.
● Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.
● From our conversations with people and relatives, it was clear staff knew people well. One visitor said, "They listen and give care in a way my relative wants."

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.
● Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
● People's communication and sensory needs were assessed regularly, recorded and shared with relevant others.
●Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people used this to contact relatives using skype and emails.
● Notice boards were covered with information about up and coming events or something interesting or attractive to look at. There was some pictorial signage around the home to help orientate people.

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 at St Nectans continued to be planned and tailored to meet peoples' preferences and interests as much as possible. A programme of events was displayed in the communal areas of the home.
● Activities planned included word search, bingo, games, puzzles, gentle exercises, and reminiscence. One person told us they liked the bingo and had the opportunity to win a prize. Trips out were organised and people talked of recent shopping trips and walks along the sea front.
● Staff told us that they tapped into peoples' personal experiences and offered one to one for people who remain in their rooms. We saw that this was documented in people care plans.
● We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who preferred or needed to remain on bed rest or in their room. One staff member said, "Everyone who remains in their room get time with staff, they have hand massages and manicures, sometimes we sit and just chat to them, which they seem to enjoy."

Improving care quality in response to complaints or concerns
● There was a process for recording and investigating complaints.
● There was a complaints policy available which was also in a larger font so people could read it easily. People and their families also had access to a 'service user guide' which detailed how they could make a complaint. This information was also available on their website.
● Some people told us they knew how to make a complaint. One person said, "I know how to make a complaint; I would go to (staff name)." A second person told us, "I've got no complaints about anything and feel happy living here." Visitors told us that if they had a concern they would go to the managers' office and talk to them. One visitor said, "I can just ask to see the manager, I feel I can just raise an issue and its dealt with."
● We saw complaints and concerns were logged and had been responded to in line with the complaints

policy. At present there was one on-going complaint.
● When compliments and thank you cards had been received these were shared with staff at meetings and showed staff they were appreciated.

End of life care and support
● Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "We want to get it right and we do have support from the district nurses and hospice team."
● Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes.
● Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time. There was one person at this time receiving end of life care and we saw that staff treated the person with upmost dignity and respect.

Good

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 Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● Although not everyone could tell us their views about management, we observed that people were comfortable with the manager and knew who she was. Comments included. "(Manager) is really kind, and listens."

● The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a range of activities to keep them mentally and socially active. This ethos ran through everything that happened at the service and was fully supported by staff. People gave us examples of how living at St Nectans had improved their life. One person said, "I wasn't safe any more at home, because I kept falling, but I am safe here," and "I couldn't live at home anymore, but living here, I have started to go out more again and am getting my confidence back, I love shopping and I love my room here, staff painted my room and got me new bedding when I was away, it was a lovely surprise."

● The management structure allowed an open-door policy. Staff confirmed this and that they felt supported to bring in ideas, discuss what worked and what didn't work.

● There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.

● Staff told us they felt well supported by the manager, even though they had only been at the service a short space of time and described them as, "we are an established team , some of us have worked here for years love it." Another staff member told us, "We are a really good team, help each other out, we care not just do tasks."

● Staff told us the registered manager encouraged learning and growth to achieve positive outcomes for people. One staff member said, "She always supports us, encourages us to develop, she is also introducing champions, which will gives us all a responsibility."

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 manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required. This always included the care manager and family.

● Relatives told us staff were always contacting them and advising them of any incidents or changes in care and conditions. One relative told us, "They always let me know what is going on. They listen to my views."

This ensured there was an opportunity for open and honest conversations about people's needs.
● Staff told us that there was an open culture promoted and staff were now encouraged to share their views in honest discussion. One staff member said, "The manager is so approachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● There was a manager in day to day charge of running the home and had been in post for three months. They were in the process of submitting their application to be registered with the CQC. The registered provider was also registered as manager and was supporting the manager at this time.
●The manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation.
● Quality assurance processes had been developed to consistently drive improvement. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys. Areas identified for improvement were immediately actioned. For example, the laundry walls and floors needed attention following a leak and this was progressed during the inspection.
●The staff team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions.
● Staff were highly motivated and felt appreciated by the provider. One staff member commented "I feel very supported here and know that I can approach the manager at any time.
●The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism.
● Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right support and care. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
●There was always senior member of staff on call during out of office hours to give advice and assistance to staff.
● Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Annual surveys had been sent out to relatives and professionals. The provider had collated the responses, and these were shared with people and their families. Ideas for improvement and change was also shared with people on the website as well as in the home. For example, the dining room décor had been changed. One person had not liked the orange tablecloths and so the staff ensured they had a white one when visiting the dining room for their meals.
● Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
● Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended.
● For those unable to share their views families and friends were consulted.

Continuous learning and improving care: Working in partnership with others
● The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager

to share ideas and discuss concerns.

● Staff told us that they had learnt from incidents and accidents. One staff member said, "We discuss any accidents, if we see any unexplained bruising we immediately look for a possible cause, we check that they can use their walking frame safely through doorways and check peoples foot wear. Always something to learn."

●The provider consistently questioned what they could do to improve the service and made any changes they felt necessary.

●The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

● The manager was open and transparent when discussing the areas for further improvement and immediately started to put actions into place. For example, the risk assessment for one person's mental well-being was developed to capture triggers for past anxieties to prevent a re-occurrence.

● Staff were positive about the management changes and told us they were looking forward to the developments in the service and the opportunities for them within the service. For example, the manager said, "We are looking at developing staff champions to take a lead in medicines and end of life care."

● The manager valued the importance of working with others. They and the staff worked closely with health and social care professionals to achieve the best outcomes for people. This included, the hospice at home team, diabetic nurses and the district nurses.

● Staff worked hard to promote a service that was part of the community and supported by others in the community. For example, local shops and businesses were used and got to know people and staff. People benefitted from this social network.