Cornwallis Care Services Ltd

Addison Park

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out this unannounced inspection on 13 June 2017. This was the first inspection for the service since registering under a new provider in late December 2016. Addison Park is a care home which is registered to provide nursing care for up to a maximum of 45 older people, some of whom had a diagnosis of dementia. On the day of the inspection there were 24 people living at the service.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was also a manager in charge of the day-to-day running of the service and they were supported by the registered manager, who was also the registered manager for another of the provider's services.

The service had been operating under new ownership for nearly six months, since December 2016. In that time many vital repairs to the structure of the building had been completed. This included a new roof, which had resolved problems the new owners inherited in relation to several leaks from the roof into the premises. Some internal re-decorating had started and new equipment had been purchased such as hoists, hospital beds and kitchen appliances. A programme was in place to decorate every bedroom replacing carpets and furniture and some bedrooms had already been decorated and had new furniture. Four bedrooms with internal windows, that were no longer being used, and an adjoining conservatory were soon to be converted into another lounge. There were other plans in place to upgrade all areas of the premises, including landscaping an enclosed garden area and changing the structure of two other conservatories. Any disruption to people's lives, while the refurbishment was being completed, had been well managed.

Where people needed to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. While there was no evidence to suggest that checks were not being completed appropriately, records to evidence the care people received were not always consistently completed. Daily handover sheets had not been updated to reflect everyone's current needs. We judged that staff were knowledgeable about people's needs and the gaps in some records had not impacted on the care provided for people. We have made a recommendation about care records.

At the time of the inspection the service manager had been in post for six weeks. During this time they had made many positive changes to the service and updated some systems that had fallen behind. Care plans inherited from the previous provider had been updated and accurately reflected people's needs. There was a clear programme in place to rewrite each person's care plan using the new provider's documentation. People with the highest needs had had their care plans updated into a new format as a priority. Quality assurance and audit processes had just started to be implemented by the new manager. However, there had been insufficient time to test if these systems would be effective in monitoring the quality of the service

provided.

Staff told us the provider and new manager gave them appropriate support. Staff were positive about the management of the service. Comments from staff included, "Change for the better", "Lots more equipment in. All hoists and beds are new", "We were asked what we wanted and we got it", "The new manager listens", "We are much more settled now. Cornwallis seems to know where they are going", "Things are better with the new manager."

People, visitors and healthcare professionals were all positive about how the service was managed. Comments included, "Since the new people have taken over it is so much better, staff mood is better. Friendly people now", "Very positive, it is all going in the right direction", "The manager has introduced himself, they seem very good" and "The manager pops in to see how I am doing."

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I feel safe because I know the staff so well", "The staff are always popping into my room to make sure I'm ok", "I feel safe because I get a lot of help from the staff" and "I know my husband is safe because all the staff are so friendly."

Some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. Comments from people and their relatives included, "The care is fantastic", "You can't ask for better care", "I get good help from the staff, they're a good bunch" and "All the staff tend to know what dad likes."

People had access to healthcare services such as occupational therapists, GPs, community nurses and chiropodists. Care records confirmed people had access to health care professionals to meet their specific needs. A visiting healthcare professional told us, "The new clinical lead is very aware of people's needs."

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People told us they were happy with the meals provided. Comments included, "The food is excellent", "The food has improved 100% since the new ownership. We now get fresh food – fresh fruit, meat", "I really enjoy the food, I have a good appetite", "The food is good, we have some good cooks here" and "My dad tells me he really enjoys the food."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Where people did not have the capacity to make certain decisions the management and staff acted in accordance with legal requirements under the MCA. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse. Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge to work with vulnerable people. Staff knew how to recognise and report the signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff received appropriate training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

People and their families were involved in their care and were asked about their preferences and choices.

Is the service responsive?

Requires Improvement

The service was not entirely responsive. Monitoring records to evidence the care people received were not always consistently completed. We have made a recommendation about this.

Care plans detailed people's assessed needs and wishes. Staff responded to people's needs and supported people in a person-centred way.

People were supported to take part in social activities of their choice. Work was in progress to develop a more personalised approach to activities.

People and their families told us if they had a complaint they would be happy to speak with the manager and were confident they would be listened to.

Is the service well-led?

Requires Improvement

The service was not entirely well-led. Quality assurance and audit processes had just started to be implemented by the new manager. However, there had been insufficient time to test if these systems would be effective in monitoring the quality of the service provided.

The management provided staff with appropriate support.

There was a positive culture within the staff team and with an emphasis on providing a good service for people.

Addison Park

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 unannounced inspection took place on 13 June 2017 and was carried out by two adult social care inspectors, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people living at Addison Park, three relatives and a visiting healthcare professional. We looked around the premises and observed care practices on the day of our visit. We also spoke with four care staff, the cook, the nurse in charge, the clinical lead, the service manager and the operations manager. We looked at six records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I feel safe because I know the staff so well", "The staff are always popping into my room to make sure I'm ok", "I feel safe because I get a lot of help from the staff" and "I know my husband is safe because all the staff are so friendly." Some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

There were procedures in place to minimise the potential risk of abuse or unsafe care. Staff were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff received safeguarding training as part of their initial induction. The new manager had booked all staff on refresher training and the first session was taking place a few days after the inspection.

The service held the personal money for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they might wish to purchase. The money was managed by the administrator. We looked at the records and checked the monies held for three people and found these to be correct.

There were risk assessments in each person's care file which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure sores. Staff had been suitably trained in safe moving and handling procedures, and refresher training for all staff, had recently taken place. Staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

Incidents and accidents were recorded at the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. For example, where incidents of falls had occurred, the individual person's care plan had been updated to reflect any necessary changes to the person's needs. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Some people had been assessed as being at risk from developing skin damage due to pressure. Pressure mattresses were in place for these people. We found mattresses for two people were not set at the correct setting for their weight. For another person their mattress had been accidently turned off, although staff turned the mattress back on when we advised the manager, and the person was not in bed at the time. The maintenance person carried out weekly checks to ensure that mattresses were working. However, there was no system yet in operation to check if mattresses were set at the correct level for the person using them, when first put in place and on a continuing basis. Although not yet implemented, the manager had set up a system for these checks and we were assured this would start immediately after the inspection. We found no evidence that people's skin integrity was not being adequately managed and therefore judged that the lack

of previous mattress checks had not significantly impacted on people's care.

We looked at how medicines were managed. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for.

Nurses were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

There were enough staff on duty to meet the needs of people who lived at Addison Park. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were answered promptly. On the day of the inspection there were five care staff on duty from 7.00am to 1.00pm, four care staff from 1.00pm to 5.00pm and five care staff from 5.00pm to 11.00pm. Also, there was one nurse was on duty from 7.00am to 7.00pm to meet the needs of 24 people. Overnight there were two night care workers and one nurse on duty. In addition there was a domestic, the cook, a kitchen assistant, administrator, a maintenance person, an activities co-ordinator and the service manager. Rota records showed that a least the same number of staff were on duty every day and there were some days when there were more staff in response to people's changing needs.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The administrator and manager had checked if all the relevant checks had been completed for staff who had worked for the previous provider. Where there were any gaps, such as missing references or DBS checks, these checks had been carried out again to ensure all staff providing care for people were suitable to work in a care environment. The service had a policy of not starting new staff, even to shadow another member of staff, until all the relevant recruitment checks had been completed.

People lived in a safe environment because the premises were uncluttered, clean and odour free. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use. There were robust cleaning schedules in place to ensure the environment was hygienic and safe for people to live in. An audit of bedding and towels had been completed. As a result of this audit a large stock of new bedding and towels had been purchased and any unsuitable items, inherited from the previous owners, had been removed.

The service had been operating under new ownership for nearly six months, since December 2016. In that time many vital repairs to the structure of the building had been completed. This included a new roof which had resolved problems, the new owners inherited, in relation to several leaks from the roof into the premises. Broken or defective equipment such as hoists, hospital beds and kitchen appliances had all been replaced. This meant people now lived in a safe environment and had access to equipment that was safe to use.

All necessary safety checks and tests had been completed by appropriately skilled contractors. For example, records confirmed electrical equipment complied with statutory requirements and was safe for use. Fire

safety drills had been regularly completed and all fire fighting equipment had been regularly serviced. Outstanding actions from a review of the fire safety of the premises, carried out by an external contractor in August 2016, had been completed. There were health and safety risk assessments in place for the premises and Personal Emergency Evacuation Plans (PEEP) had been written for each person. However, we found PEEPs were missing for three people. We discussed this with the manager who assured us these would be put in place.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People and their relatives told us they were confident that staff knew people well.

Staff received suitable training to carry out their roles. The manager, together with the provider's trainer, had developed a training programme to make sure staff received relevant training and refresher training was kept up to date. The manager had found there were gaps in individual training records for some staff, due to incomplete records from when staff were employed by the previous provider. As a result of this the manager had arranged for all staff to complete training in key subjects, identified as being necessary to meet the needs of people using the service. Records showed some training sessions had already taken place and the remainder were booked for the second half of June 2017 and during July 2017. This training included health and safety, dementia, moving and handling, infection control, safeguarding, fire awareness and mental capacity. Staff confirmed they had completed, or were booked to attend, several training sessions. Staff said, "There has been lots of training recently" and "I have just completed infection control and dementia training."

The manager had also updated records in relation to staff who had completed a Diploma in Health and Social Care. During this update it was discovered that some staff, without being aware, had not fully completed their diplomas because some units were missing. The manager had arranged for the staff affected by this to finish any outstanding units so their qualification could be completed. Other staff who had not previously gained a diploma had been enrolled to start working towards a care qualification.

Staff told us they felt supported by their managers and they received regular individual one-to-one supervision. The new manager had met with every member of staff since their appointment and had set up an on-going programme of regular one-to-one supervisions. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there had been regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Newly employed staff completed an induction which included training in areas identified as necessary for the service. New staff also spent time becoming familiar with the service's policies and procedures and working practices. The induction included working alongside more experienced staff, for a number of different shifts, getting to know people's needs and how they wanted to be supported. Within the first 12 weeks of employment new staff completed a qualification known as the Care Certificate. This is a nationally recognised qualification for staff newly employed in the care industry that ensures they have the basic skills and knowledge needed to care for people effectively.

People's individual health needs were well managed and staff had the skills to recognise when people may be at risk of their health deteriorating. Care records confirmed people had access to health care professionals such as occupational therapists, GPs, chiropodists and nutritionists to meet their specific needs. Healthcare professionals told us they had a good working relationship with the service and

confidence in staff practice. A visiting healthcare professional told us, "The new clinical lead is very aware of people's needs." Relatives told us staff always kept them informed if their relative was unwell or a doctor was called. One relative said, "The staff keep me well informed about dad."

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. We observed the support people received during the lunchtime period. People were regularly offered cups of tea, coffee, or a cold drink. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible. Soft and pureed diets were well presented with different food colours identifiable. People told us they enjoyed their meals and they were able to choose what they wanted each day. Comments included, "The food is excellent", "The food has improved 100% since the new ownership. We now get fresh food – fresh fruit, meat", "I really enjoy the food, I have a good appetite", "The food is good, we have some good cooks here" and "My dad tells me he really enjoys the food."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made appropriately to the local authority. appropriately.

Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. Staff supported people to make their own decisions about how they wanted to live their life and spend their time. Care records detailed whether or not people had the capacity to make specific decisions about their care and how staff should support people to make their own decisions. For example, one person's care plan stated, "Allow for bad choices if it is clearly their wish." Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

Where people did not have mental capacity to sign forms to consent to their care and treatment, relatives were asked to sign on their behalf. However, we saw that in some files the service had not checked if the relative that was signing had the relevant authority to do this. It was clear the manager understood that anyone signing on behalf of a person, who did not have capacity, should have a lasting power of attorney (LPA) for the health and welfare of the person. The manager assured us that as each care plan was updated,

into the new format, the consent forms would be reviewed.

The design, layout and decoration of the building met people's individual needs. A programme was in place to decorate every bedroom, replacing carpets and furniture and some bedrooms had already been decorated and had new furniture. Where people needed to move bedrooms, when their room was being decorated, they were consulted and involved in the move. One person told us, "I've moved room temporarily, because my room is being painted and new furniture put in."

Some of the upholstery on chairs in the lounges was worn and we were advised that all chairs that were of a poor standard would soon be replaced. Office space had been reconfigured and the treatment room had been moved to a more suitable position. Four bedrooms with internal windows, that were no longer being used, and an adjoining conservatory were soon to be converted into another lounge. There were other on-going plans about upgrading all areas of the premises. These plans included landscaping an enclosed garden area and changing the structure of the two other conservatories. Any disruption to people's lives, while the refurbishment was being completed, had been well managed.

Good

Is the service caring?

Our findings

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. People and their relatives told us they were happy with the standard of care provided by staff. Comments from people and their relatives included, "The care is fantastic", "You can't ask for better care", "I get good help from the staff, they're a good bunch" and "All the staff tend to know what dad likes."

There were plenty of friendly and respectful conversations between people and with staff. People, who were able to verbally communicate, engaged in friendly and respectful chatter with staff. Where people were unable to communicate verbally, their behaviour and body language indicated that they were comfortable and happy when staff interacted with them.

The care we saw provided throughout the inspection was appropriate to people's needs. People appeared to be well cared for. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, when some people became anxious staff sat and talked with them and we observed that after these interactions people looked visibly happier and calmer.

Some people living at Addison Park had a diagnosis of dementia or memory difficulties. The service had worked with relatives to develop life histories to understand about people's past lives and interests. People's life histories were documented in their care plans. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Relatives also told us how staff supported them and took the time to speak with them if they were upset. We observed during the inspection how staff supported a relative who became distressed when the person they were visiting became angry with them. Staff discreetly asked the relative if they would like to go for a walk and they would sit with the person until they felt ready to

return.

People that used the service and their relatives had been invited to an informal 'get together' at the end of June. This was planned to give people and their relatives the opportunity to get together socially and discuss any developments for the service. Although, people also told us the manager kept them informed and involved them in the refurbishment of the premises. One person told us their bedroom was in the process of being decorated. They said they had been able to choose the colours of the walls, carpets and curtains.

Requires Improvement

Is the service responsive?

Our findings

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. However, we found gaps in some monitoring records where staff had not recorded care that was directed in the care plans. For example, some food and fluid intake charts were not completed thoroughly enough to be able to check exactly how much food and fluid the person had taken. Where some people's care plans stated they should be re-positioned and their skin checked at particular intervals during the day, completed charts did not reflect the directed frequency. We found no evidence that people's skin integrity and food and fluid intake needs were not being met. We therefore judged this did not have any impact on the people living at the service at the time of this inspection.

Daily handover sheets were used by the nurse in charge to provide staff with updated information about people's needs at the start of each shift. However, we found on the day of the inspection the handover sheet had not been updated to reflect everyone's current needs. We observed when the handover took place the nurse did give staff all the relevant information, including information about a person who had recently moved into the service, whose details were not on the handover sheet. We therefore judged that vital information about people's needs was being communicated to staff.

We recommend that the service ensures people's care records accurately reflect the care being provided for people.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Addison Park. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Before moving into the service the manager or a nurse visited people to carry out an assessment of their needs to check if the service could meet both their needs and expectations. Copies of pre-admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

17 of the 24 people living at the service had moved there under the previous ownership of the service. This meant the service inherited care plans detailing people's needs from the previous owners in late December 2016. A programme to update these care plans, into a new format, had fallen behind and the new manager had updated all care plans in the last six weeks. People with the highest needs had had their care plans updated into a new format as a priority. Some other people only had the sections of their care plans, where their needs had changed, updated. Care plans for these people had a mixture of the current and the previous provider's documentation.

We found all care plans, irrespective of the format in use, accurately reflected people's assessed needs. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance

they needed to care for people. For example, one person's care plan stated, "Likes to have her hands placed in a certain manner across her chest and a water bottle beside her. Never leave her until she is entirely happy with her positioning."

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

People were able to take part in a range of activities of their choice. The service employed an activities coordinator for 15 hours a week. We were advised that another similar post for 10 hours a week had been advertised to increase the hours to 25 per week. The coordinator had worked at the service for many years and knew people well. They facilitated a number of individual and group activities as well as organising external entertainers to visit. The activities on offer included, quizzes, board games, craft work, exercises, flower arranging, external singers and watching films.

Some people living at the service were unable to join in the activities due to their complex communication needs. The coordinator told us they had asked the manager of they could attend some training in providing activities for people with dementia. We saw that the service improvement plan had identified the need to personalise some activities to be suitable for people with dementia. By providing training for the existing coordinator and taking this in account when recruiting a new coordinator the service hoped to soon be able to provide more suitable activities for people living with dementia.

People told us about the activities currently provided, "I love to read, that keeps me busy", "I use my laptop to play card games", "I go out with friends and family, and go on holidays" and a relative said, "I usually take dad out to local beauty spots in the car."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. The registered manager was also the registered manager for another of the provider's services. They took on the role of being responsible for this service until a new manager was appointed and could apply to become the new registered manager. A the time of this inspection a new manager had been in post since April 2017 and they were in charge of the day-to-day running of the service with support from the registered and operations managers. The service manager had started the process to apply to become the registered manager.

Although, the service manager had only been in post for six weeks they had made many positive changes to the service and updated some systems that had fallen behind. This included implementing a robust programme for ensuring each person had an up-to-date care plan that accurately reflected their needs. The manager had assessed each person's care plan documentation to decide what information, inherited from the previous provider, would still be applicable and could be used in the short term. This pragmatic approach meant time was used well by only updating specific elements of some people's care plans and only totally re-writing care plans for people with the highest and most complex needs.

The service manager had also carried out audits of staff training and staff recruitment files. Any gaps in training and recruitment checks had been rectified to help ensure people received care from staff who were suitably trained and safe to work with vulnerable people.

Four staff meetings had taken place in the last six weeks. There had been separate meetings for the kitchen staff, housekeeping staff, nurses and senior care staff and care staff. The manager had discussed at each meeting any concerns those staff had and identified any immediate actions that needed to be taken. For example, providing the kitchen and housekeeping staff with new equipment such as a tin opener, a toaster and coloured cleaning buckets. This had also enabled the manager to meet all staff, share their visions and involve staff in improving and developing the service. For example, at the nurses and senior staff meetings the care plan update programme was discussed and at the care staff meeting the training and supervision programme was discussed.

Staff were very positive about the manager and the new provider. Staff told us the provider and new manager gave them appropriate support. Staff were positive about the management of the service. Comments from staff included, "Change for the better", "Lots more equipment in. All hoists and beds are new", "We were asked what we wanted and we got it", "The new manager listens", "We are much more settled now. Cornwallis seems to know where they are going", "Things are better with the new manager."

People, visitors and healthcare professionals were all positive about how the service was managed. Comments included, "Since the new people have taken over it is so much better, staff mood is better. Friendly people now", "Very positive, it is all going in the right direction", "The manager has introduced himself, they seem very good" and "The manager pops in to see how I am doing."

The service manager and the operations manager had put in place a service development plan. This plan

set out areas for improvement, with dates for completion by the end of July 2017. These areas were, staff training and supervision, recruitment files, repairs and improvement to the environment, more meaningful activities, updating care plans and implementing quality and audit processes.

As detailed in other parts of the report most of these areas for improvement had either been completed or were in progress. The manager had prioritised ensuring people were receiving appropriate care, by updating care plans, staff training and meeting with staff. Quality assurance and audit processes had only just started to be implemented and this meant there were some areas for improvement still to be assessed. For example, audits to check if pressure relieving mattresses were correctly set had not taken place and the recording gaps we found in monitoring charts and handover sheets had not been identified by the service.

Based on the progress made in a short period of time, and the confidence people, staff and professionals had in the new manager, we were assured that the audits systems would be fully implemented very soon. However, we have rated this domain as requires improvement because it would require a longer term track record of good practice to evidence sustainability.