Cornwall Care Limited

Headlands

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

Headlands is a care home which provides care and accommodation for up to 34 older people, some of whom are living with dementia. On the day of the inspection there were 31 people using the service. We carried out this inspection on 14 February 2017. The service was last inspected in May 2015 when it was rated as 'Good'.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post although they were not working at 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. The service was being overseen by an interim manager from another Cornwall Care home.

People told us they were happy with the care they received and believed it was a safe environment. There was a relaxed and friendly atmosphere and we observed people sitting in small groups chatting together and laughing and singing with staff. Some people were unable to tell us verbally about their experiences and we observed they were at ease with staff. Staff sat with people when they had the time and spoke with them kindly.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs in a timely manner. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge for their role. Staff had received safeguarding training and knew how to recognise and report the signs of abuse. They were confident any concerns would be dealt with. The interim manager had taken action to ensure staff had access to contact information for the local authorities safeguarding team.

People received their medicines on time. Medicines administration records were accurate and consistently completed. Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians.

People were assessed in line with the Mental Capacity Act (2005) where relevant and the management team followed the legislation to help ensure people's human rights were protected. Best interest meetings were held when people had been assessed as not having capacity to make specific decisions. These involved other professional and family members to help make sure people's voices were heard.

Care plans were up to date and relevant and staff told us they were a useful and accurate tool. Any risks in relation to people's care and support were identified and integrated into the care plans. Risks specific to people's individual health and social needs were identified. Staff described to us how they would support people in particular circumstances, for example, if they became unwell. Their descriptions were in line with the guidance in care plans.

People were supported to follow their own daily routines and make day to day decisions about where they spent their time and when they got up and went to bed. Activities were arranged on a daily basis by staff. An activity co-ordinator was employed part time to organise planned sessions, events and trips out. There were plans for them to have additional training to enable them to develop the activities programme and help ensure all people were supported to take part in meaningful pastimes.

There was a management structure in the service which provided clear lines of responsibility and accountability. Although the management arrangements were temporary, staff told us they felt well supported and had confidence in the management team and the higher organisation. Staff morale was good and staff frequently referred to the importance of working as a team.

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. Staff knew how to recognise and report the signs of abuse.

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 had a good knowledge of each person and how to meet their needs. Staff received on-going 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.

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.

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

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

Is the service responsive?

Good

The service was responsive. Care plans were up to date and accurately reflected people's needs.

People had access to activities and there were plans to develop this area of the service.

People us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good

The service was Good. The management team provided staff with appropriate leadership and support.

There was a positive culture within the staff team with an emphasis on team work.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Headlands

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 14 February 2017. The inspection was conducted by one adult social care inspector.

We reviewed the Provider Information Record (PIR) 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 other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. 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. We looked around the premises and observed care practices on the day of our visit. We spoke with the interim manager, the deputy manager, one of Cornwall Care's area operations directors, eight members of staff, and one visitor.

We looked at three records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and other records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they were happy with the care they received and believed they were safe at Headlands. Comments included; "Oh yes, I'm safe." Due to people's health needs not everyone was able to tell us their views of the care and support they received. However, we observed people were relaxed and at ease with staff.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Information on the correct procedures to follow and details of relevant contacts were freely available within the service. Staff had been provided with laminated cards outlining the details of who to contact at the local authority if they had any safeguarding concerns. These were kept behind ID cards which they wore on lanyards round their necks or pinned to their uniform. Staff referred to these when telling us how they would raise concerns.

Care files included risk assessments which identified risks and the control measures in place to minimise risk. These covered issues such as risk of falls, use of bedrails, poor nutrition and hydration, skin integrity and pressure sores. There were also risk assessments in place which had been developed to meet people's specific needs. For example, if people had particular health needs or if they regularly left the service unsupported.

Staff had been suitably trained in safe moving and handling procedures. Staff assisted people to move from one area of the premises to another using the correct handling techniques and appropriate equipment. We observed staff supporting people to move using hoists and slings. They spoke to people throughout the transfer and continually explained what they were doing and offered gentle reassurance. We saw staff were totally focussed on the task at all times.

Incidents and accidents were recorded in the service and then shared with senior management at Cornwall Care. We looked at records of these and found that appropriate action had been taken and, where necessary, changes made following any learning from events. Incident reports were forwarded to the most relevant person within the organisation to help ensure any patterns or trends were dealt with appropriately. Incidents recorded reconciled with people's daily notes demonstrating they were consistently reported.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Headlands. The interim manager told us they had been low on staff at the end of 2016 but this had now been resolved. On the day of the inspection people's needs were met quickly and staff responded immediately when an emergency call bell was used. This turned out to be a false alarm. The care staff team were supported by a caretaker, domestic, laundry and kitchen staff to help ensure the smooth running of the service. An administrative worker was due to start work at the end of the month. Rotas showed staffing levels identified as necessary for the service were consistently met.

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.

Systems to manage medicines were robust and helped ensure people received their medicines safely and as prescribed. 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 medicine refrigerator was available for medicines which needed to be stored at a low temperature. The temperature of this refrigerator, and the room where medicines were stored, were monitored. We noted the temperature of the room was regularly recorded as being at 24 degrees. 25 degrees is the maximum safe temperature at which medicines should be stored. We discussed this with the interim manager and operations director who said they would take steps to ensure a safe temperature was maintained in the room during the summer months.

Some people had been prescribed creams and eye drops. These had not been dated upon opening. This meant staff would not be aware when the medicines would no longer be safe or effective to use. The interim manager told us they would remind staff of the need to do this.

When people needed medicines as required (PRN), which were not routinely prescribed for them, there were clear protocols in place for staff to follow. This helped ensure a consistent approach to the use of such medicines. Some people had been prescribed medicines to be taken at specific times and this was clearly recorded in their care plans.

A recent fire report had been carried out and minor actions had been completed. Evacuation sledges to use in an emergency were situated at the top of stairs and staff had been trained in how to use these safely.

Good

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. A relative told us the care was; "Super." Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the organisation's policies and procedures and, staff completely new to care were required to complete the Care Certificate which is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Staff who had worked in care previously were assessed to establish if they would benefit from completing the Care Certificate. There was also a buddy system in place where new staff worked alongside more experienced staff until such a time as the worker felt confident to work alone. One new employee told us this had helped them feel confident when they started to work independently. A relative commented; "New staff are not just thrown in."

Training in areas identified as necessary for the service was updated and refreshed regularly. The week before the inspection some staff had completed moving and handling training and others had been booked to do this. There was information on the staff notice board about training dates for continence management. There was a training room available in the building. The deputy manager had oversight of training and identified when staff training required updating.

Staff told us they felt well supported by the interim manager and deputy manager. There was a robust system of supervisions and 'coaching' in place as well as annual appraisals. Coaching sessions were carried out by senior care workers and focused on staff working practices.

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 to the local authority appropriately. At the time of the inspection no authorisations had been granted.

Where appropriate mental capacity assessments had been carried out. Best interest meetings were held when people were found to be lacking capacity to make certain decisions. For example, the previous week a best interest meeting had been held to consider a move for one person who's needs could no longer be met at Headlands. Relevant professionals and family members had been involved in the process. This helped ensure the person's human rights were protected.

The premises had been arranged to meet people's needs. Bedrooms were arranged over two floors and there was a working lift in place. Some bedrooms were en-suite and there were three shared bath or shower rooms. People were able to choose between a shower and bath and there was a large wet room to enable people to shower comfortably.

There were various areas in the building for people to sit. Some people chose to sit in a sunny spot in the foyer where they could watch visitors coming and going and chat to each other. Others preferred to use a quiet lounge which was pleasantly furnished and light and airy. One lounge which led out to the garden was in the process of being redecorated. The interim manager told us the room was underused and they were making it into a garden room where people could plant bulbs and seeds, tend vegetables such as tomatoes and connect with the outside space. The management team were planning to fundraise to enable them to make improvements to the garden to make it more accessible for people with mobility problems. Other parts of the premises were scheduled to be redecorated including a kitchenette area on the first floor. This was for the use of people living at Headlands to enable them to make drinks and light snacks independently if they wished to.

People's bedrooms had their names on and pictures or objects which were meaningful to them. This helped people to find their own rooms without support from staff. Bedrooms were decorated to reflect people's personal tastes and preferences. One person showed us their collection of framed embroideries which they had made themselves and used to decorate the walls of their room.

We observed the lunchtime period using SOFI. Some people required support and encouragement to eat. We saw people being assisted by care staff and noted this was done respectfully and at a pace that suited people. People told us they enjoyed the food and were offered a choice of meals. A pictorial menu was displayed in the main dining area. Homemade soups and cakes were frequently included on the menu. Some people had specific dietary requirements and kitchen staff had a good knowledge of people's needs. For example, one person was on a gluten free diet but disliked being identified as 'different.' The chef told us they tried to ensure they were offered similar meals to everyone else using specialist ingredients. Speech and Language Therapist (SALT) assessments were in place for people who had difficulties swallowing.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. A local GP visited one day a week when they would see anyone with any concerns regarding their health. Care records contained records of any multi-disciplinary notes. A senior care worker told us they had good relationships with community healthcare professionals.

Good

Is the service caring?

Our findings

Not everyone living at Headlands was able to verbally tell us about their experience of living there due to their health needs. However, many people were able to talk with us and they were positive about the care and support they received. People told us staff were very caring and we heard one person turn to a member of staff and say; "So long as I'm with [staff name] I'm alright." A relative told us; "She's very happy." We observed staff with people who were less able to describe their experiences and saw they were compassionate and gentle in their approach. For example, we saw a member of staff knelt beside the chair of one person gently talking with them and stroking their hand to give reassurance. The person responded positively to the contact and the exchange was friendly and affirmative.

During the inspection visit we found the service had a friendly and warm atmosphere. We heard staff laughing with people and singing with them. One member of staff told us; "It's a nice place here, welcoming and friendly." The inspection took place on Valentine's Day and everyone was given a heart shaped chocolate and heart shaped napkins with their midday meal. We saw people took pleasure from this and joked with staff using the napkins as hats.

A relative told us they visited regularly and whenever they wanted. One person's spouse sometimes stayed overnight with them. Another person had suffered a family bereavement and liked to keep up a certain habit as an act of remembering them. This information was clearly recorded in their care plan. This demonstrated staff and management recognised the importance of family and personal relationships and supported people to sustain them.

People told us they set their own daily routines for example, what time they got up in the morning and went to bed at night. One person commented; "I've got my routine and they know it." Some people chose to spend most of their time in their room. They told us staff regularly went into their rooms to have a chat with them and check if they needed anything.

People's privacy and dignity was respected. Bedroom, bathroom and toilet doors were kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering. One person's care plan stated they were able to shower independently but that a member of staff was to wait outside while they did so in case they had a seizure. This demonstrated staff supported people to maintain their dignity and keep their independence where possible.

Staff worked to help ensure care was delivered in a person centred way which protected people's individual needs and dignity. For example, care was taken to ensure people's personal clothing was returned to them, people had their own named individual slings and people were asked daily if they wished to have a shower or bath. People confirmed to us they were able to have a bath or shower when they wanted.

Care plans contained details about people's life histories and family background. This is important as it helps staff to understand who people are and supports meaningful engagement and conversations with people. There was also information regarding people's likes and dislikes across a range of areas including

music, sports and any other interests. For example, one person's care plan read; "She loves socialising with others and watching anything about the Queen."

Good

Is the service responsive?

Our findings

People who wished to live at the service had their needs assessed, before moving in, to help ensure the service was able to meet their needs and expectations.

Care plans were detailed and informative. The files contained information on a range of aspects of people's support needs including mobility, communication and nutrition and hydration. Staff told us the information in care plans was up to date and relevant. A relative said they had been involved in the care plan development and subsequent reviews. Staff described to us how to support individuals in particular circumstances and this was in line with the information recorded in care plans.

One person's care plan showed they needed regular interventions and monitoring in order to help ensure their health did not deteriorate further. Records in the person's room showed this was being carried out as stipulated in the care plan. Equipment was available to help protect people from risks associated with their health conditions. One person had recently been referred to the occupational therapy (OT) team for assessment and it had been identified they would benefit from a specialist chair for both their health and social needs. Arrangements had been made to provide this equipment as soon as possible. A relative told us their family member had spent some time in hospital following a fall. They said the care they received after their discharge had been "Brilliant."

Daily handovers took place to help keep staff informed if people's needs changed. Staff kept daily records detailing the care and support provided each day and how people had spent their time. These were completed consistently at various points throughout the day and were detailed giving a good overview of people's health and emotional well-being. Staff told us they were usually aware when people's needs changed although they did note that the communication could be improved. One commented; "It's [communication] improved but there's still a little way to go."

A member of the care staff team worked for two to three days a week as a dedicated activity co-ordinator. They told us this was a role they very much enjoyed and were clearly enthusiastic about the challenges and opportunities the role offered. They talked to us about people's preferences, interests and likes and dislikes. One person particularly liked listening to a rock band which wasn't in line with everyone's taste. The member of staff told us they often spent time with the person listening to the band and watching DVD's, "singing along." They did this in a room which was not often used to avoid disturbing others.

In house activities were arranged including craft groups and exercise sessions. One person told us; "I never get bored." On the day of the inspection we heard staff encouraging people to take part in an exercise and music session. The event sounded lively and staff and people approached it with enthusiasm. A male care worker organised a regular men's group as it had been identified that men were less likely to take part in planned activities. The operations director told us the activities co-ordinator would be given training in enhancing the physical, mental and emotional wellbeing of older adults. This meant they would be more able to offer activities that met people's needs, including those living with dementia.

People and their families were given information about how to complain. Relatives and people told us they knew how to raise a concern and they would be comfortable doing so. One person told us; "If anything's wrong I know who I can talk to but on the whole everything's easy." Any complaints received were dealt with at Cornwall Care's head office. There were no complaints on-going at the time of the inspection.

Good

Is the service well-led?

Our findings

At the time of the inspection the registered manager was not working at Headlands and the service was being overseen by an interim manager who normally worked at another Cornwall Care service. They were supported by a deputy manager and both were working at the service full time. The deputy manager worked every other weekend and started work before 8:00 am. This meant they were able to catch up with weekend and night staff and maintain an awareness and understanding of the issues that might be affecting them. "One member of staff said; "There used to be a lackadaisical attitude but now you know you'll be pulled up if you get anything wrong."

In our discussions with the management team it was clear they had a thorough understanding of the day to day running of the service and knew people well and understood their needs. They talked with us about individuals and displayed a depth of knowledge about their individual circumstances. Staff told us the service was well organised and they had confidence in the management team. One member of staff said of the interim manager; "She's absolutely fantastic, I've learnt so much from her."

Senior carers had responsibility for leading shifts and administering medicines. At the beginning of each shift staff were given task sheets which clearly outlined everyone's responsibilities for that shift. Staff told us the system worked well and; "Everyone knows what everyone's doing." This demonstrated roles and responsibilities had been clearly defined.

The service used a key worker system where individual members of staff took on a leadership role for ensuring named individuals care plans were up to date and arranging any appointments. The system had only recently been reintroduced and was not yet embedded in practice.

There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. As well as full staff meetings there were also meetings for each group of staff such as care staff or domestic staff. This meant meetings were relevant to staff. A meeting for night staff had recently been held in response to concerns over rota arrangements. This had been attended by the area operations director as well as Headlands management team. Staff said they were aware of the higher management structure at Cornwall Care and considered it a supportive organisation. One commented; "There's always someone you can contact. Everyone is very approachable."

Cornwall Care held regular manager meetings and these were an opportunity for managers to share any learning and examples of good practice. Any changes in legislation or news concerning the care sector were communicated at these meetings.

Staff told us morale was good. Many of the staff we spoke with referred to the importance of working together and team spirit. It was apparent this was an ethos which had been clearly communicated and had been taken on board. On commented; "They pump it into you, team work!" Staff told us they enjoyed their work and demonstrated an enthusiasm for their roles and genuine caring attitude towards people living at

the service. One member of staff told us; "We're trying to make it the best care home it can be."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Cornwall Care had a monitoring system for all it's locations called the 'Steering Wheel'. All registered managers were required to complete monthly reports covering all areas of operation including staffing, accidents and incidents and any clinical and maintenance issues. Members of the senior management team reviewed each location monthly. The system was a traffic light system used to identify the level of risk in any one area. If any area was rated as red there was an expectation for immediate action and no service was expected to remain red for more than one month. Regular maintenance checks were carried out including checks of beds and bed rails, wheelchairs and hot water checks.