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

St Nectans Residential Care Home is a care home for up to 35 older people that require support and personal care. The people living at St Nectans Residential Care home all lived with a degree of physical frailty. There were also people who were living with early stages of a dementia type illness, diabetes, Parkinson's disease and heart disease.

The home is owned by St. Nectans Residential Care Home Limited and is located in the centre of Bexhill on Sea, East Sussex.

At a comprehensive inspection in June 2015 the overall rating was requires improvement. Breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. We found there were risks to people due to unsafe management of medicines and care plans that were not accurate and up to date. There were also some environmental issues that had had the potential to place people at risk. People in the service had not been protected against unsafe treatment by the quality assurance systems in place.

During our unannounced inspection 21, 24 and 26 October 2016, we looked to see if improvements had been made. We found that many improvements had taken place and the breaches of regulations had been met. There was still some embedding to do in respect of peoples care plans and the planned introduction of a new style care plan will assist this process.

At the time of the inspection there were 29 people living in the home with a further two people due to arrive for a short stay before returning home.

There was no registered manager in post. The registered manager resigned in August 2016. A new manager has been in post for four weeks and is in the process of submitting her application to CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. People had confidence in the staff to support them and we observed positive interactions throughout our inspection.

This inspection found that people were safe. Care plans and risk assessments were person specific and reflected peoples current needs. Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs. Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. The environment was clean, well maintained and safe. Risks associated with the environment and

equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Since the last inspection, the provider had introduced robust systems for quality assurance reviews to measure and monitor the standard of the service and drive improvement. This included the employment of a quality assurance manager.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here. It's nice here." A visitor said, "Lovely staff and it's a real home here."

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place. Staff retention was good and most staff we spoke with had worked at St Nectans for many years.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager and deputy manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as diabetes and dementia. Staff had received both one to one and group supervision meetings with the manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "I like the food, its nice food." There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People could choose how to spend their day and they took part in activities in the home when they wanted to. Staff told of peoples particular favourites, such as ball games. People themselves told us they enjoyed the activities, which included singing, puzzles and films. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They treat you well here." Another said the staff supported them with their hair and make-up and it made them feel 'good'.

People were encouraged to express their views and complete surveys, and feedback received showed people were satisfied overall and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, I tell the staff."

Staff were asked for their opinions on the service and whether they were happy in their work. Staff enjoyed their work and felt that they were a family. They felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns.

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

St Nectans Residential Care Home provided safe care and was meeting the legal requirements that were previously in breach.

People told us they felt safe at the home and with the staff who supported them.

Risks to people's safety where identified by the staff and the registered manager and measures were put in place to reduce these risks as far as possible.

Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse.

Is the service effective?

Good

St Nectans Residential Care Home was effective. People's nutritional needs were met and people could choose what to eat and drink on a daily basis. The meal times were enjoyed by people and were a sociable occasion supported by staff in an appropriate way.

Staff received on-going professional development through regular supervisions, and training that was specific to the needs of people was available and put in to practice on a daily basis.

Staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted as required.

Is the service caring?

Good

St Nectans Residential Care Home was caring. Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included

information about what was important to the individual and their preferences for staff support.

Visitors were made welcome and staff supported people to keep in touch with family and friends.

Is the service responsive?

Good

St Nectans Residential Care Home was responsive. People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity was available should people wish to participate and was in the process of being developed to improve peoples social outcomes.

Is the service well-led?

Good

St Nectans Residential Care Home was well-led and was meeting the legal requirements that were previously in breach.

The manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and identified shortfalls had been addressed.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

Incidents and accidents were documented and analysed. There were systems in place to ensure the risk of reoccurrence was minimised.

St Nectans Residential Care Home

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. The inspection was unannounced.

We carried out a comprehensive inspection of all aspects of the home on the 05 and 12 June 2015. That comprehensive inspection identified two breaches of regulations. We undertook a further unannounced inspection of St Nectans Residential Care Home on 21, 24 and 26 October 2016. This inspection was to check that improvements to meet legal requirements planned by the provider after our inspection in June 2015 had been made.

The inspection team consisted of an inspector. Before the inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. The provider 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.

During the inspection we spoke with 10 people who lived at the home, four visiting relatives, six care staff members, the manager and the provider. We looked at all areas of the building, including people's bedrooms, bathrooms, the lounge areas and the dining area. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records of the home, which included quality assurance audits. We looked at four care plans and the risk assessments included within these, along with other relevant documentation to support our

findings. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. People told us, "I definitely feel safe." "I feel safe with everything," and "I feel safe both with the building and the staff."

At the last inspection in June 2015, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans and risk assessments were not up to date and did not always include sufficient guidance for care staff to provide safe care. Other risk assessments had not been followed by staff. Equipment to maintain people's skin integrity was not being used properly. Incident and accident reporting did not always support risk assessment reviews and did not, as reasonably as is practicable, mitigate against future risks. People had been at risk of not receiving medicines safely and there had been poor recording of administered medicines which we were told had been administered but not signed for by the staff.

The concerns identified at the last inspection found St Nectans Residential Care Home was not safe. An action plan was submitted by the provider detailing how they would meet their legal requirements by 30 June 2016. Improvements had been made and the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was met.

This inspection found that care plans and risk assessments were up to date and reflected people's current needs. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, nutritional risks, including the risk of choking, and moving and handling. The files also highlighted health risks such as diabetes, arthritis and glaucoma. Where risks were identified there were measures in place to reduce the risks as far as possible. There was clear guidance for staff in monitoring people who lived with diabetes, which included taking blood sugars and checking that they were within the normal range for each individual. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the risk assessments were transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified staff took action to ensure food was fortified and offered supplements regularly. We saw that staff weighed certain people who were identified at risk two weekly and updated the GP regularly. The review for one person recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and fortified foods. This was monitored closely by the care staff.

People told us their medicines were administered safely. Comments included, "I get my pills on time, never run out." A visitor told us, "They inform us regularly of changes to medication and let us know if a new tablet is needed." We looked at the management of medicines. Selected senior care staff were trained in the

administration of medicines. A senior care staff member described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge and storage room. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

We saw a senior care staff member administering medicines sensitively and appropriately. The care staff member administered the medicines and we saw they were checked and double checked at each step of the administration process. The staff member also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort. Nobody we spoke with expressed any concerns around their medicines.

Medicines were stored appropriately and securely in line with legal requirements. Medicines were supplied by a local pharmacy in monthly blister packs. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Accident and incident records were well completed and had an action plan in place to prevent a reoccurrence. For example, the use of sensor mats at night. Sensor mats alert staff that the person is up and moving and may need support.

Specialist equipment to prevent pressure damage to people's skin was in place and the setting of pressure relieving mattresses was checked daily to ensure it was correct. We saw documents to support the daily checks.

Personal emergency evacuation plans (PEEPs) were in place and took in to consideration the staff ratio in the afternoon and night. The evacuation plans identified horizontal evacuation and took into consideration people's mobility. This had mitigated risk as much as possible.

The provider undertook risk assessments to ensure the safety of the property. The management team were in discussion about the fact that people were becoming more physically and mentally frail and that was now reflected in action plans to reassess the environment. This was to include the stair wells and radiators in communal areas.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

During our visit we looked around the home and found all areas were safe and well maintained. People told us that their room was kept clean and safe for them. One person said, "Someone comes and cleans my room." Visitors told us, "Always smells nice here, we have never had a concern about the cleanliness."

There were enough staff on duty each day to cover care delivery, cooking, maintenance and management tasks. There were five care staff on duty between 8am and 2pm which reduced to four care staff between 2pm and 8 pm. At night there were three care staff on. Staff told us that they felt the staffing levels were sufficient to care for people currently. One staff member said, "We were told staffing levels are being looked at because we have some new residents coming in next week." Another said, "The provider is very good, if we need more staff we will get them." The manager was not included in the day staffing numbers but worked alongside staff if required. We saw the manager serving drinks and assisting people during our inspection. The manager said, "I like to spend time with the residents and it gives me the opportunity to see

relatives and observe staff." People told us there was always sufficient staff on duty to meet their needs. One person told us, "I have not got any worries, plenty of staff to help." Another said, "Lovely staff and always there to help." A visitor told us, "Staff are very visible, always with the residents."

The rota showed where alternative cover arrangements had been made for staff absences. An out of hour's on-call senior cover was in place. This is spread out between all the senior staff. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people discretely when they had returned to their rooms during the day. This had reduced the risk of falls without restricting their independence and freedom.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked five staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications.

Good

Is the service effective?

Our findings

People we spoke with told us, "Excellent here, good food, good company," and "They are trained to look after us, I see the doctor, optician and dentist." People felt very confident with the home's staff. Visitors said, "Good home cooked food, plenty of cakes and fresh fruit always available," and "They are very good, they pick up when my friend is not quite right, always get the doctor when needed."

People were supported to have enough to eat and drink and had a pleasant dining experience.
Staff asked people if they were ready for lunch and where would they like to eat. Most people chose to eat in the dining room at dining tables, but there were some who preferred to eat in their room. People chose where they sat, some sat with their friends and the meal was seen as a social occasion. Staff set the dining tables for lunch with glasses, condiments, and napkins. People told us they looked forward to their meals. Comments included, "Really good food, I like the company." Most people we spoke with knew what the lunch was. One person commented, "We can have what we like really, jacket potato, omelette or salad." We saw that people had various meals on the day of our inspection which demonstrated that people received the food they wanted and had chosen. The daily menu was put on a blackboard in the dining room. People showed us the menu and told us how they made their choices. One person said, "Couldn't be better, always hot and tasty, sometimes it's not to my personal taste but I realise cooking for all of us is not easy." Alcohol was available and some people chose wine to go with their meal.

Staff monitored people's appetite discretely and prompted when necessary. Staff recorded amounts eaten for those that were identified at risk and ensured people ate a healthy diet. We were told snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "I would ask if I felt peckish." Fresh fruit was available as were a variety of cold and hot beverages.

People's weight was regularly monitored and documented in their care plan. If people declined, the staff used other methods to monitor weight loss such as if clothes appeared loose. A staff member said, "We notice how their clothes fit, that indicates weight loss or weight gain sometimes." The manager said, "The cook and staff talk daily about people's requirements, and we contact the Speech and Language Therapists (SALT) and GP if we need them." Staff had good knowledge of people's dietary choices and needs. The catering team were responsive to people's needs and preferences and were proactive on promoting good food experiences for people. The cook was involved in discussions with staff, relatives and health care professionals to respond to individual needs and special diets. Specific dietary needs were recorded on diet sheets that were used by the staff and were updated on a regular basis. Surveys were also used to gain additional feedback on preferences and choice.

Staff received fundamental training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They received additional training specific to peoples' needs, for example care of catheters, dementia care and end of life care. Additionally, there were opportunities for staff to complete further

accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed an NVQ 2. We all complete mandatory training, really good training lots of it." Another said, "Training is always available, we get the opportunity to suggest training that helps us look after our residents." We saw that staff applied their training whilst delivering care and support. We saw that people were moved safely, that they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were living with dementia and were able to demonstrate how they managed difficult situations. We saw staff supportingsomeone who was distressed with skill and patience.

Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal was in place. The manager said, "It's important to develop all staff as it keeps them up to date and motivated." Staff told us that they felt supported and enjoyed the training they received. Comments included, "Really interesting and the manager works with us on the floor so can see we are doing it well."

The staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a basic mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw evidence in individual files that best interest meetings had been held. During the inspection we heard staff ask people for their consent and agreement to care. For example, we heard the staff say, "Its nearly lunchtime, shall we help you in to the dining room."

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). During the inspection, we saw that the manager had sought appropriate advice in respect of these changes and how they may affect the service. The deputy manager kept a file on DoLS applications and of dates that she had telephoned to check the referral status.

Records showed that people had regular access to healthcare professionals, such as GPs, chiropodists, opticians and dentists and had attended regular appointments about their health needs. People we spoke with confirmed this. One person said, "I have regular chiropody and eye tests." Another said, "Staff remind and help me with appointments."

People's continence needs were managed effectively. Care plans identified when a person was incontinent, and there was guidance for staff in promoting continence such as taking the individual to the toilet on waking and or prompting to use the bathroom throughout the day. Continence assessments had been completed. Mobility care plans contained guidance for staff to maintain w encourage people to retain their mobility. For example, they offered people the opportunity to move. We saw that staff approached people throughout our inspection asking if they would like to visit the bathroom.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People stated they were satisfied with the care and support they received. People were fond of the care staff. One person said, "A nice bunch of staff," another said, "They're all nice and they look after us well." A visitor said, "It's lovely here, friendly and homely." Our observations confirmed that staff were caring in their attitude to the people they supported.

We saw that people's individual preferences and differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. One person told us, "I am happy in my room, I have all my things around me, my photos and pictures." Another told us, "Staff help me so much, I can't thank them enough, so kind and patient."

We saw staff strove to provide care and support in a happy and friendly environment. We heard staff explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "It's like a family here, good atmosphere." A visitor said, "Can't fault them, really kind."

People were consulted with and encouraged to make decisions about their care when it was appropriate. When it was not appropriate to consult with someone or if the person refused to be involved, a best interest meeting would be held. Staff were knowledgeable about people and would be aware if a person became unwilling to receive care or support.

People told us they felt listened to. Some people we spoke with wanted to be as independent as possible and felt that they had the opportunity to do this. They reported that the staff would always listen to their point of view and explain if things could not be done. The manager told us, "We support people to do whatever they wish for as long as they want to." She also said, "People are getting frailer so we do keep an eye on it, we want them safe." We saw staff asked and involved people in their everyday choices, this included offering beverages, seating arrangements and meals. People received their newspapers and were assisted to read their personal mail f they required it."

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and we try to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." One person said, "I have been a bit doddery, so staff offer me assistance but encourage me to walk."

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and

when they had a bath. This showed staff understood how to respect people's privacy and dignity.

People received care in a kind and caring manner. Staff spent time with people who had decided to spend their time in their room. One person said, "I like my room, but all staff pop in to say hello or see if I'm okay." People told us that they were in a lovely home and felt staff understood their health restrictions and frailty. A visitor said, "The main communal room is a challenge because it's not the largest, and it can be a bit overwhelming but I have sat in the smaller communal areas with my relative which are very comfortable."

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Visitors confirmed that they were involved in discussions about care plans and changes to the care delivery. One visitor said, "They are very caring, I've never had to wait to talk to a staff member, even when they are busy." Staff told us they knew people well and had a good understanding of their preferences and personal histories. The manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them."

Care records were stored securely in a lockable filing cupboard in the office on the lower floor where it was easy for staff to access them. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

The manager told us, "There are no restrictions on visitors." Visitors told us, "We can visit any time, always made to feel welcome." One person said, "The staff have told me I can use the internet to keep in touch with family, its good of staff to arrange ways to keep in touch because it can get lonely as you get old." Care plans contained details of next of kin and important family members so as to be able to keep them informed and it also ensured staff knew who was important to each person.

Staff had received training in supporting people as they approached their end of life care. Staff were able to discuss how they ensured that people were cared for at this stage of their life. One staff member said, "Dignity and comfort, It's the last thing we can do, mouth care, hand massage and company if they are distressed or frightened." The manager and provider also understood that as people's residential care needs in general changed, this might be an area of care they would need to provide more frequently for people in the future. They were keen to enhance the end of life care they provided with further training.

Good

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "I know how to make a complaint, but I wouldn't need to because staff are with us all the time," and "The staff are very good at picking up if I'm off colour, they listen and respond to my questions." Visitors told us, "We get invited to meetings and to share our thoughts and discuss ideas."

We were told that activities, exercise classes and visiting entertainers were arranged and people could choose what they did every day. Staff told us, "We have a flexible activity plan and people are encouraged to join in, but if they choose not to then it's their choice." We noted during our inspection that there was little happening in the mornings as staff were busy assisting people to get ready for the day. We saw that staff did try to engage with people in the afternoon but was not seen to be to everyone's taste and enjoyment. This had been identified in staff meetings and from feedback from people through surveys. One person told us, "I think more activities could be provided because not much happens unless it's an entertainer, trips out would be nice too." Another person said, "Staff try but it's a bit hit and miss if staff are busy." A visitor also shared their concern that the communal area was too cramped for their relative to enjoy, so was staying in their room,I'm worried that they will become isolated and lonely." The management team had responded to this feedback by appointing a senior care staff member to co-ordinate and develop activities. We spoke with that staff member who told us of ideas she had to use the different communal areas and how she was talking to each person to get their thoughts and preferences. The provider and manager said this was to be a priority and that the staff member would be given supernumerary hours until the activity programme was up and running. The provider was aware that the main communal area was crowded now because of the increased use of walking frames and people coming to live at the home. The provider said they had consulted builders to look at improving communal spaces by knocking the wall down between the main lounge and dining room to create one big area but this had not been successful.

There were a variety of communal areas that people could choose to spend time in, including a well kept garden and two further quiet lounges. The quiet lounges were set up with internet and television access and contained a small library of books and games.

The home encouraged people to maintain relationships with their friends and families. One person said, "I look forward to my family coming to see me. It brightens my day and is important to me."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the management, they are all wonderful." One senior care staff member said, "People are given information about how to complain. It's important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in."

'Service user / relatives' satisfaction surveys' had been completed twice a year. Results of people's feedback

was used to make changes and improve the service, for example menus and activities. Resident meetings were held and families were invited, people were encouraged to share feedback on a daily basis or by using the suggestion box in the entrance of the home. One person said, "I will tell them if I have a grumble, they would want to know."

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved when possible in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver people's care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Work was being undertaken to improve people's care documentation as some were very basic in detail. This was on-going as more staff received training in care planning and gaining experience. Staff were attending courses on person centred care and the manager said she was including care planning in supervision sessions.

Care plans were reviewed monthly or when people's needs had changed. In order to ensure that people's care plans always remained current, the senior staff checked them regularly alongside daily notes and handover records. Daily records provided detailed information for each person, staff could see at a glance, for example how people were feeling and what they had eaten.

Good

Is the service well-led?

Our findings

At the last inspection in June 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns identified within the quality assurance process, such as audits not being acted upon to drive improvement and identify shortfalls in care.

The concerns identified at the last inspection found St Nectans Residential Care Home was not well-led. An action plan was submitted by the provider detailing how they would meet their legal requirements by 30 June 2016. Improvements had been made and the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was met.

The registered manager resigned from post in August 2016. A new appointed manager had been in post for four weeks and was in the process of submitting their application to CQC to be registered.

Systems were in place to obtain the views of staff. Staff meetings were held on a regular basis. Staff told us these were an opportunity to discuss any issues relating to individuals as well as general working practices and training requirements. Minutes of the previous staff meeting verified this. Staff commented they found the forum of staff meetings helpful and felt confident in raising any concerns. Systems were in place to obtain the views of people. Regular resident and visitor meetings had been held. These provided people with the forum to discuss any concerns, queries or make any suggestions. Feedback from staff told us that staff felt supported, that communication had improved and they felt listened to. Visitors told us, "Communication has improved, the manager is always visible and we are welcomed by every member of staff."

Quality assurance is about improving service standards and ensuring that services are delivered consistently and according to legislation. At the last inspection, we found the provider's audits were incorrect and did not follow up on concerns identified. For example, audits of care plans had not identified the discrepancies we found during the inspection. Improvements had been made and systems were in place to identify, assess and manage risks to the health, safety and welfare of the people. Care plan audits were now robust and identified issues which were promptly amended. For example, one audit identified that the care plans contained to much old information which made it difficult to find the current care plans. An action plan was immediately put in place to archive old information to make the care plans easier to negotiate and find the up to date information. Another example was that feedback from staff and people who lived at St Nectans Residential Care Home had been audited and found that activities were an area to be improved and an action plan was put in place to appoint a staff member to develop activities. This told us that the provider was using the audits to improve and develop the service.

In a positive culture, the ethos of care remains person-centred, relationship-centred, evidence-based and continually effective within a changing health and social care context. The provider and manager had spent time improving the culture of St Nectans Residential Care Home. This was because the last inspection found the values and culture of the provider were not fully embedded into every day care practice. Staff had not

consistently worked as a team. Staff commented on improvements that had been made and they felt they worked more as a team now. They commented on management support whilst delivering care and felt that care and communication had improved considerably. One care staff member said, "It's a pleasure to come to work because we all now contribute to the care, I feel supported and can be honest when things are not right, I really feel listened to."

The manager confirmed as an organisation they had been open and honest with staff and kept staff informed of the last inspection and the shortfalls identified. Staff confirmed they been kept updated and involved in discussions on how improvements could be made. The staff felt they were important to the running of the home and enabled to contribute their ideas.

Throughout the inspection it was clear significant time had been spent making improvements and improving staff morale. Visiting relatives commented that they had seen improvements and felt they had no concerns with how care was being delivered. The manager and provider were open and responsive to the concerns previously identified and had already identified the areas of practice that required further improvement. It was clear the provider, manager and staff were committed to the continued on-going improvement of the home. We discussed the importance of sustaining the improvements made and that whilst the improvements were obvious, they needed to be embedded in to practice by all staff.