

## Porthgwara Nursing Home LLP

# Porthgwara Nursing 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** 

### Overall summary

Porthgwara is a nursing and residential care home which predominately provides care for primarily older people, some of whom have a form of dementia. The home can accommodate up to a maximum of 30 people. On the day of the inspection 29 people were living at the service. Some of the people at the time of our inspection had physical health needs and some mental frailty due to a diagnosis of dementia.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

We carried out this unannounced inspection of Porthgwara on 11 September 2015. We saw people were happy living at Porthgwara. The atmosphere was friendly and relaxed and we observed staff and people using the service enjoying each other's company. People's comments included "Staff are marvellous", "There is no place like home but this is as good as it gets. This is my

# Summary of findings

second home,” and “The staff are very kind and very understanding.” People told us they were completely satisfied with the care provided and the manner in which it was given.

People looked well cared for and their needs were met quickly and appropriately. People who used the service and their relatives were complimentary about the care they received from staff who they felt were knowledgeable and competent to meet their individual needs.

People told us “I feel safe here as I’m looked after so well.” They told us they were completely satisfied with the care provided and the manner in which it was given. Relatives felt their family member was cared for safely. Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken.

People’s care and health needs were assessed prior to admission to the service. Staff ensured they found out as much information about the person as possible so that they could get to know the persons wishes and preferences. Relatives felt this gave staff a very good understanding of their family member and how they could care for them.

People were supported to live their lives in the way they chose. People’s preferences in how they wanted to spend their day were sought, listened to and respected. Activities were provided by the service individually and in a group format, such as for arts and crafts, outings and through outside entertainers coming into the service. Visitors told us they were always made welcome and were able to visit at any time.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service involved family and relevant professionals to help ensure decisions were made in the person’s best interests.

People’s care plans identified the person’s care and health needs in depth and laid out how the person wished to be supported by the service. They were written in a manner that informed, guided and directed staff in how to approach and care for a person’s physical and emotional needs. Records showed staff had made

referrals to relevant healthcare services quickly when changes to people’s health or wellbeing had been identified. Staff felt the care plans allowed a consistent approach when providing care so the person received effective care from all the staff. People that used the service and their relatives told us they were invited and attended care plan review meetings and found these meetings really helpful.

People told us staff were very caring and looked after them well. We saw staff providing care to people in a calm and sensitive manner and at the person’s pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner. Staff demonstrated a really good knowledge of the people they supported. Peoples’ privacy, dignity and independence were respected by staff. At this visit we undertook direct observations using the SOFI tool to see how people were cared for by staff. We saw many examples of kindness, patience and empathy from staff to people who lived at the service.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. People said that staff respond to the call bell promptly, which we observed. Relatives echoed this view commenting staff were always available if they had any queries at any time. Staff raised that they felt there was an issue with the organisation of the staff rota the registered manager stated she would address this issue with staff.

Staff told us they did not attend meetings (called supervision) with their line managers but did attend an annual appraisal. The registered manager said that supervisions were available at any time a staff member requested them or at least once every six months. Staff attended ‘group supervisions’ which allowed staff to discuss new and current guidance. The registered manager and deputy manager had recently commenced observations of staff members work practise individually to highlight if any further training was needed. Staff had an annual appraisal to review their work performance over the year.

Staff attended regular training to ensure that their skills remained up to date with recent guidance. They all received a thorough induction when they started work at the home and fully understood

# Summary of findings

their roles and responsibilities , as well as the values and philosophy of the home. People and relatives felt staff were skilled and competent to undertake their job.

We saw the service's complaints procedure which provided people with information on how to make a complaint. People and relatives told us they had no concerns at the time of the inspection and if they had any issues they felt able to address them with the management team.

The registered manager promoted a culture that was well led and centred on people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted

and involved in decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences.

The service was keen to gain the views of people's relatives and health and social care professionals. Some of this was completed via a questionnaire and the results of these were compiled in a report which identified areas for improvement and any actions the provider needed to make. The provider had an effective system to regularly assess and monitor the quality of service that people received and was continuously trying to further improve the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People felt safe living in the home and relatives told us they thought people were safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

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

Good



### Is the service effective?

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The registered manager and staff had an understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Good



### Is the service caring?

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 their wishes.

Positive relationships had been formed between people and supportive staff.

Good



### Is the service responsive?

The service was responsive. People's care needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

People had access to activities that met their individual social and emotional needs.

People and visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Good



### Is the service well-led?

The service was well-led. Staff said they worked together as a team, putting the needs of the people who used the service first.

The registered manager had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions.

There was an ethos of continual development within the service where improvements were made to enhance the care and support provided and the lives of people who lived there.

Good



# Porthgwara Nursing 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.

This inspection took place on 11 September 2015. This was an unannounced inspection which meant the registered manager, staff and provider did not know we would be visiting. The inspection team consisted of one inspector.

Before visiting the service we reviewed the Provider Information Return (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 improvements they plan to make. This enabled us to ensure we were addressing

potential areas of concern. We also reviewed the 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 nine people who were able to express their views of living at Porthgwara, and five visiting relatives. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) over the visit which included observations at meal times. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with six care staff, two catering staff, and the nurse in charge, administration staff and the registered manager. We spoke with a visiting health professional during the inspection and an independent advocate. We looked at three 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.

# Is the service safe?

## Our findings

People told us they felt safe living in the service. They told us “I feel safe here as I’m looked after so well,” another commented; “They look after me as well as they can.” Relatives told us they felt their family member was cared for safely. People and their relatives were complimentary about how staff approached them in a thoughtful and caring manner. We saw people approaching staff freely without hesitation and that positive relationships between people and staff had been developed.

Staff were aware of the service’s safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practices. Staff said they felt able to use the policy, had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The registered manager was aware of and had followed the Local Authority reporting procedure in line with local reporting arrangements. This showed the service worked openly with other professionals to help ensure that safeguarding concerns were recognised, addressed and actions taken to improve the future safety and care of people living at the home.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. We saw that equipment such as hoisting equipment was serviced and was in working order. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the service.

Staff supported people with mobility difficulties. We observed staff support people as they mobilised around the service by competent staff. As they supported the person staff spoke to them telling them what they were going to do and helped ensure the person felt comfortable and safe at all times. Staff had received training in this area of care.

People told us they felt there were sufficient staff on duty. A person told us “I press my call bell and staff come quickly. There seems to be enough staff.” Relatives echoed this view commenting staff were always available if they had any queries at any time. On the day of inspection there were seven care staff, one registered mental nurse, two kitchen staff, one domestic worker, one laundress plus the registered manager on duty. At night one registered nurse and two care staff were on duty. Rotas also reflected this. Staff said they felt there were sufficient staff levels at the home when the rota was adhered too, for example no staff sickness. Staffing rotas showed this level of staffing was on duty throughout the week.

The registered manager regularly reviewed people’s dependency needs to see if additional staffing was needed to help ensure the correct level of support was available to meet people’s changing needs. This tool was also used with each new admission to help ensure that staffing levels could meet the person’s needs.

Staff had completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge required to meet people’s needs. The recruitment files contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment.

If a person requested, the service would hold a small amount of money for them safely. The registered manager and administrator were the only people who could access the money to help ensure that safe processes were adhered to. The registered provider audited the money monthly to ensure all monies were accounted for. Individual records were kept of all transactions and expenditure so that all monies held were accounted for at all times. We reviewed two people’s financial records and found that all income and expenditure was receipted, recorded and tallied correctly with the money held. People and relatives we spoke with were happy with this arrangement.

Medicines were stored in a locked cabinet and the key kept by the Nurse in Charge at all times. We saw Medicines Administration Records (MAR), were completed as required. The medicines in stock tallied with those recorded on the MAR. This included controlled medicines which have stricter guidelines in its storage, administration and recording of medicines. We saw some people took medicines ‘as required’ (PRN). Care plans provided

## Is the service safe?

direction to staff in how people would like to receive their medicines and this guidance was followed. An external pharmacy audit had been completed and following their recommendation the medication policy was revised.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.



# Is the service effective?

## Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. A person told us, "It is good here, I have decorated my room how I want it, I've got all my bits in here. I am happy here People felt staff responded to their needs promptly and were "Fantastic" and "Marvellous."

We used our Short Observational Framework for Inspection tool (SOFI) in communal areas during our visit over the lunchtime period. This helped us record how people spent their time, the type of support they received and whether they had positive experiences. People were able to choose where they wanted to eat their meals, and ate in the lounge, dining room or in their bedroom. The dining room was used by seven people. Lunch was leisurely and people enjoyed their food. People did not need assistance from staff with eating. However staff provided sensitive prompting and encouragement to one person to help ensure they ate their meal. Staff checked with people that the food choices were to their liking and we heard one person request an alternative meal which was subsequently provided. Staff offered people regular drinks. Fresh fruit snacks and drinks were available at all times.

People told us they had discussed with the registered manager and staff their likes and dislikes so they were provided with meals they liked. From this a list of people's preferences were recorded and shared with catering staff. People told us the food was "Lovely" and "Really good, it's cooked very well." The cook said the menus were discussed with people so that they chose their main meal and also what they would like for tea. The catering staff had a good knowledge of people's dietary needs and catered for them appropriately, for example soft, pureed and vegetarian diets. A catering staff member said "I enjoy doing the tea trolley and chatting to the residents. It's nice to have a chat to check that they are ok and happy. I feel before we did this we had numbers of meals to provide for, now I have a person's name and face, someone I know who I am providing a meal for, it's more personal." The cook prepared all foods, brought stock locally, and had an appropriate budget to buy all foods needed. Catering staff had attended relevant training. A recent environmental health inspection had awarded the service a five star (good) rating.

People were complimentary about the staff, stating they were "lovely." A health care professional told us staff were "competent and professional." Relatives were involved in the admission of their family member to the home and staff ensured they found out as much information about their family member so that they could get to know them, their likes, dislikes, interests they wanted to know all about their life. This gave staff a better understanding of people new to the service and how they could care for them.

New staff had completed an induction when they started to work at the service. An induction checklist was filled out by the staff member and their supervisor. The registered manager was implementing the new induction guidelines which commenced on the 1 April 2015 with new staff. A member of staff told us "This is the best induction I have had." When staff started work at the service they worked with a more experienced member of staff for the first few shifts. This enabled them to get to know people and helped ensure that staff met people's needs in a consistent manner.

Staff told us they did not attend meetings (called supervision) with their line managers but did attend an annual appraisal. Supervision meetings would provide an opportunity to review the staff members aims, objectives and any professional development plans at regular intervals. The registered manager said that supervisions were available at any time a staff member requested them or at least once every six months. Staff attended 'group supervisions' of which we saw records confirming this which allowed staff to discuss new and current guidance. The registered manager and deputy manager had recently commenced observations of staff members work practise individually to highlight if any further training was needed. Staff had an annual appraisal to review their work performance over the year.

Staff were all in agreement that appropriate training was provided to them. One commented "We are always doing training." Staff told us that they were encouraged to attend training and research new training courses. Staff requested that some more notice to attend training courses would be appreciated and this was accepted by the registered manager. Staff were encouraged to attend external training courses to further their development. A staff member has attended training so that they had the relevant qualifications to train staff on courses such as fundamental skills, infection control, safeguarding and food hygiene.



## Is the service effective?

Staff had attended mandatory training such as safeguarding, infection control and fire courses. Nurses attended appropriate clinical training such as tissue viability. In addition the service had arranged for specialist training when a person's health needs had required this, for example dementia training

The provider and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Some people living in the service had a diagnosis of dementia or a mental health condition that meant their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to help people make their own decisions about their daily lives wherever possible.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. Decisions had been made on a person's behalf; the decision had been made in their 'best interest'. For example a best interest meeting was held to decide on the use of use of a monitoring aid as the person could not use their call bell. These meetings involved the person's family and appropriate health professionals.

The manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act 2005 (MCA) and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. Records confirmed that the manager had made appropriate applications to the DoLS team.

Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified, such as GP's dentists and opticians. A healthcare professional told us they found staff to be pro-active in their approach, they listened and acted on advice given so that people's treatment needs were being consistently followed. Specific care plans, for example, diet and nutrition, informed directed and guided staff in how to provide care to a person. These had been reviewed to help ensure they remained up to date and reflected peoples current care needs.

# Is the service caring?

## Our findings

We received positive comments from people who lived at Porthgwara. Comments included “Staff are marvellous,” “There is no place like home but this is as good as it gets. This is my second home,” and “The staff are very kind and very understanding.” People told us they were completely satisfied with the care provided and the manner in which it was given.

We received positive comments from relatives about the care their family member received. Comments included: “it’s lovely here, just brilliant” and “Staff are fantastic, they genuinely care.” Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

The registered manager told us, where a person did not have a family member to represent them, they had contacted advocacy services to help ensure the person’s voice was heard. We spoke with an advocate who told us that the person they supported had been anxious about moving to Porthgwara but, due to the care and compassion shown by staff, they had settled into the service well. A visiting healthcare professional told us staff were caring and added “I’d come here to be looked after.”

Some staff had worked at the service for many years, and told us “It’s home from home”, “The people are lovely here I wouldn’t want to work anywhere else.” One staff member told us that they received good support from the service when they were off work sick. They received a card from the staff but they also received cards from people who lived at the service. This demonstrated the strong relationships formed between people who lived at the service and staff. All staff showed a genuine interest in their work and a desire to offer a good service to people.

Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in a gentle and understanding way. Staff interacted with people respectfully.

People’s privacy was respected. Staff told us how they maintained people’s privacy and dignity. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. Staff told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the premises staff knocked on people’s doors and asked if they would like to speak with us. Where people had requested, their bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care.

There were opportunities for staff to have one to one time with people and we saw this occur throughout our inspection. Where possible people were involved in decisions about their daily living. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided.

We saw that some people had completed, with their families, a life story which covered the person’s life history. Relatives told us they had been asked to share life history information and had provided photographs and memorabilia. This gave staff the opportunity to understand a person’s past and how it could impact on who they are today.

The registered manager told us that family members could visit at any time and stay for meals. If their relative was not well they could stay at the service overnight if they wished, or they could arrange for the family members to be accommodated in the local community, dependent on availability.

# Is the service responsive?

## Our findings

People and relatives told us that staff were skilled to meet their needs. People who wished to move into the service met with the registered manager prior to admission and had their needs assessed to help ensure they could be met. Their relative was also consulted to ensure their views on what support the person needed were obtained. The registered manager was knowledgeable about what support people needed and made decisions about any new admissions by balancing the needs of any new person with those of the people already living in the service.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Daily staff handovers provided each new shift with a clear picture of each person at the service and supported good two way communication between care staff and the nurse on duty. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were reviewed monthly or as people's needs changed. Care plans were informative, easy to follow and accurately reflected the needs of people. People who were able, were involved in planning and reviewing their own care. Where people lacked the capacity to make a decision for themselves, staff involved family members in the review of care. People and their family members were given the opportunity to sign in agreement with the content of care plans.

We spoke to a person and their relatives who were attending a care plan review during the inspection. They all felt they were involved in all decisions relating to their own/family members care and found these meetings beneficial. The visiting health care professional commented that the service provided skilled care and support and was positive about how the person had settled into the service and their care needs were met.

Care plans provided specific guidance and direction about how to meet a person's health needs. For example a care plan stated that a person had specific respiratory needs. Information from relevant health professionals had been sought to ensure the staff had relevant information to meet

the person's health needs. An external health professional told us they had reviewed a person's care records and found that they monitored the person's health well. Another said "Staff call us appropriately, they look at all options for the person and do not leave a stone unturned."

Care plans guided staff on how to manage a person's behaviour when they became anxious or distressed. This guided staff in how to reassure the person and offer appropriate reassurance so that staff responded in a consistent manner when the person displayed anxiety or distress. For example a care plan stated if the person remained anxious to ensure that reassurance from particular members of named staff was sought as their presence would help the person calm. Staff told us they felt the care plans were individualised and provided them with clear instructions in how to provide care consistently for the person

Care records reflected people's needs and wishes in relation to their social and emotional needs. The service employed two activity coordinators so that activities were provided every day of the week. We saw the activity store cupboard which contained books, musical instruments, art and craft materials and a variety of indoor and outdoor games. We spent time with the activity coordinator and three people as they made cards. In our conversations throughout the inspection with people all said they felt there was enough to participate in during the day if they wished. The activity coordinator told us they asked people what were their likes and dislikes and what their interests were and from this they identified what activities people would like to be provided.

Activities to be provided were discussed at monthly residents meetings. The service did not have its own mini bus but any fund raising events held contributed towards the cost of hiring a mini bus for trips out. Outings to venues such as The Seal Sanctuary and Flambards had occurred. One person told us they were anxious about going on an outing but staff encouraged and supported them to go. They commented "I so enjoyed it, I was anxious about the travelling but they gave me a travel tablet, I am going on the next outing now." The service had a portable ramp so that on trips out people could access, for example, the local pub with greater ease. In each person's bedroom we saw the monthly calendar of what activities were to be held and at what time, so that people could choose if they

## Is the service responsive?

wanted to participate or not. This demonstrated staff were pro-active in encouraging people to access the local community and live a varied life thereby protecting them from becoming socially isolated.

The monthly residents/relatives meetings discussed the running of the service and the registered manager was open to suggestions about how the service could be improved. One suggestion was that people wanted to have a remembrance garden as they found it difficult to mark their respect in the local community due to their health needs. This was responded to and an area in the garden had been set aside for this. This year they organised for a relative to play the bugle at the remembrance service.

The service's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be

acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished.

We asked people who lived at the service, and their relatives, if they would be comfortable making a complaint. People told us they would have no hesitation in raising issues with the registered manager or staff. All told us they felt the registered manager was available and felt able to approach her, or staff with any concerns. We received several comments from people stating that they had no need to make a complaint as they felt the service provided was "Fantastic", "Brilliant" and "There is nothing to improve."

# Is the service well-led?

## Our findings

The registered manager promoted a culture that was well led and was centred on meeting people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved at all levels of decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences. People made decisions about their activities and meal choices as well as having regular meetings between each person and their named staff member.

There was a clear ethos at the service which was communicated to all staff. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. We saw this being carried out in the delivery of care that was personalised and specific to each individual.

The registered manager worked in the service every day providing care and supporting staff.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service, supported by the provider. A nurse worked on each shift to provide support to the care staff. The provider supported the registered manager and monitored the service. The registered manager and deputy manager were accessible to staff at all times which included a manager always being available on call to support the service.

Staff told us that they felt there was an issue with the organisation of the staff rota and there had been some friction between staff and the registered manager who wrote the staffing rota. Staff were aware that, due to some long term sickness, there had been additional pressure on staff to cover extra shifts. Some staff told us that, because of the way the rota was organised, they had been considering if they could continue working at the service. Staff said they did not feel able to address this with the registered manager directly. This was discussed with the

registered manager who stated that she valued her staff and did not want to lose them because of the organisation of the rota. The registered manager stated she would address this issue with staff.

Staff said there was effective communication between them and the service's management in respect of the care of people who lived at Porthgwara. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had a good understanding of the people they cared for and they felt able to raise any issues with their managers if the person's care needed further interventions. Staff had high standards for their own personal behaviour and how they interacted with people

The registered manager was keen to ensure that the service was up to date and was following current best practice. For example the registered manager updated staff on policy developments such as changes to the mental capacity act and safeguarding procedures. The registered manager and provider had attended Skills For Training seminars so that they were aware of the new legislative changes to the induction of new staff, which they then implemented.

The registered manager had developed positive links with health care professionals. We asked a health care professional if they felt the service was safe, effective, caring, responsive and well led. They replied they felt they met all the questions asked.

The registered manager and nurse on duty made sure they were aware of any worries or concerns people or their relatives might have and regularly sought out their views of the service. The registered manager spoke daily with people and visitors to gain their views in order to support the constant development and improvement of the service provided to people.

The registered manager emphasised the importance of engaging with the local community. For example posters were displayed in the local community as they were holding a McMillian fund raising event at the service, and invitation to the services Christmas pantomimes. The service had built up links with the local school and hotel.

The organisation sought the views of people's relatives and health and social care professionals in a questionnaire. The results of these were compiled in a report which identified what the service was doing well as well as areas for potential improvement.

## Is the service well-led?

The registered manager investigated and reviewed incidents and accidents in the home. This included incidents regarding the number of falls a person had. We saw that care plans were reviewed to reflect any changes in the way people were supported and supervised.

The registered manager and staff were committed to continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. The views of people and their relatives were sought and the focus of the evaluation was on the experiences of people who lived at the service.

There were effective systems to monitor and check the performance of the service. These included monthly health and safety checks to identify both that the service was safe for staff and people, and if any improvements were needed. There was regular monitoring of the service to help ensure it was operating effectively and that people's needs were safely met. This involved the registered

manager completing a monthly audit of care records, staff working hours, the maintenance of equipment in the home and staff training. There were corresponding action plans detailing how any improvements were to be made. Follow up checks were made to monitor the effectiveness of the changes.

The home was clean and there was no odour anywhere in the home on the day of our inspection. Equipment such as moving and handling aids, air mattresses, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

Services that provided health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider and manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.