

Amber Care (East Anglia) Ltd

# Clann House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Clann House on 19 and 20 November 2018. The inspection was unannounced. The service is for elderly people, some of whom may have physical disabilities, mental health needs or dementia. Respite care and day care was also provided.

Clann House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Clann House accommodated up to 34 people. At the time of the inspection 32 people lived at the home.

The service did not have a registered manager, although the current manager had submitted an application to be registered with the Care Quality Commission. 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.

At the last inspection, in November 2017, the service was rated as 'Requires Improvement.' This was because we had concerns about the management of medicines and because mental capacity assessments were not being completed. The registered persons had not always submitted statutory notifications to the Care Quality Commission when they were required to do so. There were insufficient systems to assess, monitor and improve the quality of the service.

At this inspection we found that satisfactory action had been taken in respect of mental capacity assessments, and we had no evidence to suggest the registered persons did not notify us of relevant events required by law. However, we still had concerns about the operation of the medicines system. We also did not subsequently think audit systems were satisfactory. This was because the systems in place did not identify the problems we found with the medicines system. The registered persons did not take appropriate action to ensure the system worked effectively.

The service was viewed by people we spoke with as very caring. We received positive comments about the service. For example we were told, "They are lovely here and very respectful," and "They are very good and very helpful." Relatives told us, "They are friendly and patient," and "They are very caring and seem to look after everyone here and are very good to all the families to. They are really, really good." A staff member told us, "Care is really good. I don't have any issues," "Care is amazing, really good," and "Staff are lovely."

Everyone we observed looked well cared for. People were clean and well dressed.

The service provided a range of activities. An activities co-ordinator was employed. There were limited external activities available. The service had a vehicle but the rear wheelchair ramp was not working. We have recommended that the registered provider reviews activities provision including current transport

arrangements.

People told us they felt safe. For example people told us, "Yes. It is important to feel safe," "I do and have always done," and "They do all they can to help us all. They are very good and most kind." The service had a suitable safeguarding policy, and staff had been appropriately trained to recognise and respond to signs of abuse.

People had suitable risk assessments to ensure any risks of them coming to harm were minimised, and these were regularly reviewed. Health and safety checks on the premises and equipment were carried out appropriately.

There were enough staff on duty to meet people's needs. Recruitment checks were satisfactory. For example, the registered provider obtained two written references and a Disclosure and Barring check to ensure the person was suitable to work with vulnerable adults.

Staff members received an induction. The registered provider was aware of the Care Certificate. This is a set of national standards for staff coming into the health and social care sector. There was evidence some, but not all staff had completed this although it was the provider's policy for staff without care qualifications to do so. Although staff had attended most training which is required by health and safety law, not all staff had received an appropriate level of first aid training, or training to care for someone who was having an epileptic seizure. This could put people at serious risk.

We had concerns about how the medicines' system was managed. Medicines were stored securely, and there were satisfactory systems to dispose of medicines which were no longer required. Staff who administered medicines received suitable training. Some people self-administered their medicines. Records about the administration of medicines were mostly satisfactory. However, we found some cases where medicines were not administered but were signed to state they had been administered. Records also showed that some prescribed medicines had not been administered because there were not sufficient stocks.

The service was clean and hygienic. The building was suitable to meet the needs of the people who lived there. The building was well laid out, pleasantly decorated and homely. However, we had concerns about the water supply to some areas of the building. There was limited flow of water from some taps, in some people's bedrooms. This made it difficult for people to have a wash. The supply also affected the upstairs bathroom, so people had to use facilities downstairs. There were also problems with heating in some bedrooms. Although some electric or fan heaters had been provided, the lack of appropriate heating resulted in these rooms feeling cold on the day of the inspection.

There were suitable assessment processes in place before someone moved into the service. These assisted in helping staff to develop care plans. We were told staff consulted with people, and their relatives, about their care plans. Care plans were regularly reviewed.

People enjoyed the food and were provided with regular drinks throughout the day. Support people received at meal times was to a good standard. Comments about food included: "The food is amazing and I am fussy with food," and "They do us a lovely roast on Sunday and usually a choice of two mains."

The service had well established links with external professionals such as GP's, Community Psychiatric Nurses, District Nurses, and social workers. However, records were not always sufficient to demonstrate that people, wanted, needed, and routinely saw some medical professionals such as opticians and dentists.

Some people lacked mental capacity. Where necessary suitable measures had been taken to minimise restrictions. Where people needed to be restricted, to protect themselves, and/or others, suitable legal measures had been taken. No physical restraint techniques were used at the service. Staff had received suitable training about mental capacity.

The service had a satisfactory complaints procedure. People we spoke with felt they could raise a concern or complaint, and these would be responded to appropriately.

The manager was respected and liked by people, relatives and staff we spoke with. The manager had a hands on approach. One person told us, "The people in charge are very good and she'll (the manager) will do anything to help you and is always there." Staff also said team working at the service was good, and team members were supportive and communicated well with each other.

We have concerns about the absence of effective quality assurance systems. This is because systems should have picked up concerns we found about the operation of the medicines system and taken suitable action to improve the system. The system in place did not do this. We were also concerned quality assurance systems had not picked up other issues of concern raised in this report for example problems with heating and water supply, and shortfalls in training provision.

We found breaches of regulations. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 not completely safe. People were not always supported with their medicines in a safe way.

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

Recruitment processes were satisfactory. Sufficient checks had been completed to ensure staff were suitable to work with vulnerable people.

Risks in relation to people's care and support were identified and appropriately managed. However we were concerned about some risks, in relation to the building, which did not appear to be suitably minimised.

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

Insufficient water supply and heating in some parts of the building caused people significant inconvenience and required urgent attention to ensure the premises was fit for purpose.

Staff had not always received appropriate training so they had the skills and knowledge to provide effective care to people. There was insufficient numbers of staff who had received training about epilepsy and first aid (at appointed persons' level.)

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

**Requires Improvement** ●

### Is the service caring?

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.

**Good** ●

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

### Is the service responsive?

**Good** ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans outlined people's needs appropriately and were regularly reviewed.

Staff supported people to take part in a range of social activities. However, we have made a recommendation about the provision of external activities and the current transportation provided.

People and their families told 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?

**Requires Improvement** ●

The service was generally well-led.

Quality assurance systems were not effective. For example, systems failed to ensure medicine administration systems were robust. Quality assurance systems had not identified issues identified in this report.

There was a positive culture within the staff team and they felt supported by management.

People and their families told us the management were approachable and they were included in decisions about the running of the service.

# Clann House Residential 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 checked 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 19 and 20 November 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we used a range of methods to help us make our judgements. This included, talking to people using the service, their relatives and friends or other visitors, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them). We also reviewed other records about how the service was managed.

We looked at a range of records including seven care plans, records about the operation of the medicines system, four personnel files, and other records about the management of the service.

Before, during and after the inspection we spoke with three staff. We spoke with eight people about their experiences of living at the care home, and three relatives. We spoke with the manager, and deputy manager of the service.

# Is the service safe?

## Our findings

At our inspection in December 2017 we found people were at risk as the management of medicines was not safe. During this inspection, we found people were still at risk as medicines management was unsafe.

We had concerns about the administration of some of the medicines required by people who used the service. Medicine administration records showed a significant number of medicines were not in stock for some people.

Medicine administration records showed people did not have these prescribed medicines for between four and 20 days. For example, staff recorded the service was either 'awaiting stock', 'out of stock,' or there was 'none in stock.' We checked people's records to see if there had been any negative effects of people not receiving their medicines. There was no record of this. There was potential for people to have suffered significant effects of having their medicine suddenly stopped, or the consequences if medicines were not available; for example if a person prescribed medicine for asthma had an asthma attack.

We provided a list of medicines which did not appear to be available to the manager and asked them, during the inspection, to look into the matter. At the end of the inspection the manager provided us with explanations why we were unable to find some of the medicines such as people self administered their medicine, medicines had been changed or discontinued. Other medicines had been ordered. However, this was not reflected in either people's daily notes or on the medicine records. There was no risk assessment to support people to self-administer their medicines safely or to ensure they were using them effectively, although the manager said she would ensure this was in place.

The concern of inadequate supply of medicines had been noted by senior care assistants at their meeting in June 2018. Minutes stated: "Medication is becoming a big issue with medication running out or not being chased after ordering." As a consequence of the concern, a diary was put in place where it was recorded when individual medicines were ordered, and acknowledged when received. We inspected this record and found there was a record that some, but not all the missing medicines had been ordered. There also was no transparent tracking system for staff to easily check medicines which had been ordered or received.

Medicine audits showed there were problems with the supply of medicines. For example, three audits completed between September and November 2018 they were described as, "missing" or "low and run out.". No problems were reported in audits completed between April and August 2018. The audit format did not contain an action plan so it was not clear what actions were taken as a consequence of the audits completed.

Three separate dosages of medicines, for two different people, were signed to state these had been administered, but they remained in the blister pack of the medicine administration system.

Records also were not kept securely in the designated file, and there was a risk of them getting out of order or lost.



This was a continued breach of regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2010.

The registered provider has a suitable policy regarding the operation of the medicines system. The manager said staff who administered medicines had received training from the pharmacist. Records showed some staff had received this training. Medicine administration records were kept. Generally, people did not self-administer their medicines, although we were told one person held an inhaler for asthma. All medicines were stored appropriately, for example there were systems in place for medicines which required additional security. Items which required refrigeration were kept appropriately, and the temperature of the refrigerator was monitored.

None of the people who lived at the service required medicines to be administered covertly [administered in a hidden way]. People's behaviour was not controlled by excessive or inappropriate medicines. When medicines were prescribed to be given 'as required', rather than at specific times, guidance was in place detailing when this should be given. People's creams and lotions were stored and administered correctly.

People had links with their GP's, and other medical professionals who were involved in prescribing and reviewing people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

People told us they felt safe living at the service, for example one person told us; "Yes. It is important to feel safe," "I do and have always done," and "They do all they can to help us all. They are very good and most kind."

The service had a satisfactory safeguarding adult's policy. Records showed the majority of staff had received training in safeguarding adults, although this was still outstanding for some of the newer members of staff. Staff were provided with information about who they should contact, and what action they should take if they had concerns about somebody being subject to abuse. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they had not witnessed or heard about any poor practice. Staff we spoke with thought any allegations they reported would be fully investigated and action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse.

Where there had been safeguarding concerns or complaints managers said the service learned from these. Key learning points had been shared with staff within the service. An example of this was when there had been a recent safeguarding concern, the manager had subsequently convened a meeting with senior staff to see what changes could be made to care practices to avoid a similar circumstance happening again. The registered persons participated and cooperated when there had been external investigations, for example about safeguarding matters.

Risk assessments were incorporated into the care planning system. For example, risk assessments covered areas such as falls and mobility. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk. However, we were concerned about the use of portable and electric heaters, due to the central heating system not working effectively. Concerns about the heating system are outlined in the 'effective' section of this report. The use of portable and electric heating raised a potential increased health and safety risk to people who used the service. We were not provided with copies of risk assessments which would show the registered provider had considered the potential risks and taken suitable action to minimise these.

This contributed to the breach of regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2010.

Care records were stored securely in a locked cupboard in the lounge. The manager planned to relocate these records to a new office which would be available to all staff. Records we inspected were generally up to date, accurate and complete, although we have raised below concerns about the recording of external health care support. All care staff had access to care records so they could be aware of people's needs. The manager said there were formal handovers between each shift. These enabled staff to share information and concerns about the care of people.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service. Where concerns had been expressed about the service; for example, if complaints had been made, or there had been safeguarding investigations; the registered provider had carried out, or co-operated fully with these.

Equipment owned or used by the registered provider was suitably maintained. The manager said the service owned some manual handling equipment to assist people with mobility difficulties. Systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

Health and safety checks on the premises and other equipment were carried out appropriately. Heating and cooking appliances had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested and the circuit was rated as 'satisfactory.' There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. The service had a fire risk assessment.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken to mitigate further risks through a review process and updating staff. There were no specific trends or patterns in the records of accidents we viewed.

There were enough staff on duty to meet people's needs. On the day of the inspection there were five care assistants on duty in the morning, afternoon and evening. At night time there were three care assistants on duty. In addition, the service had cleaning, kitchen, maintenance and administrative staff to help ensure the service ran effectively. The manager and the deputy manager were available during the day. Staff members we spoke with said staffing levels were satisfactory.

We checked recruitment records. All staff files contained a record that relevant pre employment checks, such as an application form, interview record, two written references and Disclosure and Barring Service (DBS) checks.

The service had suitable arrangements in place to ensure the home was kept clean and hygienic. However, there was a concern about the lack of a sluice facility, which presented an infection control risk. This is outlined in the next section of this report.

The building appeared tidy, clean. The service had a suitable policy about infection control. The registered persons understood who they needed to contact if they need advice or assistance with infection control issues. Cleaning staff were employed and had clear routines to follow. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary. Records showed most staff had

received training about infection control, but this was still required for some new staff.

Suitable procedures were in place to ensure food preparation and storage met national guidance. The local authority environmental health department had judged standards to a satisfactory standard. On the day of the inspection the kitchen was clean.

The service kept some monies, and at times valuables, on behalf of people who needed to purchase items such as for toiletries and hairdressing items. Monies were stored securely and records were kept of expenditure.

## Is the service effective?

### Our findings

We were concerned about the heating and hot water supply in some areas of the building. There was a lack of water in some bedrooms and the upstairs bathroom. It was subsequently a very slow process to fill the wash hand basins, and it took several minutes before the water became warm. Some of the upstairs bedrooms were also very cold. Staff had purchased some electric and fan heaters for some bedrooms due to the lack of heating. We were concerned, that although most of these had been fixed to the wall, there was a higher risk of fire or accident due to the type of appliances purchased. Despite the use of these heaters some of the rooms were still cold. When one of the en-suite toilets was flushed this caused an excessive vibrating noise. This was loud enough to wake people up if the toilet was flushed when people were asleep. The manager said they were aware of the problem with the heating, but not the water supply or toilet issue. We were told that a plumber had looked at the water problem, but a more specialist contractor was required to fix resolve it. The deputy manager told us the contractor was due to visit "later in the week". Staff informed us the problems had been ongoing for a long time.

We were informed the building had no sluice facility. Staff said commode basins were subsequently washed in people's wash hand basins or in the bathroom. This was not a hygienic practice.

The building was clean and satisfactorily decorated. The building appeared and felt comfortable and homely. The accommodation was over two floors, and was connected by a staircase and a stair lift. There were a satisfactory number of shared toilets and bathrooms throughout the service. On the first floor, of the main part of the building the main bathroom had been 'decommissioned'. The manager told us this was because there was 'poor water pressure' and the bath was not usable. As a consequence people needed to bathe in bathrooms downstairs. The manager said there was a plan to install a walk-in shower on the first floor, and resolve the matter. Quotes had been obtained for the work and the manager said they expected the registered provider to authorise the work soon.

There were some bathrooms around the building. For example, there was a walk-in shower for people who were wheel chair users. However, one of the showers did have a small lip on the shower tray which the manager said created some difficulties. The manager said there was a plan to install a new walk in shower. We were informed some of the bathrooms were not accessible to some people. This was due to shower cubicles or baths being too small for some people. This meant that it was not possible for some people to have a bath or a shower.

This is a breach of regulation 15 of the HSCA 2008 (Regulated Activities) Regulations 2010.

The service had suitable processes to assess people's needs and choices. Before starting to use the service, staff visited people to assess whether the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission, or stay at the home on a trial or respite basis. Copies of pre-admission assessments on people's files were comprehensive. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti-discrimination policy which covered staff and people who used the service.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence was limited. There was a call bell system which people could use to alert staff in emergency. We observed staff responding to call bells promptly. The people we spoke with, and their relatives, said they did not have any concerns about staff responsiveness to call bells. We observed people's call bells were at hand when they were in their bedrooms. Call bell points were also situated in communal areas, toilets and bathrooms.

When staff started to work at the service the manager said they received an induction. We were told this included spending time with senior staff where they were provided with essential information about the running of the service, and shadowing more experienced staff to learn their roles. The manager said new staff would shadow existing staff for "one to two weeks if they did not have experience." There was a completed check list on each member of staff's file, that we inspected, of issues covered during the induction, when these members of staff started to work at the service.

The manager had an understanding of the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. The manager said staff completed this if they did not have a National Vocational Qualification in care, or 'Level 2' Diploma in Care. We inspected the files of four staff who started working at the service from October 2013 to November 2018. There was a certificate on the file of one member of staff who commenced employment in August 2016. We were told there had been some performance issues with one of the other staff, and the newest member of staff was due to complete the training shortly.

At our inspection in December 2017 we found people were at risk not all staff have received appropriate training to meet the needs of some people. The registered persons did not provide us with an action plan to tell us how they would achieve compliance with the standard. During this inspection, we found people were still at risk as not all staff had received required training, and training in first aid was delivered via e-learning with no practical element to support the e-learning. Some people living at the service had epilepsy and not all staff had been provided training to support people in identifying early warning signs of a seizure or what to do in the event of a medical emergency

Records showed staff had mostly received relevant training which enabled them to carry out their roles. According to the law and national industry guidance as published by 'Skills for Care', all care staff are required to receive training about first aid, fire safety, infection control, moving and handling, first aid and safeguarding. Where necessary staff should receive training about dementia awareness. Records showed the majority of staff had received this training, although staff who had started working at the service in the last few months needed to complete some of the required courses. However, we were concerned that first aid training was only delivered as e-learning (i.e. computer based training.) This meant it did not meet Appointed Person's standard, for example enabling staff to learn how to perform CPR (mouth to mouth resuscitation.) This could provide people with vital life support while they were awaiting an ambulance. The manager acknowledged the importance that staff received 'face to face' training about first aid, and said this would take place. However, it was not possible to verify how many staff had received suitable first aid training, and we were not provided with evidence that suitable training had been booked.

Although some people at the service had a diagnosis of epilepsy, only a minority of staff had received

training in this area. Therefore, it was evident they had not received professional training about how to assist someone if they had a seizure. If staff did not have suitable training to assist a person if they were having a seizure, this could put the person's life at risk.

This was a continued breach of regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2010.

Staff told us they felt supported in their roles by colleagues and senior staff. There were some records which demonstrated staff had received formal supervision with a manager. For example, of the four files inspected one person had last received supervision in September 2018. However, two staff had no records of supervision, and one person had a record they had last received supervision in April 2016. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. We were provided with a schedule outlining when staff had received supervision and when it was next planned. However, this did not include all staff employed, and although it detailed dates when staff had received supervision, records of these meetings were not always on the files we inspected. The schedule also included a record of when each member of staff had received an annual appraisal. Staff we spoke with confirmed they had received supervision but could not be specific when their last supervision session occurred. Staff told us they could approach senior staff for help and support if they had a problem.

We recommend the service takes advice or guidance from a reputable source regarding the provision of suitable supervision to support staff.

The service had a suitable menu. We were told people were offered a choice of two main meals each day. On the days of the inspection meals on offer included curry, cottage pie and vegetable stew. The manager said people could have breakfast "Whenever they wanted to." At breakfast time people could have a cooked breakfast, eggs, cereal or toast. People had a choice of lunch time meal. The manager said staff would speak to each person, the day before, to check what choice of meal they wanted for lunch. The manager said picture cards were used to help people make a choice. People were consulted with about the menu. Staff had a good understanding of people's likes and dislikes. The manager said there were two choices available for evening tea. For example we were told people could have soup, baked potatoes or sandwiches. People could have their lunch or evening tea in the lounge, dining room, or their bedroom.

Teas, coffees and cold drinks were provided to people throughout the day. People were offered a hot drink and a snack in the evening. We observed people had drinks at hand.

Currently there were no people who used the service who had specific cultural or religious preferences about the food they eat, or had a vegetarian or vegan diet. Special ingredients were purchased for people who were diabetic. Where necessary people could be provided with a 'soft' or pureed diet if they were at risk of choking. The manager said when this was necessary the components of the meal (for example meat, vegetables and potatoes), were pureed separately so the meal was presented appealingly.

Where a person was at risk of malnutrition, dehydration or choking, suitable systems were in place to minimize risks. Where appropriate, people were provided with one to one support to eat their meals. Advice was sought from external professionals, such as speech and language therapists, if people had eating difficulties including difficulty in swallowing.

We observed a lunch time at the service. People were provided with serviettes and condiments. People were positive about the meals. Comments included: "It's a very good varied. We have a menu to choose from," and "The food is very good. We have a very good cook. They look after you in here and if you want a cup of

tea you get it." Staff spent time talking with people and encouraging them to eat. Where people needed assistance with their food nobody was rushed to eat, and people were supported at their own pace.

The manager told us the service had good links with external professionals to ensure their health care needs were met. The service worked closely with a wide range of professionals such as social workers, community nurses and general practitioners to ensure people lived comfortably at the service. People said they could see a GP when they needed to, and records of when people saw a GP were satisfactory. People said staff would get a GP if they required one. We were told, "The staff will get one for you...they are always willing for you to see a GP." Chiropody and dental services were also available and these professionals regularly visited the service. However, records of treatment by dentists, chiropodists, optician were limited, or non-existent in the files we inspected.

There was a large lounge, and two dining rooms where people could spend their time. There was also a small area where people could sit if they did not want to sit in their bedrooms or the lounge. Some en-suite bedrooms were available. There was also a self contained flatlet which was occupied by two people. The manager said many of the carpets in shared areas of the service were in the process of being replaced. There was also a plan to install a passenger lift.

At the last inspection in October 2017 we were concerned the registered persons had not completed mental capacity assessments for people who used the service. As a consequence, we issued a requirement. At this inspection we checked people's files and each person had a mental capacity assessment.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Some people had limited capacity, so if a significant decision needed to be made about people's health care needs they were made through the best interest process, in liaison with the person's power of attorney and family where possible.

The manager said the majority of people living at the service had capacity. Where necessary applications to deprive people of their liberty had been submitted, for assessment, by the local authority. The manager said there had a system for monitoring DoLS conditions to ensure they were implemented, and reviewed before any authorisations expired. We were provided with copies of schedules outlining this information. No physical restraint was used at the service. Records showed the majority of staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The manager said some of people who lived at the service lacked capacity but the service minimised restrictions where possible. For example, if people were physically and mentally able they could spend time in their bedrooms and spend time elsewhere on their own. People were encouraged to make a range of choices such as what to wear, what to eat and how to spend their time, and to some extent, walk around the building. The front and some internal doors were locked so there were some restrictions in people's ability

to move around the building. This was to prevent people accessing staircases which may have resulted in a high risk of fall. However, people could move around within the protected areas. There was also a garden area, in the core of the building. External doors to this area were unlocked so people could safely go outside unaccompanied. There was seating outside.



## Is the service caring?

### Our findings

We received many positive comments about the attitudes of staff. All people we spoke with told us of the friendliness, kindness and understanding of the staff. People said they were treated with respect and compassion. We were told, "The staff are fantastic and will do anything for you, within reason, and if they can't do something they will explain why not." A relative said, "The staff are friendly and patient." Relatives were very positive about their experiences of the service and said, "They are wonderful people and deserve medals. We are really pleased to have (my relative) here," and "They are very caring and seem to look after everyone here and are very good to all the families too. They are really, really good." Staff members we spoke with were all positive about care at the service. For example we were told, "Care is really good. I don't have any issues", "Care is amazing, really good," and "Staff are lovely." People and their relatives said staff responded to people quickly if they needed help, for example if people called or pressed the call bell.

We observed staff sitting with people, and they were chatting with people and there seemed a friendly and pleasant atmosphere. Staff were patient and took time to listen to people. There was lots of discussion between staff and people who lived in the home. Staff were respectful throughout the inspection.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in care planning and reviews. The manager said finished care plans were discussed with people and they were asked to sign them to state they understood them. However, we discussed with the manager, that when we checked whether care consent forms were signed, this was not always the case. None of the people we spoke with expressed any concerns about how their care was given. Where people had limited capacity to be involved in their care plans the service had consulted with relatives and representatives to ensure the planned care was in the person's best interests. People and their relatives were provided with information about external bodies (such as the local authority) community organisations and advocacy services.

We observed people looked well cared for. Their appearance showed staff took time to ensure people were comfortable dressed. People told us they received assistance with regular personal care. Staff said they felt they had enough time to sit and spend time with people. We did not see staff rushing or ignoring people. Staff took time to listen to people, and gave people time to respond to questions. Staff were friendly.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom, this assistance was always provided behind closed doors. Staff worked with people to encourage and / or respect people's right to be as independent as possible. For example, the manager said two people went to the local shop, and another person attended the local church.

People said they could get up and go to bed when they wished. We observed routines at the service and these seemed very relaxed.

The relatives we spoke with said they could visit the service at any time. Relatives said staff always answered any questions they had. Visitors said they felt staff were helpful if they had any queries or concerns.

## Is the service responsive?

### Our findings

Everyone who used the service had a care plan. Where possible, people and their representatives, were consulted about their care plans and their reviews. Care plans contained satisfactory detail, and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans incorporated risk assessments, for example in relation to people's mobility. Care plans outlined people's preferences and interests. Reports about the person's needs were also obtained from external professionals such as the local authority. Daily record sheets were completed for each person and these contained a suitable amount of detail. All staff were able to access people's records. All care records were stored appropriately. For example, they were locked away in the filing cabinet.

The manager said some activities were provided. There was an activities co-ordinator employed for 21 hours a week over a four day period. There were plans in place to employ a second activities co-ordinator so further activity could be provided. The activities co-ordinator currently provided a range of activities which included foot spas, arts and crafts, pamper sessions, baking, games and quizzes. Some external entertainers visited the service. These were organised "At least every 4 to 6 weeks," and included musicians and singers and a pantomime group." Some staff said there were no organised external activities provided. One member of staff said, on their day off, they would take a person out but there was not time to do this during their paid hours. The service had a small vehicle. Staff informed us this was however not used for activities, and there were problems with accessibility as the rear ramp was broken. However, the activities organiser told us it was intended for there to be some trips out during the Christmas period for example to the Christmas lights in Mousehole. The activities co-ordinator also said where people wished to go to the post office or other local shops they could be taken.

We recommend the registered provider reviews current activities provision so further external activities, and suitable transport for people who are able and physically disabled is provided

A Christian minister visited the service on a monthly basis to provide communion. A hairdresser visited the service on a regular basis. The manager said the activities co-ordinator currently arranged library books for one or two people and some people went to the library with the staff. People could order newspapers and periodicals, if they wished, for delivery to the service.

The service had a complaints procedure. People and their relatives said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The service had a system to record complaints made.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service consulted with, where appropriate, the person and their representatives about the development and review of an end of life care plan. One person was seen as needing end of life care. However, we checked whether this person had an end of life care plan, and there was not the relevant document on their file. This matter was discussed with the manager and the manager said she would arrange for this to be completed. The manager said there were good links with GP's, and district nurses to ensure people received suitable

medical care during this period of their lives.

## Is the service well-led?

### Our findings

The manager worked full time at the service. The manager was currently not registered with the Care Quality Commission, although we were informed an application had been submitted to CQC in October 2018. 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.

At the last inspection a statutory requirement was issued as systems were considered insufficient to satisfactorily assess, monitor and improve the quality and safety of the service. At this inspection we checked systems in place. Surveys about admissions procedures, and for visiting professionals had both been completed this year. A general satisfaction survey was due to be completed. A different thematic survey was completed every four months. The results of the most recent surveys were positive.

There was also a system of audits to ensure standards were checked, maintained, and where necessary improved. Recent audits we saw included monitoring accidents and incidents, health and safety, infection control, maintenance, care planning, the medicines' system and staff training.

Although we found the provider had systems in place to monitor the health, safety and welfare of people, it was evident these were not consistently effective. For example, people's risks were not always being managed due to no risk assessments being put in place, where portable heaters were being used. Governance systems had failed to identify and respond to these risks.

Audit systems had failed to respond to necessary maintenance of the heating and water. Audit systems to monitor medicines systems was not effective. The absence of an effective system to monitor the type and frequency of training completed by staff to reduce risks to people living at the service had not identified shortfalls. Current auditing systems had not identified poor recording in relation to the support received from external healthcare professionals.

This was a continued breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2010.

We received positive remarks about the manager. One person told us, "The people in charge are very good and she'll (the manager) do anything to help you and is always there." Staff members told us the manager had made a positive contribution since she started earlier in 2018, "There is now more interaction with residents...there is a happier atmosphere," "She is great I trust her, she gets things done," and "We get on well. You can say stuff."

The manager said the philosophy of the service was always "This is the residents' home and we are invited to look after them. Residents come first and staff are aware this should be the culture." We found a high level of satisfaction from the people we spoke with. By being actively involved in the day to day running of the service, people said they were happy and were being well looked after. The manager recognised the

importance that staff were looked after and had an opportunity to voice their opinions, and to be listened to.

The manager regularly met with staff informally and formally to discuss any problems and issues. They said it was important to be "Fair and open," with staff. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

The service had a clear management structure. The manager was supported by a deputy manager. There were also senior care assistants. The service had a nominated individual based at the registered provider's office which was in East Anglia. The nominated individual regularly visited the service to check on its operation and service satisfaction. However, there were no records to support the outcome of these visits.

There was an out of hours on call service to support staff in emergency situations.

Staff members said their colleagues were supportive and communication within the team was good. For example we were told, "Staff get on okay...there are disagreements but they get sorted out," "The team is professional," All the staff we spoke with said they were happy with their work and that morale was good at the service. Staff turnover was satisfactory.

There were meetings with specific staff groups (such as night staff, seniors and ancillary staff), and also the whole team "Every 4-6 months." We saw records of two staff meetings which had occurred in 2018. There had also been two senior care staff meetings in 2018. There had been one night staff meeting in 2018. There were minutes of the four resident meetings which had occurred in 2018. The manager said a newsletter was sent to relatives every four to six months.

The registered provider had ensured registration, safety and public health related obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed. The manager told us staff had a clear understanding of their roles and responsibilities. We identified this was the case. There were policies in relation to grievance and disciplinary processes.

Systems to store both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The manager said relationships with other agencies were positive. Where appropriate the registered manager said they ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The medicines' system was not managed safely.

### The enforcement action we took:

The Care Quality Commission imposed a condition on the service's registration that we needed to be provided with monthly reports outlining what improvements were occurring at the service, and how these improvements were being monitored.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Problems with the heating and water supply made some parts of the building currently not fit to accommodate people who used the service

### The enforcement action we took:

The Care Quality Commission imposed a condition on the service's registration that we needed to be provided with monthly reports outlining what improvements were occurring at the service, and how these improvements were being monitored.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance and audit systems were not satisfactory.

### The enforcement action we took:

The Care Quality Commission imposed a condition on the service's registration that we needed to be provided with monthly reports outlining what improvements were occurring at the service, and how these improvements were being monitored.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not always received suitable training about first aid and epilepsy.

### The enforcement action we took:

The Care Quality Commission imposed a condition on the service's registration that we needed to be provided with monthly reports outlining what improvements were occurring at the service, and how these improvements were being monitored.