

Cornwall Care Limited

St Breock

Inspection report

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Date of inspection visit:
26 January 2017

Date of publication:
09 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

St Breock is a care home which provides care and accommodation for up to 38 older people, some of whom are living with dementia. On the day of the inspection there were 37 people using the service. We carried out this inspection on 26 January 2017. The service was last inspected in June 2015 when it was rated as 'Good'.

The service is required to have a registered manager and at the time of our inspection a registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The service was being overseen by a registered manager from another Cornwall Care home. They were sharing their time between the two homes. The position was being advertised and we were told this was expected to be filled in the near future.

People and relatives told us they were happy with the care they received and believed it was a safe environment. Comments included; "I've never had concerns about people's safety." Some people were unable to tell us about their experiences and we observed they were at ease with staff. Staff sat with people when they had the time and spoke with them kindly, demonstrating an interest in their conversations.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs in a timely manner. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard. Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians.

Applications to deprive people of their liberty in order to keep them safe had been made for most people living at the service. Conditions attached to DoLS authorisations were not being adhered to.

Regular checks of the premises were made to help ensure the environment was clean and safe. There was limited signage around the building to help people maintain their independence. We have made a recommendation about this in the report.

Care plans were up to date and relevant. Staff told us they were a useful tool and helped ensure they were aware of any changes in people's needs. Any risks in relation to people's care and support were identified and appropriately documented. Staff supported people in line with the guidance in care plans.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff received regular training in areas identified as necessary for the service. Staff told us they were well supported and able to raise any concerns with the management team.

People and their families were given information about how to complain. There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

We identified breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take.

Care files included risk assessments which identified risks and described the control measures in place to minimise risk.

Systems for the management and administration of medicines were robust.

Is the service effective?

Requires Improvement ●

The service was not entirely effective. Conditions attached to authorisations for Deprivation of Liberty Safeguards were not adhered to.

There was a lack of signage to help people maintain their independence when moving around the building.

People had access to a varied and healthy diet.

Is the service caring?

Good ●

The service was caring. Staff were patient and kind in their approach to people.

People's privacy and dignity were respected.

Care plans contained information about people's life histories.

Is the service responsive?

Good ●

The service was responsive. People who wished to move into the service had their needs assessed and this was reviewed regularly.

Care plans were up to date and relevant.

Access to activities within the service were limited. Steps to address this were being taken and there were plans to recruit an activity co-ordinator.

Is the service well-led?

The service was not entirely well-led. CQC had not received notifications of DoLS authorisations as required.

There were clear lines of responsibility within the staff team.

Regular staff meetings were held for all staff.

Cornwall Care had introduced systems to help improve monitoring of the quality of the service.

Requires Improvement 

St Breock

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 26 January 2017. The inspection was conducted by two adult social care inspectors.

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

During the inspection we spoke with five people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked around the premises and observed care practices on the day of our visit. We spoke with the manager, the deputy manager, Cornwall Care's Operations Director, nine members of staff, and five visitors. Following the inspection we spoke with a relative.

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

Is the service safe?

Our findings

People and relatives told us they were happy with the care they received and believed it was a safe environment. Comments included; "I've never had concerns about people's safety" and "Oh yes, she is safe." Due to people's health needs not everyone was able to tell us their views of the care and support they received. However, we observed people were relaxed and at ease with staff.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Information on the correct procedures to follow and details of relevant contacts were freely available within the service.

Care files included risk assessments which identified risks and described the control measures in place to minimise risk. These covered issues such as risk of falls, use of bedrails, poor nutrition and hydration, skin integrity and pressure sores. There were also risk assessments in place which had been developed to meet people's specific needs.

Staff had been suitably trained in safe moving and handling procedures. Staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

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

There were enough skilled and experienced staff to help ensure the safety of people who lived at St Breock. On the day of the inspection people's needs were generally met quickly and people were supported to eat meals and have personal care at a pace that suited them. The care staff team were supported by domestic and kitchen staff to help ensure the smooth running of the service. Rotas for January showed staffing levels identified as necessary for the service were consistently met.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Systems to manage medicines were well embedded and helped ensure people received their medicines safely and as prescribed. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for

medicines which needed to be stored at a low temperature. The member of staff responsible for carrying out the medicines round wore a tabard with the words 'Do Not Disturb' on it. This meant they were less likely to be distracted from their duties during this period.

Some people had been prescribed creams and these had been dated upon opening. This meant staff would be aware of the expiry date of the item, when the cream would no longer be safe to use. When people needed medicines as required (PRN), which were not routinely prescribed for them, there were clear protocols in place for staff to follow. This helped ensure a consistent approach to the use of such medicines.

The environment was clean and well maintained. Any defects in the premises were recorded in a maintenance log. This was monitored by the full time caretaker who was able to carry out small routine repairs. Any larger jobs were completed by Cornwall Care's maintenance team. Staff told us the team were quick to respond to any requests.

The service looked after people's personal money for them if required. Cornwall Care had a resident's bank account where large amounts of money were held on people's behalf. Smaller amounts were held at the service to allow people easy access to cash. People signed to verify any expenditure and receipts were kept. The amount of cash held at the service tallied with the records.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Applications for DoLS authorisations had been made to the local authority for most people living at St Breock. One person was subject to a DoLS authorisation and there were certain conditions attached to this. These stated the person should be asked, at least twice weekly, whether they wished to go on an escorted trip out; "beyond the garden and immediate boundaries." According to the conditions of the authorisation these trips should have been documented and any offers to the person to go out also recorded irrespective of whether or not they had refused the offer. We looked at the person's daily notes for the previous two weeks and found no reference to the person going out or being asked if they wished to go out. This meant the conditions of the DoLS were not being adhered to.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. There were two bathrooms and two shower rooms for people to use. We saw one of the shower rooms was full of wheelchairs and could not be easily accessed. We discussed this with the manager who told us the shower room was not used. One of the bathrooms was also not being used. This meant there were only two rooms available for people to have a shower or bath. Following the inspection the Operations Director contacted us to inform us arrangements were being made to address the issues preventing the rooms from being used. They also provided us with evidence as to the suitability and safety of the equipment in the bath and shower rooms.

People's bedrooms had their names on and pictures or objects which were meaningful to them. This helped people to find their own rooms without support from staff. There was limited further signage around the rest of the building. This is important to people living with dementia as it helps them to orientate themselves within the environment and move around independently.

We recommend the provider considers research and published guidance in relation to the importance of the environment for people living with dementia.

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. There was a robust system in place to help ensure training in areas identified as necessary for the service was updated and refreshed regularly. Staff appeared competent and confident in these areas. For example, many people required support from staff when moving around or changing position. We observed several examples of this occurring and saw it was done safely and using the correct techniques and appropriate mobility aids. Staff told us the training was; "Very good."

Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the service's policies and procedures and completing the Care Certificate. This replaces the Common Induction Standards and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff told us they felt well supported by the manager and deputy manager. Supervisions had lapsed over the previous four months but the manager assured us these were being planned for. Responsibility for supervisions was shared between the manager, deputy manager and senior care workers. The deputy manager had recently completed supervisions for several staff.

Care staff monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed appropriately by staff. People were provided with drinks throughout the day of the inspection and during lunch.

We observed the lunchtime period using SOFI. Some people required support and encouragement to eat and guidance from Speech and Language Therapists (SALT) in respect of this was recorded in their care plans. We saw people being assisted in line with the guidance. People told us they enjoyed the food and were offered a choice of meals. Fresh vegetables were available every day and we observed the food in stock was of a good quality.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Care records contained records of any multi-disciplinary notes.

Is the service caring?

Our findings

Not everyone living at St Breock was able to verbally tell us about their experience of living there due to their health needs. Relatives and people told us staff were very caring. Comments included; "The staff are really good" and "The staff are great, they really are." A member of staff told us; "I absolutely love it here. We have a lovely bunch of residents and we all have a laugh and a bit of banter with them."

People told us they were able to choose what time they got up in the morning and went to bed at night. There was a choice of seating areas in the service so people could choose to sit with others or in quieter areas. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

We saw one person was anxious at various points throughout the day. Staff regularly stopped to offer reassurances and check on the person's well-being. The manager told us they were arranging for them to see other health care professionals to check there were no underlying medical reasons for the person's distress. We observed staff arranging for the person to have a particular food as they knew this was something they enjoyed and would eat.

Staff were patient and encouraging when supporting people to move around or transfer from standing to sitting or vice versa. For example we heard staff say to one person; "If you could stand up for me that would be wonderful."

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering. Information in care plans highlighted when people were uncomfortable receiving personal care. There was guidance for staff on how to support people effectively in these circumstances. For example, "Try another staff member or give five minutes and try again." This helped staff to support people in a way which protected their dignity.

There was a large laundry area and we observed most clothes were labelled so they could be returned to the owner. There was a large amount of clothes in the laundry which did not have labels in them. The member of staff working in the laundry told us they were planning to put the clothes in one of the lounge areas so people and relatives could look for any items of clothing they had lost.

Care plans contained details about people's life histories and family background. This is important as it helps staff to understand who people are and supports meaningful engagement and conversations with people. One staff member told us; "I try and sit with [person's name] twice a shift and talk about the past." Some of the life stories had been compiled by families and these were particularly informative with a depth of information and anecdotes. There was also information regarding people's likes and dislikes across a range of areas including music, sports and any other interests.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The manager told us the needs of some people had increased over time. In order to help ensure they were still able to provide the appropriate support for these people reviews were due to take place. If it was found St Breock was no longer a suitable setting for people alternatives would be identified.

Care plans were detailed and informative. The files contained information on a range of aspects of people's support needs including mobility, communication and nutrition and hydration. Some care plans contained a great deal of old material which could make it difficult to locate the most up to date information. We discussed this with the manager and Operations Director who told us they were updating the care plans and the way in which they were organised, in the near future. Staff told us the information in care plans was up to date and relevant.

We saw in one person's care plan that their needs had changed recently resulting in them needing regular monitoring in order to help ensure their health did not deteriorate further. Records in the person's room showed this was being carried out as stipulated in the care plan. Equipment was available to help protect people from risks associated with their health conditions. For example, air mattresses and pressure cushions were used where this had been identified as appropriate.

Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff kept daily records detailing the care and support provided each day and how people had spent their time. These were completed consistently at various points throughout the day. Staff told us they were aware when people's needs changed.

A relative told us their family member did not have enough to occupy them. An activities board in the foyer outlined various activities people could take part in throughout the week including bingo, craft club and nail care. These were organised by staff and were dependant on them having the time to carry them out. One staff member commented; "We do try to do as much as we can. In the afternoon things are less hectic so we have a little more time." On the day of the inspection we saw very few organised activities taking place. An external professional had come in to support people with physical exercise but this was done on a one to one basis and therefore only a very limited number of people could take part. Entertainers visited St Breock once or twice a month. There were weekly bus trips out to local garden centres and costal drives. The manager told us they had recently had budget approval for an activities co-ordinator to be employed for 26 hours per week. Their role would be to solely concentrate on organising meaningful activities for people that reflected their interests and preferences. We will check people have access to meaningful activities at our next inspection.

People and their families were given information about how to complain. Relatives told us they knew how to raise a concern and they would be comfortable doing so. Any complaints received were dealt with at Cornwall Care's head office. A relative told us they had previously made a complaint and; "They [Cornwall

Care] have done a full investigation."

Is the service well-led?

Our findings

Registered providers have a legal responsibility to notify CQC of certain events. This includes any applications to deprive people of their liberty and the subsequent outcome. CQC had not received any notifications in this respect although some people living at St Breock were subject to DoLS authorisations.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager had left the service in September 2016. At the time of the inspection St Breock was being overseen by the registered manager of another Cornwall Care service who was dividing their time between the two services. The Operations Director told us the recruitment of a new manager was underway and they expected to fill the post soon.

The manager was supported by a deputy manager and senior carers. The deputy manager had worked in the service for many years and was well known to staff and people living at the service. Staff told us they were available for advice and support at all times. The deputy manager sometimes worked alongside staff, providing care for people. This enabled them to check if people were happy and safe and monitor the quality of the care provided by staff. One staff member told us; "[Deputy manager] is always out on the floor making sure everything is running smoothly." Senior carers had responsibility for leading shifts, administering medicines and giving supervisions. This demonstrated roles and responsibilities had been clearly defined.

The service used a key worker system where individual members of staff took on a leadership role for ensuring a person's care plan was up to date, acting as their advocate within the service and communicating with health professionals and relatives.

There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. As well as full staff meetings there were also meetings for each group of staff such as care staff or domestic staff. This meant meetings were relevant to staff.

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

Staff told us morale was good. Many had worked at the service for over a year and staff turnover was low. The manager's office was based at the centre of the building and the deputy manager told us this enabled staff to easily approach them with any concerns they had. They commented; "If they've got a problem they will come in." There was a monthly recognition staff scheme in place where any staff member could be nominated to receive a voucher in recognition of their efforts at work.

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

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify the Commission of requests to a supervisory body for a standard authorisation to deprive people of their liberty Regulation 18 4(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person was not acting in accordance with the Mental Capacity Act (2005). Regulation 11 (1) (3)(4)