Cornwallis Care Services Ltd

Cornwallis Nursing Home

Inspection report

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Cornwall
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Tel: 01736796856

Date of inspection visit:
31 January 2017

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13 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

This unannounced comprehensive inspection took place on 31 January 2017. The last inspection took place on 3 February 2015. There was a breach of the legal requirements at that time regarding the condition of some aspects of the premises. Part of the reason for this inspection was to check on the action taken by the provider to address the concerns raised.

Cornwallis is a care home which offers nursing care and support for up to 51 predominantly older people. At the time of the inspection there were 31 people living at the service. Some of these people were living with dementia. The service occupies a large detached building over three levels, with a passenger lift to provide access for people to the upper floors.

The service is required to have a registered manager. 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. The service had registered manager who had been in post since April 2016.

There was concern at the last inspection that some double glazed units were cloudy with condensation and peoples view was obstructed. Also some lounge chairs were badly stained. The service had replaced some double glazed units and also the lounge chairs. However, it was noted at this inspection that some areas of the service required redecoration such as doors, corridors and doorways. Damage appears to have occurred due to the use of wheelchairs through corridors and doorways. The carpet in one corridor had worn through and was taped down. The tape had lifted posing a potential trip hazard to people. Carpets in some communal areas of the service were worn and marked. We were told a new carpet order was in process.

The registered manager was supported by an administrator and the provider. The Cornwallis group had recently appointed a new operations director who supported managers throughout the group and was present at this inspection. However, due to the present recruitment challenges experienced by the service some governance issues were of concern. Some care plans and risk assessments were a little overdue for review. Audit outcomes identified by the registered manager had not been able to be actioned due to time and resource limitations. This meant that identified improvements that were required were not being implemented at the time of this inspection. The operations director and the registered manager told us that the role of the duty nurse and a deputy manager post was being considered so that they could be delegated some of the responsibilities currently being held by the registered manager. We have made a recommendation in the Well led domain that the registered manager is provided with immediate support.

Staff were supported by a system of induction training, supervision and appraisals. Staff confirmed they received an induction when they joined the service. However, there was no record of such an induction being provided to new staff in their files. This meant it was not possible for inspectors to judge what was

included in the induction.

People were mostly treated with kindness, compassion and respect. Families and healthcare professionals told us they felt all the staff were kind and provided good care.

There was some additional signage provided throughout the service such as pictorial signs for bathrooms and toilets. This supported people who required extra orientation to their surroundings and supported their independence. We walked around the service which was comfortable and spacious with room for people to move around easily. The service was clean and odour free throughout. The domestic team were well managed and had robust effective cleaning programmes to ensure the service was always clean and tidy.

Systems for the management and administration of medicines were robust. People had received their medicines as prescribed. Regular medicines audits were identifying if errors occurred. However, prescribed creams were not always dated when they had been opened. This meant staff would not know when the item should be disposed of or was no longer safe to use.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. Staff received mandatory training relevant for their role. However, training on the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards was not provided to all staff. This training had not been planned for despite the service policy stating that all staff were provided with this training. Some specialised training specific to the needs of people using the service was being provided such as dementia care. Staff meetings were held, which allowed staff to air any concerns or suggestions they had regarding the running of the service. Staff felt supported by the registered manager.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had been using a high number of agency staff to cover both nursing and care shifts for some time prior to this inspection. Two nurses had recently left the service further compounding the shortage of permanent nurses available at the service. Recruitment efforts had received no applicants. The agency staff being used by the service were consistent and those we spoke with had been working for the service regularly for some time providing some continuity to people living at the service.

People's rights were protected because the service acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were applied correctly and any conditions applied to authorisations were being upheld.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

People had access to some activities which were provided by the care staff when time allowed. An activity co-ordinator was in not in post at the time of this inspection. However, the recruitment of an activities co-ordinator was in process. People were supported to go out and visit the surrounding area regularly.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this 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, families and healthcare professionals told us they felt the service was 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 to meet the needs of people who used the service. However, many nursing and care shifts were covered by agency staff. The service was finding it challenging to recruit new nursing staff.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Systems for the management of medicines were robust.

Is the service effective?

Requires Improvement

The service was not entirely effective. Some aspects of the premises required attention, such as re decoration and carpet replacement.

Staff induction was provided but not recorded. Staff were provided with most mandatory training and supported with regular supervision and appraisals.

The management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. However, staff training was not provided on this legislation.

Is the service caring?

Good

The service was caring. Staff respected people's wishes and provided care and support in line with those wishes. We did observe an interaction which was not entirely respectful.

People who used the service, their families and healthcare professionals were positive about the service and the way staff

treated the people they supported.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Requires Improvement

The service was not entirely well-led. The registered manager was not able to take effective action on audit findings due to lack of resources. This meant that identified improvements were not being implemented.

The registered manager did not have a deputy manager or a clinical lead and was supporting another manager in another service. There was heavy dependence on agency nursing and care staff. This meant that all audit, review and governance tasks were passed to the registered manager who did not have the resources to complete this in a timely and effective manner.

Staff and healthcare professionals were positive about the registered manager and how they led the service. Staff were supported by the registered manager.

Cornwallis 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 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.

The inspection took place on 31 January 2017. The inspection was carried out by two adult social care inspectors, a specialist nurse advisor 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 held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people living at the service and one visitor. Not everyone we met who was living at Cornwallis was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with five staff, the registered manager and the operations director. We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for five people living at Cornwallis, medicines records, four staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with one relative of a person living at the service, two members of staff and three healthcare professionals.

Good

Is the service safe?

Our findings

At our last inspection we were concerned about some double glazed windows which required replacing and obscured people's view out from a lounge. We also found stained chairs which were covered by throws. At this inspection we found people's view from the lounge was improved as some double glazed units had been replaced. The chairs in both the lounge and dining area had been replaced. This meant that the service had taken appropriate action to address the concerns found at the last inspection and had met the requirements of the previous breach of regulations.

In January 2017 the fire service had carried out an inspection of Cornwallis. Fire alarms and evacuation procedures were checked to ensure they worked. The fire service had issued a notice of actions that needed to be taken in order to ensure the safety of people living at Cornwallis in the case of fire. Some of these actions had already been taken. For example, the fire service identified that some escape routes were being used for storing equipment. We noted that notices had been placed on some fire escapes stating, "Do not obstruct." We did not see any obstructed exits at the time of this inspection. Further actions required were with the maintenance person awaiting action.

Inspectors found most people's bedroom doors to be locked. People were not provided with keys and therefor unable to access their own bedrooms when they wished without needing to ask staff to provide a key. Staff suggested people's bedroom doors were locked to prevent people assessing other people's bedrooms and property. However, we identified and staff agreed that there were no people living at the service, at the time of this inspection, who were able to access the corridors and bedrooms without staff support. During the inspection, one person with limited mobility had been supported to return to their room by a member of staff. On arrival at their bedroom they found the door was locked and the staff member did not have a key. This meant the person had to turn around and return back down the corridor with the staff member to obtain a key. We discussed this issue with the registered manager and the operations director who assured us that people's bedroom doors would be unlocked thus providing free access for people when they chose.

At this inspection we found the premises were mostly in good order. However, there were areas of the service that required redecoration such as some corridor walls, doors and doorways that had been damaged by wheelchairs. A table in the entrance area was badly worn and needed replacing. Carpeting in some communal areas were worn and marked and in one corridor torn. Tape had been placed over the tear in the carpet but this had lifted and posed a potential trip hazard to people using the corridor. Several bedrooms had been re-carpeted as the rooms became vacant. There was some additional signage provided throughout the service such as pictorial signs for bathrooms and toilets. This supported people who required extra orientation to their surroundings and supported their independence. People had access to quiet areas of the service and a secure outside garden area. However, the registered manager told us this garden area required some improvement to meet the needs of people with dementia.

The registered manager carried out regular audits on areas such as health and safety, medicines and care plans. Such audits had pre printed outcomes, with the same issues highlighted every month from June to

December 2016. One audit undertaken in January 2017 asked if all carpets were in good condition, secure and firmly fixed down and no uneven flooring. This audit identified that this was not the case throughout the service and stated that "Maintenance aware since February 2016." The registered manager assured us that a new carpet order was being placed. The registered manager was identifying issues through audits it was not always possible for effective action to be taken, either due to lack of permanent staff or resources.

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 living at Cornwalllis who had the capacity to consent to their care being provided were asked to sign their own care plans. However, where people were not able to consent due to their healthcare needs, staff had signed on their behalf. This is not in accordance with the MCA guidance as the only person who can consent to care on behalf of another person who lacks capacity is a Lasting Power of Attorney or a court appointed deputy.

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. The registered manager was managing any authorisations granted and any conditions were being supported appropriately.

The DoLS policy held by the service had been reviewed by the registered manager in 2016 but did not reflect the Supreme Court judgement of 2014, which changed the criteria when a service should consider an application for an authorisation. This meant it did not provide up to date information for staff. The registered manager and the operations director assured us it would be reviewed and updated. The DoLS policy also stated; "Staff all receive training in DoLS in induction and further training so that they understand the processes involved in taking best interest decisions for people lacking capacity and the circumstances DoLS are likely to be applied." However, there was no training recorded or planned for staff on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). We spoke to staff about their awareness of this legislation and they were not entirely clear. This meant the service was not following its own policy. However, staff were clear on how to ensure that people's rights were supported and people were encouraged to make decisions for themselves wherever possible.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There were no records in staff files of induction and what it incorporated. However, staff confirmed they had received a good induction with good support to help them feel confident before working alone. One commented, "You're never on your own really." 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 had completed or were working towards completing the Care Certificate and had shadowed other workers before they started to work on their own. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.

Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service. Staff responded quickly to people's requests for assistance during meals and

people were assisted by care staff to move safely. Following the inspection we spoke with visiting healthcare professionals who told us they had no concerns about the service and considered the staff to be effective in meeting people's needs. One visitor commented, "The staff seem to know what they are doing, I have no complaints."

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us they received regular training updates. Training records showed staff were provided with regular updates on subjects including moving and handling and infection control. Dementia care training had been completed by some staff.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

We observed the lunch time period in one of the dining rooms using SOFI. People were offered a choice of meal from a rolling four week menu. The kitchen provided food to people, who required additional support with their food, upon red plates so that staff were aware of their needs. People and their families told us the food was good. Comments included, "The food is excellent" and "You couldn't ask for better meals."

We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences. Relevant cleaning programmes and food temperature checks were carried out appropriately. The service had been awarded 5 stars at the last Food Standards Agency inspection.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. Such monitoring charts were completed appropriately and monitored by the nurses. Where there were concerns about people loosing weight this was monitored closely. Where appropriate staff concerns had been referred to health professionals including speech and language therapists and GP's for advice.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. Specific information relating to one person's vision with and then without their glasses was provided for staff in the person's care plan. This meant staff had clear guidance to ensure the person always wore their glasses.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we were concerned about some double glazed windows which required replacing and obscured people's view out from a lounge. We also found stained chairs which were covered by throws. At this inspection we found people's view from the lounge was improved as some double glazed units had been replaced. The chairs in both the lounge and dining area had been replaced. This meant that the service had taken appropriate action to address the concerns found at the last inspection and had met the requirements of the previous breach of regulations.

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We recommend that the provider review the maintenance of the service to ensure it is of a good standard.

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The DoLS policy held by the service had been reviewed by the registered manager in 2016 but did not reflect the Supreme Court judgement of 2014, which changed the criteria when a service should consider an application for an authorisation. This meant it did not provide up to date information for staff. The registered manager and the operations manager assured us it would be reviewed and updated. The DoLS policy also stated; "Staff all receive training in DoLS in induction and further training so that they understand the processes involved in taking best interest decisions for people lacking capacity and the circumstances DoLS are likely to be applied." However, there was no training recorded or planned for staff on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). We spoke to staff about their awareness of this legislation and they were not entirely clear. This meant the service was not following its own policy. However, staff were clear on how to ensure that people's rights were supported and people were encouraged to make decisions for themselves wherever possible.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There were no records in staff files of induction and what it incorporated. However, staff confirmed they had received a good induction with good support to help them feel confident before working alone. One commented, "You're never on your own really." 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 had completed or were working towards completing the Care Certificate and had shadowed other workers before they started to work on their own. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.

The above is a breach of Regulation 17 of the Health and Social Care Act 2009 (Regulated Activities) 2014.

Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service. Staff responded quickly to people's requests for assistance during meals and people were assisted by care staff to move safely. Following the inspection we spoke with visiting healthcare professionals who told us they had no concerns about the service and considered the staff to be effective in meeting people's needs. One visitor commented, "The staff seem to know what they are doing, I have no complaints."

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us they received regular training updates. Training records showed staff were provided with regular updates on subjects including moving and handling and infection control. Dementia care training had been completed by some staff.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

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Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. Such monitoring charts were completed appropriately and monitored by the nurses. Where there were concerns about people loosing weight this was monitored closely. Where appropriate staff concerns had been referred to health professionals including speech and language therapists and GP's for advice.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. Specific information relating to one person's vision with and then without their glasses was provided for staff in the person's care plan. This meant staff had clear guidance to ensure the person always wore their glasses.

Good

Is the service caring?

Our findings

Not everyone living at Cornwallis was able to verbally tell us about their experiences of living at the service due to their healthcare needs. People told us, "The staff always talk to me with respect" and "They (staff) show they care by the way they talk to me." Relatives comments included, "The staff think the world of my wife, she not just another resident" and "They (staff) are always kind and caring as far I am concerned." Relatives felt involved in the person's care and were regularly in touch with the service. Visiting healthcare professionals were also positive about the care provided by staff at the service. The service received thank you cards from families and people who had spent time at Cornwallis praising the staff for their care.

There were many positive interactions where staff responded quickly and effectively to people's needs. For example, one person began to shout out during their meal. Staff responded quickly and suggested another food that they may enjoy. This was provided quickly and the person enjoyed it. We spent time in the communal area of the service during our inspection. Throughout the inspection people were mostly comfortable in their surroundings with little signs of agitation or stress. Staff were kind, and mostly spoke with people considerately. One staff member told us, "I like to treat them like family."

During the inspection some staff did not always respect the person's right to choice. For example, when they wanted to go back to their bedroom. Some people living at the service required one to one support from a member of staff throughout the day. Some staff were seen sitting with people assisting them, but talking to over the person with other members of staff. This did not respect the person they were supporting. The registered manager assured us this concern would be raised with staff.

People's dignity and privacy was respected when care was provided. Staff ensured that doors and curtains were closed when providing personal care. Staff asked if people required assistance to the bathroom in a quiet voice which was respectful. At the time of this inspection staff told us there were three people who required to be moved by a hoist and a sling. Slings used by staff to move people safely were not always named for an individual's use, but staff confirmed that they were always washed after each use. Staff told us there were, "Plenty of slings" for staff to use. This meant that people's dignity was respected and equipment was not used communally.

People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. People were encouraged to bring in their own possessions as it was felt it was particularly important to have things around them which were reminiscent of their past.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably.

People and their families were informed about any decisions involving the running of the service as well as their care. Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meeting if they wished. However, the registered manager told us that despite

their efforts to encourage families to visit the service since they took over their post, only one or two did so. The service had held families meetings but only one family member attended the most recent meeting.

During the inspection the atmosphere throughout the service was calm. Staff were seen providing care and support in a calm and relaxed manner. Interactions between staff and people at the service were mostly caring with conversations being held in gentle and understanding way. 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.

Good

Is the service responsive?

Our findings

Relatives told us they were pleased with the care provided to their family members. One commented, "They always call us the minute anything changes" and "They (staff) take them out a lot."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. This meant the registered manager was knowledgeable about people's needs.

People were supported to maintain relationships with family via the use of phone or the internet. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting a visitor and chatted knowledgeably to them about their family member.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were mostly regularly reviewed and updated to help ensure they were accurate and up to date. People were given the opportunity to sign in agreement with the content of care plans where they were able. Families, where appropriate, were also provided with opportunities to read the care plans and sign in agreement with the contents. Due to the lack of permanent nursing staff some care plans were becoming overdue for monthly reviews. In order to address this and manage the situation the registered manager was randomly auditing and reviewing eight care plans a month.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. These records provided useful detailed information about how staff considered each person's social and emotional needs as well as they physical needs. For example, staff reported that one person gained great comfort from looking after a baby doll and this was made clear to staff so that it was always nearby to the person.

People had their needs monitored to help ensure staff would be quickly aware if there was any change which might necessitate a change in how their care was delivered. For example, night staff had reported a person having difficulty in getting in and out of their bed as it was a little high. This triggered an assessment of their ability to transfer in and out of bed. As a result of this review a new bed was ordered and had been put in place. Staff and the person had been supported in how to use the new bed and were able to lower it when needed. This meant the service was responsive to people's needs.

There was no one living at the service who required to be cared for in bed for long periods of time. Although some people did have pressure relieving air mattresses in place to protect them from the risk of skin damage when they were in their bed. It was not clear when the settings for such mattresses were checked by nursing staff to ensure that each mattress was set correctly related to the person's weight. The registered manager assured us that such checks would be put in place on a regular basis.

The nursing staff used a white board and a dressing file to record the details of anyone who needed any specific nursing care such as dressings. At the time of this inspection two people had dressings that needed regular attention. External healthcare professionals told us that the nursing staff had been able to effectively support one person who had a history of skin damage.

There was a staff handover meeting at each shift change. We observed an afternoon handover meeting which was built into the staff rota to ensure there was sufficient time to exchange any information. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. Such sharing of information helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time

People had access to some activities both within the service and outside. An activities co-ordinator was not employed at the service at the time of this inspection. However, the service was actively recruiting to this post. There was not an organised programme of events but staff confirmed, and we observed, that activities were provided by the care staff when time allowed. One member of staff told us, "We could do more, it's just getting the time."

People' care files detailed when they went out in to the community. One person had asked to be able to leave the service independently and unsupported by staff, to access the local area. There were some risks associated with them doing this and so it had been discussed at a meeting with the person and healthcare professionals. It had been agreed that a wireless alarm be sourced by the person on-line and ordered for use. This meant the service responded to people's wishes and supported them to balance risk with their independence.

People and families were provided with information on how to raise any concerns they may have. The service held an appropriate complaints procedure. People told us they had not had any reason to complain. The registered manager showed us the records they held, which recorded any concerns raised and how they were responded to.

Requires Improvement

Is the service well-led?

Our findings

People told us, "I don't know who the manager is, but I know all the girls" and "Everybody seems to know their job."

The registered manager had been in post since April 2016. The registered manager was clear about their accountability. They did not have a deputy manager but were supported by an administrator. The service had recently had two nurses, including the clinical lead, resign and this had impacted on the amount of work that needed to be done by the registered manager. For example, care plan reviews and audits. Although the registered manager was carrying out random audits of up to 8 care plans each month, it was not possible for them to ensure every person's care plan and risk assessments were fully reviewed each month due to lack of time. The majority of nursing shifts were being covered by agency staff, and so care plan reviewing was not being routinely done by the nursing team. This meant that some reviews were becoming overdue at the time of this inspection. The service was actively working to resolve the shortage of permanent nursing staff. Following this inspection we were told that one of the nurses who had left prior to this inspection was now returning to the service. This meant there was going to be an increase in the amount of permanent nursing staff at the service.

The registered manager was present at the service most days. The Cornwallis group had recently taken over some new care homes and the registered manager was supporting the manager of one of these homes once a week. This was further impacting on the time the registered manager had available to action identified improvements at Cornwallis.

We discussed our concerns with the operations director regarding the current workload of the registered manager. Managing a nursing home with a large amount of agency staff, no clinical lead, very little permanent nursing staff, no deputy manager and supporting another manager in another service was putting them under extreme pressure. The registered manager and operations directowere reviewing the responsibilities of the duty nurse, with a view to incorporating care plan reviews in to it and therefore relieving the registered manager of some work.

We recommend that the registered manager is provided with immediate support in order to ensure that service runs effectively and safely.

Staff and visiting healthcare professionals were positive about the registered manager and told us that they could approach them with any issue.

Most staff felt the registered manager was approachable and supportive. The registered manager told us, "My staff are very open and I am very human with my staff. My door is always open. You have to be open and transparent." Staff told us, "Staff are amazing," and "Everyone works so well in a team, superb." Staff told us they felt well supported through supervision and staff meetings. Staff commented, "I love my role, I have been here a long time, it's good. The manager is easy to talk to and there is always someone I can go to if I need to."

There were systems in place to support all staff. Staff meetings took place for different teams such as catering, housekeeping, care and nursing staff. These were an opportunity to keep staff informed of any relevant operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Most staff told us the registered manager was visible and approachable. This meant they were aware of the culture of the service at all times. There had been some recent issues raised by external professionals about the care and support of specific people living at the service. These issues had been responded to efficiently and investigated thoroughly by the registered manager, who was knowledgeable about her staff and all the people living at the service.

The registered manager had drawn up a new service user's guide which was given to people and their families when they first arrived at the service. This guide provided people with information about Cornwallis and what services were provided.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. Services are required to notify the Care Quality Commission (CQC) of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have robust processes which were established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.