

Cornwallis Care Services Ltd

Cowbridge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Cowbridge Nursing Home is a nursing care home which predominately provides nursing and personal care to older people. The service is registered to accommodate up to a maximum of 30 people. On the day of the inspection 27 people were living at the service. Some of the people at the time of our visit had physical health needs and some mental frailty due to a diagnosis of dementia.

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

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out this unannounced inspection of Cowbridge Nursing Home on 23 and 25 June 2015. Our findings were that people were being cared for by competent and experienced staff, people had choices in their daily lives and their mobility was supported appropriately.

People told us staff were; "fantastic," "caring," "marvellous" and "I am looked after very well". They told us they were completely satisfied with the care provided

Summary of findings

and the manner in which it was given. Relatives told us “Not only did they save Mums life, they saved mine,” “fantastic care,” “Staff genuinely care,” “we cannot fault the care, nothing is too much trouble” and staff were “competent and professional.”

The registered manager said “We tell the relatives let us do the hard bit, you can live well with dementia.” The activity coordinator along with relatives and carers had arranged informal weekends away. This provided an opportunity for relatives to form supportive relationships with other relatives. It also gave a time for discussion to understand the impact dementia has on the person and those around them. These weekends were popular and very positive for people and allowed a greater understanding of the impact dementia could have. The service also held a relative’s support group throughout the year. This was open to relatives where people were currently or had lived at the service. One relative told us, “I’m still welcome here even though my husband is no longer with us, the support is so valuable.”

People felt safe living in the home, commenting “I feel safe here, very safe.” One person commented “This is my home now and I’m happy here.” Relatives told us they felt their family member was cared for safely. Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken.

People’s care and health needs were assessed prior to admission to the service. Staff ensured they found out as much information about the person as possible so that they could; “Really get to know them, their likes, dislikes, interests, they wanted to know all about their life.” Relatives felt this gave staff a very good understanding of their family member and how they could care for them.

People chose how to spend their day and a wide range of activities were provided. Activities were provided by the service in a group format, such as for arts and crafts and through outside entertainers coming into the service. The service had participated in a national project to look at making activities more individualised and meaningful to the person. This was done by gathering views from relatives and the person about their interests, such as flower making and the place they were born, and a memory box was then filled with items associated with these for that person’s use. Visitors told us they were always made welcome and were able to visit at any time.

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

People’s care plans, identified the person’s care and health needs in depth and how the person wished to be supported by the service. They were written in a manner that informed, guided and directed staff in how to approach and care for a person’s physical and emotional needs. Records showed staff had made referrals to relevant healthcare services quickly when changes to people’s health or wellbeing had been identified. Staff felt the care plans allowed a consistent approach when providing care so the person received effective care from all the staff. People that used the service and their relatives told us they were invited and attended care plan review meetings and found these meetings really helpful.

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

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. People said, “When I call the bell for help staff come quickly,” Relatives echoed this view commenting staff were always available if they had any queries at any time. Staff felt there were always sufficient staff on duty.

Staff told us they were supported by managers. They attended regular meetings (called supervision) with their line managers. This allowed staff the opportunity to discuss how they provided support to people, to ensure

Summary of findings

they met people's needs, and gave time to review their aims, objectives and any professional development plans. Staff also had an annual appraisal to review their work performance over the year.

We saw the home's complaints procedure which provided people with information on how to make a complaint. People and relatives told us they had, "No cause to make any complaints" and if they had any issues they felt able to address them with the management team.

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

The registered manager emphasised the importance of engaging with the local community, had invited people to visit Cowbridge and had got the service involved in all kinds of community celebrations and festivals. Due to this engagement with the local community the reputation of the service had been further improved to become very positive. This had been achieved by various initiatives. For example; the registered manager is holding relative and carers support groups at the local tea shop. These

are open for all who have or are providing a caring role, also joining in the local carnival and heritage day, providing coffee mornings and attending the maypole dancing all help to promote the service. The service is now highly thought of in the local community.

The provider organisation is keen to gain the views of people's relatives and health and social care professionals. Some of this is completed via a questionnaire and the results of these were compiled in a report which identified areas for improvement and any actions the provider needed to make. For example some people wanted the garden area to be used more, and so the service was actively making this area a more pleasant place to use. People that used the service had purchased new furniture and had planted sensory plants.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a clear ethos at the home which was understood by all the staff. It was very important to all the staff and management at the service that people who lived there were supported to be as independent as possible and to live their life as they chose. The provider had an effective system to regularly assess and monitor the quality of service that people received and was continuously trying to further improve the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

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

People were supported with their medicines in a safe way by staff that had been appropriately trained.

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

Good



Is the service effective?

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

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

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

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

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

The registered manager used creative steps to support people in their service and their families. The registered manager organised a regular support group for relatives and an annual relative's weekend away. This provided an opportunity for relatives/carers to learn about the impact of dementia on their family members and supported them as carers.

Outstanding



Is the service responsive?

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

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

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

Good



Summary of findings

Is the service well-led?

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

The registered manager had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions. The manager led by example and expected all the staff to carry out their role to the same standard.

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

Good



Cowbridge Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 25 June 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of one inspector.

Before visiting the home we reviewed previous inspection reports, the information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send to us by law. The provider completed the provider information return (PIR). This is a document completed by the provider with information about the performance of the service.

During the inspection we spoke with four people who were able to express their views of living in the home and six visiting relatives. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) during the visit which included observations at meal times and when people were seated in the communal lounge throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with nine care staff, the activities coordinator, catering, domestic and maintenance staff, and agency staff. We also spoke with the nurse in charge and the registered manager. We had feedback from a healthcare professional, an external trainer, and spoke with another relative following the inspection visits. We looked at two records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person commented “I feel safe here, very safe.” Another said “this is my home now and I’m happy here.” Relatives told us they felt their family member was cared for safely. One commented “Safe, absolutely.” People and their relatives were complimentary about how staff approached them in a thoughtful and caring manner. We saw throughout our visit people approaching staff freely without hesitation. We saw positive relationships between people and staff had been developed.

Staff had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The management of the home recognised when to report any suspected abuse. The registered manager told us when needed, they had reported concerns to the local authority in line with local reporting arrangements. This showed that the home worked openly with other professionals to ensure that safeguarding concerns were recognised, addressed and actions taken to improve future safety and care of people living at the home.

Staff were aware of the homes safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practices. Staff were aware of this policy and said they felt able to use it. A harassment policy was also available for staff so they knew what process to follow should they feel harassment had occurred.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the service. Staff supported people appropriately whilst moving around the home. We observed staff support people to transfer from a hoist to chair on three occasions and found they were carried out

by competent staff. During the transfers staff spoke to the person telling them what they were going to do and ensured the person felt comfortable and safe at all times. We saw staff had received training in this area of care.

A person told us “when I call the bell for help staff come quickly,” and “There seems to be enough staff.” Relatives echoed this view commenting staff were always available if they had any queries at any time. Staff felt there were sufficient staff on duty and that if staff called in sick the team would “rally around and make sure everything is covered, or work extra.” Staff were competent at organising their day to ensure that all parts of the service had staff cover available at all times. Staff were prompt to respond to people when they called for assistance. On both days of inspection there were one nurse and five care staff, on duty to provide support to 23 people. Plus four people were individually supported by four additional care staff at all times. Kitchen, domestic, laundress, maintenance, administrator and an activity coordinator were also on duty. At night one nurse and two carers were on duty. Staff said they felt there were sufficient staff levels at the service at all times. Staffing rotas showed this level of staffing on duty throughout the week. The registered manager reviewed people’s dependency needs to see if additional staffing was needed to ensure the correct level of support was available to meet peoples changing needs. The registered manager told us they were recruiting a further care post so that the activities coordinator role would be protected to allow activities to be provided each day.

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

Medicines were stored in a locked cabinet. We saw Medicines Administration Records (MAR), were completed as required. The medicines in the blister pack monitored dosage system and the controlled drugs tallied with those recorded on the MAR sheet as in stock. Some people took medicines ‘as required’ (PRN) and these medicines were appropriately managed.

The nurse we observed giving medicines was aware when and how the person liked to take their medicines. For example, if the person should take their medicines before or after eating and with a hot or cold drink. The service had compiled a ‘special instruction sheet’ which was to help

Is the service safe?

new staff and agency staff as it summarised what medicines the person took, the time to administer, and how the person wanted their medicines administered. For example “Use a plastic cup” and “they may refuse to take the medicine, return after 5 minutes and try again.”

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

The provider held small amounts of money for some people at the service. This money was for purchasing small items for example hair dressing, newspapers or chiropody. The service kept individual financial records of money received, and spent along with receipts for all expenditure. We counted money for two people at the service and found that the money held tallied with the persons finance records.

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. Staff responded to their needs promptly and people said staff were “Good at their job.”

Relatives were complimentary about the staff, stating they were; “marvellous.” and found them to be “competent and professional”. Relatives were involved in the admission process of their family member into the home and staff ensured they found out as much information about their family member as possible during this time. For example a person was visually impaired but did not want to have plate guards on her food, this was respected. This gave staff a good understanding of people new to the service and how they wanted to be cared for.

New staff completed an induction when they started to work at the home. An induction checklist was filled out by the staff member and their supervisor. A new member of staff was in the process of working through their induction and told us it was helpful and comprehensive. An agency worker told us they had received an induction and a “bullet point care plan” which summarised each person’s care needs and the manner in which the person was to be supported. This enabled them to get to know people and see how best to support them prior to working with the person alone. This helped ensure that staff met people’s needs in a consistent manner and delivered good quality care.

Staff told us they attended regular meetings (called supervision) with their line managers. Staff discussed how they provided support to people to ensure they met people’s needs. It also provided an opportunity to review their aims, objectives and any professional development plans. These meetings were held at the commencement of employment, monthly, then at approximately two monthly intervals. Staff had an annual appraisal to review their work performance over the year.

Staff attended training relevant to their role and found it to be beneficial, comments included “It’s good there is lots of it.” Some of the courses attended included: safeguarding, equality and diversity and manual handling. Staff said that

the registered manager supported them to attend specialist courses, such as dementia awareness, tissue viability and end of life care. This increased staff knowledge and skills so that people received good quality care.

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

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. Decisions had been made on a person’s behalf; the decision had been made in their ‘best interest’. For example best interest meetings had been held to decide on the use of bedrails for some people. These meetings involved the person’s family and appropriate health professionals.

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

People were able to choose what they wanted to eat and where they wanted to eat their meal. The meal we saw was leisurely and people enjoyed their food. Everyone we spoke with was complimentary about the variety and quality of the food and told us they had discussed with the catering staff their likes and dislikes so that they were given meals that they liked. On asking people and relatives if they could think of any improvements to the service, all said they found this difficult but if they “had to be picky” they would ask for even more fresh vegetables, especially swede. We told the registered manager this on the first day of our inspection and she raised this with the catering staff. The

Is the service effective?

following day we spoke with the cook who had been made aware of this additional feedback and had already ensured this was in place. The cook said “I want to provide food that my gran would have liked.”

The catering staff had a good knowledge of people’s dietary needs and catered for them appropriately, for example soft, pureed or diabetic diets. Staff said that they had an appropriate budget to buy all foods needed. The last Environmental Health Inspection awarded the service an excellent five star food safety rating.

Staff helped people who needed assistance with eating in a respectful and appropriate manner, sitting alongside the person talking to them, and encouraged them to eat and to drink. One person needed support with eating. The care staff ensured that the person knew what food was available, for example rice or chicken, asked if they would like more of them, or something else from their plate. One

person did not want to eat their main meal and they were offered other alternatives to choose between, one of which they accepted. Staff offered people regular drinks throughout the day and we saw drinks were available close to where people were sitting.

Staff made referrals to relevant healthcare services quickly when changes to people’s health or wellbeing were identified, such as GP’s dentists and opticians. An external healthcare professional told us they found staff to be pro-active in their approach and made appropriate referrals to them. They told us they were confident any recommendations would be acted upon appropriately. Specific care plans, for example, diet and nutrition, informed and guided staff on how to provide specific care to the person. These care plans had been reviewed to ensure they remained up to date and reflected peoples current care needs.



Is the service caring?

Our findings

We received positive comments from people who lived at Cowbridge Nursing Home. Comments included, "I am looked after very well," and "Staff are fantastic, caring, lovely." People told us they were completely satisfied with the care provided and the manner in which it was given.

We received positive comments from relatives about the care their family member received. Comments included: "Not only did they save Mums life, they saved mine," "Fantastic care," "Staff genuinely care," and "We cannot fault the care, nothing is too much trouble." Relatives told us that staff provided compassionate and genuine care when their family member needed end of life care. A health professional told us "Deteriorating illness and end of life care is managed well by the staff and clearly communicated with the family." Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

The registered manager said "We tell the relatives let us do the hard bit, you can live well with dementia." The activity coordinator along with relatives and carers had arranged informal weekends away. This provided an opportunity for relatives to form supportive relationships with other relatives, while also giving a time for discussion to understand what dementia is, the impact it has on the person and those around them. These weekends have been popular and very positive for relatives and have given them a greater understanding of the impact of dementia.

The registered manager was innovative and creative in looking at how they could support relatives and carers in understanding dementia and the impact for the person and family member. She arranged relative support groups and weekends away for carers and some staff. In addition she arranged for an external trainer to work with family members in how to develop strategies to help them cope with everyday life, therefore, trying to reduce their stress, low mood and anxiety. The trainer who ran the course told us, "It was hugely successful with family members making significant, positive changes to their lives in order to help with their role of carer."

The service also holds a relatives support group throughout the year. This is open to relatives where people are either currently living or had lived at the service. One relative told us "I'm still welcome here even though my husband is no longer with us, the support is so valuable.

We saw a number of thank you cards from relatives all of which were highly complementary of the care and support the service provided to their family member. One commented 'Words are quite inadequate to express my gratitude and indebtedness to you for the love, understanding and dedication with which you care for [person's name]. Thank you for your unfailing kindness to me I was always greeted with a smile and treated with every consideration. I do indeed feel I am one of the wonderful Cowbridge family and I always will.' Another card thanked the staff for celebrating the person's birthday and their wedding anniversary and making it 'such a happy time.'

Staff showed genuine care and concern for the people they supported. Staff comments included "We want to make a moment in a day special if we can", "I love it here, we are a family and we care for everyone here, residents, relatives and staff," and "I like to treat people as if they are my mum or dad, I like to give the person independence, respect and privacy."

Care plans recorded staff were to, 'before starting any intervention explain the process and gain consent from the person.' We saw this happening when staff gave people a choice in what happened next, for example asking them where they wanted to go and sit and supporting them to their chosen place to rest. This also demonstrated that where possible people were involved in decisions about their daily living. Staff interacted with people respectfully. All staff showed a genuine interest in their work and a desire to offer an excellent service to people.

On the first day of our inspection we used our Short Observational Framework for Inspection tool (SOFI) in a communal area during lunchtime. This helped us record how people spent their time, the type of support they received and whether they had positive experiences. Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way. For example a staff member had joined people at lunch and was assisting a person on



Is the service caring?

their left hand side with their meal. The person sitting to their right said to the staff member “I love you” the staff member responded “I love you too” they both then looked at each other smiled and laughed.

A person was anxious during the meal time and wanted to walk around, the staff member walked with the person and talked to them, giving verbal reassurance and reminding the person to tell them when they were ready for their meal. We then saw the person and staff member sat on the sofa with the person cuddled into the staff member in a quieter area of the service. The staff member appeared relaxed providing appropriate physical as well as emotional comfort which the person responded to happily. When the majority of people had eaten the person then went with the staff member to enjoy their lunch in a now calmer setting.

A person was distressed calling out for their mum. A staff member went over to the person knelt at the person’s feet so that they were at eye level, took their hand and talked to the person. The person said they were “frightened” and the staff member asked the person what they were frightened of. They continued to talk. Staff asked if the person would like a cup of tea, and with or without sugar as the person liked to drink tea both ways. The staff member replied “let me see you smile and I’ll make you that drink.” The person giggled. The staff member then said “I’ll make you one but let make you more comfortable”. The person then told the staff member in aggressive tones to leave them alone and said “I’m a horrible person”. The staff member replied calmly that they were not. The person asked them then to go away and they respected their wishes and left them quietly. The staff member throughout did not show any change in their approach to the person whilst the person was displaying rapidly changing emotions of distress, laughter and aggression. Staff gave a consistent approach with care and concern shown throughout.

People’s privacy was respected. Staff told us how they maintained people’s privacy and dignity generally and when assisting people with personal care. A male member of staff told us that if a person wanted a female carer this was respected and provided. Staff said it was important

people were supported to retain their dignity and independence. As we were shown around the premises we observed staff knocked on people’s doors and asked if people would like to speak with us. People had been asked if they would like their bedrooms personalised. Their bedrooms had lots of personal belongings, such as furniture, photographs and ornaments. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

Staff provided care and support in a timely manner and responded to people promptly when they asked for assistance. Staff said “if it takes an hour to help a person get up and dressed then this is what we do, we don’t rush people we go at the persons pace, not ours.” For example, one person requested help with their personal care and staff approached the person sensitively and promptly. Staff ensured that the appropriate equipment was used to transfer the person safely from one place to another.

There were opportunities for staff to have one to one time with people and we saw this happening throughout our inspection. Staff had a clear understanding about the backgrounds of the people who lived at the home and knew their individual preferences, particularly about how they wished their care to be provided. For example staff recognised that a person responded to the word ‘lavatory’ and not ‘toilet’ so asked staff to use the word that the person preferred to use.

We saw that some people had completed, with their families, a life story which covered the person’s life history. Relatives told us they had been asked to share life history information and had provided photographs and memorabilia. . For example people recalled their interests such as singing in the choir and the service ensured that the person went to see choirs and choirs come to the service. This gave staff the opportunity to understand a person's past and how it could impact on who they are today.

The registered manager told us where a person did not have a family member to support them they had contacted advocacy services to ensure the person’s voice was heard.

Is the service responsive?

Our findings

Staff responded to people's calls for assistance promptly. People and relatives told us that staff were skilled in how to meet their needs. People who wished to move into the service had their needs assessed to ensure the home was able to meet both their needs and also their expectations. One person who had recently moved to the service had met with the registered manager before using the service to ensure that it would be able to meet their needs. Their relative was also asked for their views on what support the person needed. Following the person's admission they were invited, and attended, care plan review meetings. The person said they found taking part in these meetings beneficial. The registered manager was knowledgeable about people's needs and made the decision about whether a new person should be offered a place at the service by balancing the needs of the new person with the needs of the people already using the service.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. Life histories were completed by the person with assistance from their families and friends to provide useful information for the home when the person arrived. This helped staff understand who the person was and how that might impact on who they are today, including things they enjoyed and things they did not like.

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

Care plans provided specific guidance and direction about how to meet a person's health needs. For example a care plan stated that they needed to monitor a person's food and fluid intake as there were concerns about their dietary

intake. Information from relevant health professionals had been sought to ensure a record of the person's food and fluid intake was kept and monitored and if staff were concerned, what action they should take. This helped ensure care and treatment was delivered consistently. One person told us staff had arranged for them to have their eyes tested as soon as they requested this.

Care plans guided staff on how to manage a person's behaviour when they became anxious or distressed. One care plan recorded, '[person's name] benefits from a tactile approach due to sensory difficulties, touch [person's name] on the hand so she knows you are there and that you want her attention.' We observed one person stood facing the wall the administrator immediately saw this went over touched the person on her hand and asked if they were ok. A carer came over and asked the administrator if they wanted them to support the person to the lounge area, the administrator replied "let [person's name] have her moment, there is no rush, we will stay with you until you're ready to move. You take your time." Staff stayed with the person rubbing her back gently until the person showed they were ready to move to another area of the service. This showed staff were responding to the person's current need.

Another person became anxious when personal care was to be provided. The care plan directed staff to 'always inform [person's name] of all intended procedures' and if the person did not want care at that time to leave and return ten minutes later and ask again. This allowed staff to respond in a consistent manner when the person displayed anxiety or distress. We saw staff carefully following this guidance. Staff told us they felt the care plans were personalised and provided them with clear guidance on how to provide care consistently for each person.

Care records reflected people's needs and wishes in relation to their social and emotional needs. The activities coordinator said, "We want to make a moment in a day special if we can." They were employed to provide activities every day and had dedicated time to do this. The activities coordinator commented that the "safety of the residents comes first so activities are provided at the time it's needed. It's hard to structure it as you need to respond when the person is ready." This showed that activities were delivered to meet people's individual needs at times when they wanted to take part. Sometimes the activity coordinator also gave additional support to care staff for

Is the service responsive?

example, if a staff member had phoned in sick at short notice. This had a brief impact on the spontaneity of activities provided but ensured that people's care needs were always met.

People and relatives were able to tell us of activities they had chosen to take part in. For example there were visits from singers, sing a longs took place, there were hand and nail care sessions, plant potting in the garden, arts and crafts sessions, and planned listening to music and television programmes. As has previously been noted the involvement of relatives and members of the community is central to the operation of the service. The activities coordinator and a relative showed us they were developing the garden area to make it a more relaxing place for people to enjoy. Sensory flowers had been purchased to plant in the garden area and it was planned that some people would be encouraged to assist in developing this area further.

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

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

We asked people who lived at the service, and their relatives, if they would be comfortable making a complaint. People told us they would have no hesitation in raising issues with the registered manager or staff. One person said "[the registered manager] would listen, respond and sort it out." Relatives told us they felt the registered manager was available and they would feel able to approach her, or staff with any concerns. No-one we spoke with had made a complaint and everyone said they would feel confident to approach the service's management or staff if they had any concerns.

Staff felt able to raise any concerns. They told us the management team were approachable and they would be able to express any concerns or views to them. Staff told us they had plenty of opportunity to raise any issues or make suggestions to improve the service further.

Is the service well-led?

Our findings

The registered manager promoted a culture that was well led and was centred on meeting people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved at all levels of decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences. For example, one person told us they had been on the residents committee to share their views.

Relatives told us they attended relatives meetings which were an opportunity to share their views on the service. People made decisions about their activities and meal choices as well as having regular meetings between each person and their named staff member. The provider actively supported staff to ensure care was 'person centred,' which meant care reflected people's preferences as well as their needs.

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

The registered manager worked in the service every day providing care and supporting staff. This helped ensure they were aware of the culture in the home at all times. We heard the registered manager say to one person when they were distressed, "we like you living here with us." This demonstrated that she was leading by example and showing the staff team how she wanted the team to respond to people.

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

manager always being available on call to support the service. Frequent discussions took place between the registered manager and staff about any issues that affected the running of the service.

The registered manager was able to demonstrate good management and leadership as there was a system of management support available to staff at all levels. As well as the registered manager there was also a deputy manager in post. Regular meetings of the service management team were held. The registered manager told us these meetings were "open, transparent and honest" and were "an opportunity to learn and share good practise."

There was effective communication between staff and the service's management. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the service, which was encouraged at supervision and

staff meetings. Staff said there was a learning culture which allowed staff to be critical of the service at staff meetings so that valuable improvements could be made. For example staff wanted people to have access to a safe outdoor space. A secure garden area had been developed and people now have further opportunities to go outside.

The registered manager was keen to ensure that the service was up to date and was following current best practice. For example the registered manager updated staff on policy developments such as changes to the mental capacity act and safeguarding procedures. The service had been involved in a research project for a national dementia organisation. This project looked at how activities could be provided individually so that they were meaningful to the person. People then had individual resources to access which met their needs. For example memory boxes filled with items associated to that persons memories. In one case this led to staff visiting an area of Cornwall and finding out some of the history of the persons birth town and placing this in their memory box.

The registered manager had developed positive links with health care professionals. We asked a health care professional if they could answer if the service was safe, effective, caring, responsive and well led. They replied "In

Is the service well-led?

answer to your questions, the answer is 'yes' to all of them," and "The current (and stable) staff mix at Cowbridge with a general nurse and mental health nurses is well suited to the requirements of the residents."

Staff had a good understanding of the people they cared for and they felt able to raise any issues with their managers if the person's care needed further interventions. Daily staff handovers provided each new shift with a clear picture of each person at the service and supported good two way communication between care staff and the nurse on duty. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. Staff had high standards for their own personal behaviour and how they interacted with people. A healthcare professional told us "The current blend of staff is the best I have experienced at Cowbridge."

The registered manager and nurse on duty made sure they were aware of any worries or concerns people or their relatives might have and regularly sought out their views of the home. The registered manager spoke daily with people, visitors and the staff to gain their views as this supported constant development and improvement of the service provided to people. The registered manager also ensured that she met with night staff regularly to ensure that they had the opportunity to share their views of the service. The registered manager said; "If the carers aren't happy then the residents aren't happy" and "I'm proud of the family atmosphere here and the good relationships we have with relatives." Staff told us they liked working at the service and found the registered manager to be very approachable.

The registered manager emphasised the importance of engaging with the local community. When she commenced her role at Cowbridge the reputation of the service was less positive. Due to her engagement with the local community, inviting people in to visit Cowbridge and becoming involved in community celebrations, the reputation of the service had become very good. This had been achieved through various initiatives. For example, the registered manager holding relative and carers support groups at the local tea shop. These are open for all who have or are providing a caring role. The service joins in with the local carnival and heritage day, provides coffee mornings and attends the maypole dancing. The service is now highly thought of in the local community.

The organisation sought the views of people's relatives and health and social care professionals in a questionnaire. The

results of these were compiled in a report which identified what the service was doing well as well as areas for potential improvement. For example some people wanted the garden area to be used more. During the course of our inspection we saw the service was actively making this area a more pleasant place to use by planting sensory plants which gave pleasant smells and had interesting textures. In addition new furniture which people had been involved in choosing, had been placed in the garden to enable people to sit and enjoy the space and plants.

The registered manager and staff investigated and reviewed incidents and accidents in the home. This included incidents regarding people's behaviour which challenged others. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager completed a monthly report in respect of all areas of the service such as monitoring incidents and accidents and how they were dealt with, as well as details about staff training and any issues regarding the environment of the building. There were corresponding action plans detailing how any improvements were to be made. Follow up checks were made to monitor the effectiveness of the changes. For example the registered manager was aware that some furniture needed to be replaced and was in consultation with the provider to arrange this.

There were effective systems to monitor and check the performance of the service. These included comprehensive monthly health and safety checks to identify both that the service was safe for staff and people, and if any improvements were needed. We also saw records of regular checks of the staff duty roster, infection control and the cleanliness in the home. There was also regular monitoring of the service to ensure it was operating effectively and that people's needs were safely met. This involved the registered manager completing a monthly audit of care records, staff working hours, the maintenance of equipment in the home and staff training.

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

Is the service well-led?

improvements could be made were identified so the service could better meet the needs and preferences of people. Action plans were devised where it was identified improvements could be made in service provision.