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Crossroads House Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Crossroads House is a care home which has been specifically designed to provide dementia care and support for up to 47 older people. On the day of this inspection there were 34 people living at the home.

There was a registered manager in post who was responsible for the day-to-day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

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

We carried out this unannounced inspection on 6 January 2015. We last inspected the home in April 2014. At that inspection we found there was a breach of the regulation relating to records. The registered manager had not identified the concerns found at this inspection regarding the storage of controlled medicines and the records relating to the administration of medicines. There

Summary of findings

were quality assurance systems in place to monitor the service but these issues were not identified, neither had action been taken following the recommendations of a recent external audit of medicines administration at the home. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff working at the home understood the needs of people they supported. Staff received training and support which enabled them to be effective in their care and support of people in the home. Healthcare professionals told us; “They appear to be forward thinking” and “It is clear that staff are all trained in the same way as you could see that there were consistent approaches used in communication with residents.” Visitors reported a good relationship with the staff and management who were approachable.

We inspected the home over one day. The atmosphere was relaxed and calm with people moving around freely. Staff and people living at the home were relaxed in each other's company. People living at the home were not able to easily express their views and experiences due to their healthcare needs. We observed care being provided and spoke to families, visitors and healthcare professionals to gain their views. Everyone spoke very positively about the staff and told us they felt the staff and management were well trained in meeting people's individual needs. People told us; “Yes I am happy here and feel very safe.” Visitors said they felt the home was a safe place for people to live. Two visitors praised the home and the staff, saying their mother “could not be in a better home.” One GP practice told us; “In terms of dementia care this home is going a step beyond what most residential placements will offer and are using up to date research and technology to assist them in providing excellent support.”

People who lived at the home were each provided with individually programmed electronic ‘My Amego’ fobs which they carried with them at all times. Staff carried pagers which received information generated by the ‘fobs’. This helped enable staff to know where each person was within the home at all times. People moved freely around the home as they wished whilst remaining safe.

The home had frozen meals delivered to the home by an external catering company. People told us the food was “very good.” One family told us “Mum's lactose intolerant and she gets everything she wants specially prepared, for example, butter and cream, it's good.” At lunchtime people were offered a choice of meal and where they wished to eat. Staff presented two different ready plated meals, to each person at the table to aid people's ability to make choices for themselves.

The home had been radically re-designed from having been used as a hotel, to a specially designed environment for people with dementia, over three floors. The ground floor and first floor had occupied bedrooms at the time of this inspection. The top floor bedrooms were due to become occupied over the next few months. The ground floor had been designed to resemble a small village with shops, barbers, pub, church and a large functional kitchen area, together with several varied seating areas each offering different stimulation and things to look at and handle. There was a conservatory opening out to an enclosed outside space used for many activities.

People were well cared for. Some women wore jewellery and make up and had their nails painted. Staff were kind and respectful when supporting people. There were a great deal of activities enjoyed by people living at the home, this included, baking, silver polishing, sock pairing, folding laundry and arts and crafts. Some men had recently enjoyed staining the garden fencing. Visitors told us “We are very impressed with the staff, they seem to know all about (the person) and tell us when we arrive what they have been doing and so on,” and “There is always something going on, it's really good.”

Crossroads had developed good working relationships with other professionals who ensured effective care delivery for people whenever the needed or wanted it. Staff, visitors and healthcare professionals spoke highly of the registered manager and that she was very approachable and willing to listen.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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 not safe. Although people said they felt safe at the home their medicines were not always managed safely.

Risks to individuals living at the home were identified and managed.

There were sufficient numbers of staff to meet people's needs

Requires Improvement



Is the service effective?

The service was effective. Staff were well trained and knowledgeable about how to meet people's individual needs.

Where people did not have the capacity to make decisions for themselves, the provider acted in accordance with the legal requirements.

People's care needs were managed very effectively by the use of new technology and the design and layout of the environment.

People were enabled to make choices about their food and drink. People told us the food was good.

Good



Is the service caring?

The service was caring. People were supported by staff who were caring and kind and respected people's privacy and dignity.

Staff and families told us they felt their views were acted upon and they felt listened to.

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

Good



Is the service responsive?

The service was responsive. Information in care files was accurate and directed staff how to provide individualised care.

There were a variety of meaningful activities available for people to enjoy.

People told us they could raise any concerns to the approachable staff and management and knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led. People, their families and staff were actively involved in supporting the management to develop the service through surveys. There were audits undertaken to monitor the service.

The registered manager was aware of the culture of the home through working with the staff and having regular meetings. The ethos of personalised care was clear to all who worked there.

Good



Summary of findings

<p>The registered manager showed good leadership and was well supported by the provider.</p>	
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Crossroads House Care 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.

We visited Crossroads House on 6 January 2015. The inspection was carried out by two inspectors 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. Their area of expertise was in older people's care. The inspection was unannounced.

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. We reviewed the Provider Information

Return (PIR) returned to us by the provider. This is a document completed by the provider with information about the performance of the service and any improvements planned.

During the inspection we spoke with the registered manager, the provider/owner, the operations manager, three people who lived at the home, four relatives and five staff. After the inspection we spoke with a further three families on the telephone. People living at the home were unable to communicate with us as they were living with dementia.

We looked around the home and observed care practices on the day of our inspection. We looked at three records which related to people's individual care. We also looked at three staff files and records in relation to the running of the home. We reviewed the information held by the Care Quality Commission about this service and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvement they plan to make.

Is the service safe?

Our findings

We looked at the arrangements in place for the administration and recording of medicines at the home. It was not clear from the Medication Administration Records (MAR) if some people had received their prescribed medicines at the appropriate times. There were gaps in the records between 18 December 2014 and 04 January 2015, where staff had not signed to show they had given a person their medicines at specific times of the day. We asked a member of staff about this and were told; "It is a problem, we get distracted during the medicine round and sometimes we forget to complete the paperwork." We established people had received their medicines in a timely way by checking the medicines packs, but this was not evidenced in the records. An audit carried out by an external pharmacist had identified this as a concern in July 2014 and made a recommendation that this issue be regularly monitored by the home. The registered manager had undertaken an audit of the MAR sheets in October 2014 and told us no gaps were seen in the records. The registered manager was not aware of the gaps in the records that had occurred during the past month. Staff who administered medicines had attended training and regular updates were provided. Medicine administration updates were provided for 19 staff two days after our inspection.

Crossroads did not have robust arrangements in place for the recording of controlled medicines (CD's). These medicines required additional secure storage and recording systems by law. Although these medicines were stored in line with the relevant legislation, the records of stock held by the home did not agree with the CD's actually held. The records showed a balance for five CD's held by the home when these were not present at the home. Two entries showed balances for CD's held since 17 August 2013. We were told the medicines had been returned to the pharmacy or sent home with a person or their family. There were no records to show what had happened to these medicines. Some people in the home used pain relief patches regularly. These patches should be returned to the pharmacy following use for safe destruction as they contained a CD. We found seven used patches for one person who lived at the home, were being held. Staff told us; "We do a weekly return to the pharmacy of medicines that are no longer needed, but these obviously got missed and didn't go back as they should have." The pharmacy audit in July 2014 stated; "CD balances did not agree with

stock level" and recommended "Set up regular audits to check CD balances." This recommendation had not been actioned. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with the management of the service. However, staff were not clear how they would raise concerns outside of the service and not aware Cornwall Council were the lead authority for investigating safeguarding concerns. We looked at the Safeguarding policy and found it to contain accurate information about the various types of abuse, and the process for raising concerns both in and outside of the service. Following the inspection we were sent the training matrix which clearly showed all staff had undertaken safeguarding training. The registered manager and the provider confirmed all staff had received training on safeguarding adults but stated they would be reminding staff of the process and procedure.

People told us they felt safe living at the home and with the staff who supported them. One person told us; "Yes I am happy here and feel very safe." Visitors said they felt the home was a safe place for people to live. Two visitors praised the home and the staff, saying their mother "could not be in a better home."

We looked at the care records for three people who lived at the service. We saw they contained detailed risk assessments which were specific to the care needs of the person. For example, there was clear guidance that directed staff on how many people and what equipment was required to move a person safely. Many people who were living at the home had a level of dementia and some presented with behaviours that challenged others. There was specific guidance in each care plan regarding any 'triggers and precipitating factors' for each person's behaviour. This supported staff to provide care and assistance for individuals in a consistent way.

Each person had a Personal Emergency Evacuation Plan (PEEP) which identified the risks and action to be taken for each person in the event of an emergency evacuation of the home. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Is the service safe?

Accidents and incidents that took place in the home were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and helped ensure re-occurrence was reduced. People who were found to be frequently falling were referred to the falls clinic, or referred for further investigation by specialist services where additional equipment could be supplied.

Crossroads had a safe recruitment process. All new staff had been thoroughly checked to help ensure they had appropriate skills and knowledge and were suitable to work with older people who may be vulnerable. The home was fully staffed at the time of this inspection. The home had opened their bedrooms in stages for people to be admitted, since the home was opened two years ago. This was to ensure they could meet people's needs and individuals could be assessed and supported by appropriate staffing levels. The remaining bedrooms were

soon to be offered to people so the home would then be fully occupied. The home was recruiting extra staff at the time of the inspection in advance of opening the last stage of bedrooms. We saw from the staffing rota there were seven care staff and one senior to meet the needs of 34 people at the time of the inspection. Staff worked shifts from 8am throughout the day till 8pm, with four staff on shift until 10pm and three staff working overnight. Management support was available at all times. People received care and support in a timely manner and staff were not rushed. We observed staff were present in all areas of the home throughout the inspection, and people were not left unattended at any time. Staff told us; "I think there are enough staff, we could always use more but we get to spend time with people as they need us," and "Its good here we all work together, we all do activities with people, support with meals, take them out, we do whatever they want us to do for them."

Is the service effective?

Our findings

People living at the home were not always able to communicate their views and experiences to us due to their healthcare needs. Following the inspection we spoke with three people's relatives to gather their opinions of the home. We were told; "We are very impressed with the staff, they seem to know all about (the person) and tell us when we arrive what they have been doing and so on," "There is always something going on, it's really good" and "They are getting good food in to (the person) which is great as he was not doing so well before he arrived at the home, they sit with him very patiently and support him," and "It's a fantastic home, I am very happy with the service, (the person) is happy too, that's the main thing."

People who lived at the home were each provided with individually programmed electronic 'My Amego' fobs which they carried with them at all times. Staff carried pagers which received information generated by the 'fobs'. This helped staff to know where each person was within the home at all times. This enabled people to move freely around the home as they wished whilst remaining safe. The 'fobs' could be programmed to send alerts to staff if the person entered another person's bedroom, or was in the vicinity of something that staff were aware could be a trigger or precipitating factor to specific risks or behaviour for that person. This helped ensure staff could respond in a timely way and intervene where necessary and distract or divert the person. The staff pagers also advised if a person was due to be supported with their toileting needs. People could be encouraged to use the bathroom and remain continent where possible. It also helped ensure people who wore continence products were changed regularly and kept comfortable. This technology encouraged a relaxed and calm atmosphere throughout the home with people moving around independently and enjoying the variety of stimulation available to them in different areas of the home. One person who had recently transferred to the home from another placement had required intensive one to one support at all times to remain safe and cared for. Within one week of this person arriving at Crossroads the staff assessed that this person no longer required one to one support as they had settled happily and did not require the previous level of intensive support. The recent review of

this person's care needs concluded it was due to the person being able to move around freely and independently as they had the "My Amego" fob and staff were able to monitor from a distance.

The registered manager was able to audit staff activity both during the day and at night by their pagers. Each pager registered where individual staff spent time during their shift, such as in people's rooms, lounges and corridors. This enabled the registered manager to ensure people received the checks in their rooms and lounges as their individual care plans directed.

The layout of the home had been designed to support the needs of people who were living with dementia. It had wide open corridors in which each bedroom door was a different colour to support the recognition of people's own bedrooms. Each door had a different knocker or doorbell with each corridor resembling a different street. The ground floor of the home had been designed to look like a small village with shops, barbers, tea rooms, church, pub and a large kitchen area. This was used to prepare food and drinks by both staff and people who lived at the home, and encouragement and support was offered for people to provide hospitality for their visitors. There were many areas where people could choose to sit, each provided a variety of different stimulation, with things of interest to look at and handle. There was fresh fruit available at the greengrocers and crisps were available from the sweet shop for anyone who wished to pick them up as they passed. There was open access from the conservatory to a safely enclosed outside space. The stairs to upper floors had safety gates across them. These were cleverly designed to look like a continuation of the bannisters. This helped ensure attention was not drawn to the stair gates which were operated by a simple mechanism by people who were safe to use the stairs independently. Other people who required support were not put at risk by attempting to use the stairs without the assistance of staff.

Staff from the local authority told us; "It is clear that staff are all trained in the same way as you could see that there were consistent approaches used in communication with residents." They went on to say; "The staff I have dealt with appear competent and well trained." Visitors at the home told us they felt the staff; "Know what they are doing, they

Is the service effective?

seem to know how to handle situations that are sometimes tricky,” and “They seem to be very ‘touchy feely’ at the right time, which is lovely and (the person) responds to that well.”

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 there were good opportunities for on-going training and obtaining additional qualifications. We saw from the training matrix 17 of the 34 care and activities staff had undertaken training in dementia awareness. Staff had also undertaken a variety of further training related to people’s specific care needs such as dysphagia (swallowing difficulties), nutrition, stroke care, challenging behaviours, continence and risk assessment. In care files we saw there was specific guidance provided for staff. For example, pictorial information on the stages of pressure damage and skin care, and information about diabetes and hypoglycaemia (low blood sugar). This meant staff had easy access to relevant information that supported best practice in the care of individual’s needs.

From staff files we were able to see there was an induction programme and support provided for all new staff. Staff shadowed experienced staff until they felt confident to work alone. There was a programme of supervision for staff at the home. The registered manager told us they aimed for staff to have supervision six times a year. There was a matrix showing when each member of staff had attended and was due for the next one to one meeting. Staff told us they felt well supported by the management who had an open door policy and were always available for staff.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The home considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions

and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the local authority for authorisation of potentially restrictive care plans in line with legislative requirements. Care staff we spoke with were not clear on this specific legislation. However, staff were aware of people’s rights to make decisions for themselves and told us of situations where they had facilitated people’s wishes and choices where possible. For example, what time people wished to go to bed at night or get up in the morning and when people wished to go outside or take part in an activity. Staff told us they always sought the consent of people before providing care and support. Some people at the home were not able to give this due to their healthcare needs and staff were aware of the best interest meeting process.

Throughout the day people were offered fresh fruit and drinks by staff. We were told people could eat at any time of day or night according to their preference. Crossroads had frozen meals delivered to the home by an external catering company. People told us the food was “very good.” One family told us “Mum’s lactose intolerant and she gets everything she wants specially prepared, for example, butter and cream, its good.” At lunchtime people were offered a choice of meal and where they wished to eat. Staff presented two different ready plated meals, to each person at the table. This supported people to make choices for themselves. Staff ate with people who lived at the home, this helped ensure meals were a sociable occasion for people. Staff were available to support people with their meals if required. The evening meal had been recently bought forward from 5pm to 4pm. This change had been monitored and evaluated and staff reported this had had a positive effect on early evening behaviour changes in some people. Staff reported people to be calmer at the end of the day and were sleeping better as a result of this mealtime change. This showed how staff used their knowledge of dementia to support people’s needs.

People at the home were supported to access healthcare professionals when they needed them, such as GP’s, district nurses, community physiotherapists, social workers and community psychiatric nurses. Staff referred to other

Is the service effective?

professionals in a timely and appropriate way. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called, and that communication between the home, relatives and friends was very good.

Is the service caring?

Our findings

People, staff, visitors and external healthcare professionals all told us staff were very kind and attentive to people's needs at the home. They told us they were completely satisfied with the care provided and the manner in which it was given. Staff interacted with people respectfully. All staff showed a genuine interest in their work and a desire to offer a good service to people. Comments we received included; "Life is good here," "The staff are very good with people here," "I can't fault it here, it's absolutely wonderful" and "Mum loves being here, she tells me she's really pleased being here." 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 were well cared for. Some women wore jewellery and make up and had their nails painted. Staff were kind and respectful when supporting people.

During the inspection 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 gentle and understanding way. Staff were clear about the backgrounds of the people who lived at the home and knew their individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. One person was asked if they would like a cup of coffee, the person said she would and a coffee and biscuits were bought to her in her chair. The carer fetched a side table and placed it next to her chair to make it easier for the person to have their coffee in comfort. Staff told us about the importance of using empathy when supporting people who are living with dementia, moving in to their world and sharing their experiences of their world at that moment. This showed staff had developed skill in this area of care.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished. During the inspection we saw a person climb on to a window cill and try to climb out of an upper window

opening. The window opening was too small for the person to climb out and the opener was safely restricted. Two staff quickly noticed the situation and in a calm and dignified way helped them down and gave reassurance. The person was spoken to in a warm and respectful way and it was explained that he would soon be going out for his daily walk. Soon after the carer arrived to accompany the person out for his walk. The person returned later, appearing calm and stating he had enjoyed his walk. This demonstrated staff knowledge and skills in meeting people's individual needs in a caring way

We saw the home sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals. One family member had raised a concern about his father wearing clothing and footwear that did not belong to him when he visited on one occasion. We were told by the family that this was addressed and had not happened again. The family felt very positive about the care provided at the home and were satisfied with the way the matter had been dealt with. Another family told us their family member required a higher chair to enable them to get up more easily. This had been addressed by the home and chair raisers had been fitted to assist with this issue. This showed the home encouraged people to make their views known and supported any concerns effectively.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

People and their families were involved in decisions about the running of the home 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. Families told us staff and management were very quick to pick up infections and act appropriately and always phoned to let the relatives know what was happening to their family member.

Is the service responsive?

Our findings

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living in the home.

Visitors and families comments included; "They pick up on people's needs and change very quickly indeed," "They always support mum to choose what she wants to wear" and "Recently we were asked to come in to the home to discuss a change of footwear for mum." Staff responded to people's individual needs, we were told; "Mum is a bad sleeper and often gets up about 4am and thats ok here she is well cared for and has an early breakfast and then a fry-up later."

Prior to the inspection we contacted healthcare professionals who worked with the home for their views and experiences of the home and received very positive feedback. The staff of a local GP practice told us; "Of all the homes we visit it is pretty good, they were the best ones when it came to doing the end of life best interest meetings" and "They appear to be forward thinking and are not defensive in their attitude when asked to consider alternative ways of working. In terms of dementia care this home is going a step beyond what most residential placements will offer and are using up to date research and technology to assist them in providing excellent support."

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. For example one person's needs had increased recently and the care plan had been reviewed with the family and re-written to take account to the changes. The registered manager held a matrix containing the dates of each person's care plan review and when the next review was due. Care plans were informative, easy to follow and accurately reflected the needs of the people we spoke with and observed. People, who were able to, were involved in planning and reviewing their own care. Where people lacked the capacity to make

a decision for themselves staff involved family members in the review of care. Family members were given the opportunity to sign in agreement with the content of care plans.

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. My Life, My Story books were provided to families and friends to provide such 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 their preferences. For example, the religious beliefs of one person were clearly recorded for staff, in their care file, as the person did not celebrate Christmas.

There were people living in the home who, when they became anxious or distressed could display behaviour that challenged staff and others. We saw staff were confident in responding to people's needs, quickly and calmly defusing the situation. There was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time. Healthcare professionals told us they had observed staff supporting people in this way and managing situations well.

People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. The sister of a person who had recently arrived at the home was invited to join them for Christmas lunch to help them feel more settled.

The home had four activity organisers who provided activities for people seven days a week. There was a great deal of meaningful activities available to people at the home. People could help stain the fences out in the garden. Staff told us people were given pots of stain (cold tea) and large brushes and hugely enjoyed painting fences in the autumn. Washing was seen hanging on the clothes line in the garden with people folding laundry, pairing socks and folding napkins inside. Silver cleaning and making decorations for the home were also available to people who enjoyed these activities. Regular trips to the surrounding community were arranged. Visitors told us "Mum loves trips out" and "lots of activities on offer. There

Is the service responsive?

are two activity co-ordinators and there is a number of choices of things to do, craft work, gardening, and trips to Falmouth.” People’s religious beliefs were supported with a visiting vicar once a week

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People and families were provided with information on how to raise any concerns they may have. Details of the

complaints procedure were contained in the pack provided upon admission to the home. People told us they had not had any reason to complain. The registered manager and the Care Quality Commission had received concerns from an ex member of staff earlier in 2014. These were fully investigated by the registered manager and the concerns were not substantiated. Families told us any concerns raised were quickly dealt with by the “very approachable registered manager and staff”. There had been concerns from some families that had been raised to the registered manager about clothing belonging to their family being mislaid. One family told us this had happened once and not repeated and they were “Very satisfied and happy” with the action taken by the home. We were told the laundry system has been reviewed to ensure people did not mislay their clothing when it was laundered. The home had received many compliments from families and healthcare professionals such as Macmillan staff (cancer care) and community psychiatric nurses.

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home, supported by the operations manager and the provider. A senior carer worked on each shift to provide support to the care staff.

The owner of the home together with the operations manager visited the home regularly to support the registered manager and monitor the service provided by the home. They spoke daily with people who used the service, visitors and the staff to gain their views as this supported constant development and improvement of the home and the service provided to people. For example relatives had raised concerns about the laundry system and their family members not always getting their own clothing back from being laundered. The registered manager had put processes in place to help ensure this did not happen. The provider passed relevant information on legislation changes and best practice to the registered manager to inform the practice at the home. The registered manager is supported with regular supervision and appraisal by the operations manager.

There was a clear ethos at the home which was clear to existing staff and set out at recruitment afternoons. It was very important to all the staff and management at the home that people who lived there were supported to be as independent as possible and live their life as they chose. Care was personalised and specific to each individual. Prospective care staff were invited to spend time in the home to experience the atmosphere and observe people being cared for, before completing application forms and having interviews. This process had proved useful for prospective staff to understand the high standards of care expected at the home. The home has plans to introduce performance related pay. Having worked at the home for a least a year staff will be able to recommend each other for recognition of their work.

Staff meetings and senior staff meetings were held quarterly. Staff found these meetings useful and told us they felt the management listened to them and their views were considered. The regular audits that took place at the home were discussed at senior management meetings for any further action needed. The audits included, accidents and incidents, refrigeration temperatures for both food and

medicines fridges, and maintenance of the home. Although the audit of medicine administration had not highlighted the breach of regulations found at this inspection. The registered manager told us this would be addressed immediately. There was a programme of redecoration of the home including regular carpet changes and re painting of bedrooms to suit people's choice. The home had a full time maintenance person who dealt with any repairs in a timely way, which had been raised by staff and management.

The registered manager was the infection control lead for the home, supported by the head housekeeper and a team of cleaners who regularly audit the cleanliness of the home. The home was clean and there was no odour anywhere in the home on the day of the inspection. Equipment such as moving and handling aids, air mattresses, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

Staff were aware of how to access the policies and procedures held by the home. Information in policies such as the whistleblowing policy, encouraged staff to use the various options available to them to report any concerns they may have. One new member of staff had reported feeling bullied by another member of staff. This was thoroughly investigated and resolved to the satisfaction of the new member of staff. Another member of staff was dismissed following an allegation which was substantiated. The member of staff was not providing the high standards of care expected by the management. The specific needs of each member of staff were also supported by the management. For example, there were two members of staff whose religious beliefs required the provision of certain food and specific space and time to worship. This was supported by the home.

The registered manager works in the home every day providing care and supporting staff this meant they were aware of the culture of the home at all times. Daily staff handover provided each shift with a clear picture of each person at the home and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the home were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

At the last inspection we were concerned information regarding individual care needs was not

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always documented nor was it always reflective of their current care needs. Activities were not always recorded. At this inspection we found care plans contained clear direction and information for staff that accurately reflected their care needs. People's activity levels were recorded by activity staff. The home has arranged for the installation of

an electronic recording system to assist staff and management with their medicine administration recording in the first instance, extending over the next few months to incorporating the care records for each person at the home. This is part of the home's continued commitment to driving improvement and efficiency.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by mean of the making of appropriate arrangements for the obtaining, recording ,handling, safe keeping, dispensing, safe administration and disposal of medicines.</p>

This section is primarily information for the provider

Enforcement actions

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