Cornwallis Care Services Ltd

Hendra Court

Inspection report

Hendra Court
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Date of inspection visit:
26 June 2017

Date of publication:
20 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection on 26 June 2017. This was the first inspection for the service since registering under a new provider in late December 2016.

Hendra Court is a care home which is registered to provide nursing care for up to a maximum of 48 older people, some of whom had a diagnosis of dementia. Accommodation is divided into two units with 36 bedrooms in the main house and 12 bedrooms in the adjoining annex (called the bungalow). On the day of the inspection there were 30 people living at the service. At the time of the inspection communal areas in the bungalow (lounge, dining room and kitchen) were not in use due to refurbishment.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service had been operating under new ownership for nearly six months, since December 2016. In that time many vital repairs to the structure of the building had been completed. This included a new roof and the servicing of the boilers, to ensure safe and effective heating and hot water systems could be maintained in the service. Any repair work that presented an immediate safety risk to people had been rectified such as uncovered pipework, unsafe electric heaters and unlocked boiler rooms.

An extensive plan to upgrade and improve all areas of the premises had started. Major redesign and redecorating work to the bungalow, to provide a more suitable environment for people with dementia, was nearing completion at the time of the inspection. It was anticipated that people would be able to use the new facilities within two weeks of the inspection date. While these works were taking place people who lived in the bungalow spent their day in the main house. This had resulted in more people using a communal lounge which was not the most suitable either in its design or location. The registered manager had decided not to take any new admissions until the bungalow was re-opened to help manage the situation. While any disruption to people's lives had been well managed, until these works were completed the premises were not entirely suitable to meets people's needs.

Three people, who were cared for in bed and unable to call for assistance, were in bedrooms on the first floor of the main house. While staff carried out regular safety and care checks, these three people had little interaction or stimulation. The registered manager told us work was in progress, in consultation with people, to understand how best to use different areas of the premises and these rooms would be part of that review.

Where people needed to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. While

there was no evidence to suggest that checks were not being completed appropriately, records to evidence the care people received were not always consistently completed. We also found there were no written records of the daily handovers that took place. This meant there were no records for staff to read, about people's needs, if they were not present at a handover. We judged that staff were knowledgeable about people's needs and the gaps in some records had not impacted on the care provided for people. We have made a recommendation about care records.

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "The staff are so good, it's them that make it safe", "I've got a nice room and the staff make me feel safe", "I know my partner is safe, because I visit nearly every day."

Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. Staff were kind and attentive to people's needs and interacted with people in a caring and respectful manner. Comments from people included, "I'm very happy with the care I receive" and "The staff do almost everything for us, they're wonderful."

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and as people's changing needs recorded. Wherever possible, people and their relatives were involved in the reviews. Any risks in relation to people's care and support were identified and appropriately managed.

People had access to healthcare services such as occupational therapists, GPs, community nurses and chiropodists. Care records confirmed people had access to health care professionals to meet their specific needs. A visiting healthcare professional told us, "The care provided is excellent and care plans provide me with all the information I need."

There was a wide range of meals on offer and staff were knowledgeable about people's likes, dislikes and dietary needs. People told they enjoyed their meals. Comments included, "I vary where I eat my meals and there's a good choice of food", "There's a good choice of menu", "It's a good varied menu" and "There's always a good choice."

The service acted within the legal framework of the Mental Capacity Act (MCA) and Deprivation if Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse. Staff supported people to keep in touch with family and friends.

Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained.

Staff were enthusiastic about their work and positive about the support they received from the registered manager and provider. Comments from staff included, "I am really happy working here", "I love the job", "Staffing levels are much better", "We now get everything we need equipment wise", "We have proper equipment such as gloves and aprons", "We have the chance now to sit and chat with people" and "Everything is different and better."

People, visitors and healthcare professionals were all positive about how the service was managed. Comments included, "The biggest and most impressive change in the service is the number of staff on duty and the attitude of staff. They are highly motivated and as a result the care people received is much better" and "Everybody who works here are marvellous."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

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

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge to work with vulnerable people. Staff knew how to recognise and report the signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed.

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

Is the service effective?

Requires Improvement

The service was not entirely effective. Major work to improve the design and decoration of the premises were in progress and until these works were completed the premises were not entirely suitable to meets people's needs.

Staff received appropriate training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

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

Is the service caring?

Good

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 those wishes.

People and their families were involved in their care and were asked about their preferences and choices.

Is the service responsive?

Requires Improvement

The service was not entirely responsive. Monitoring records to evidence the care people received were not always consistently completed. We have made a recommendation about this.

Care plans detailed people's assessed needs and wishes. Staff responded to people's needs and supported people in a person-centred way.

People were supported to take part in some social activities. Work was in progress to develop a new activities personalised programme.

People and their families told us if they had a complaint they would be happy to speak with the manager and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led. The management provided staff with appropriate leadership and support.

There was a positive culture within the staff team and they felt involved in the development of the service.

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

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

Hendra Court

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 26 June 2017 and was carried out by two adult social care inspectors, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Before the inspection we reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people living at Hendra Court, two relatives and a visiting healthcare professional. We looked around the premises and observed care practices on the day of our visit. We also spoke with nine care staff, the cook, the nurse in charge, the clinical lead, the registered manager and the operations manager. We looked at eleven 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 service.

Good

Is the service safe?

Our findings

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "The staff are so good, it's them that make it safe", "I've got a nice room and the staff make me feel safe", "I know my partner is safe, because I visit nearly every day."

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

The service held the personal money for most people who lived at the service and this was managed by the administrator. People were able to access this money to purchase personal items and to pay for hairdressing and chiropody appointments. We looked at the records and checked the monies held for three people and found these to be correct.

Each person's care file had individual risk assessments in place which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as the level of risk in relation to areas such as nutrition, pressure sores, falls and how staff should support people when using equipment. Staff had been suitably trained in safe moving and handling procedures and refresher training, for all staff, had taken place in February and March 2017. We observed staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

Some people had been assessed as being at risk from developing skin damage due to pressure. Pressure relieving mattresses were in place for these people. We found all of these mattresses were set to the correct level. People were weighed regularly and if their weight changed the mattress setting was adjusted accordingly. There was a system in place to check if mattresses were set at the correct level for the person using them, when first put in place and on a continuing basis.

We reviewed incident and accident records and found that appropriate action had been taken and where necessary changes made to learn from the events. For example, where incidents of falls had occurred the individual person's care plan had been updated to reflect any necessary changes to the person's needs. Records were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

We found all medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the

people they were prescribed for.

Nurses were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people had their medicines given mixed with food or drink (covertly). This was managed appropriately with signed agreement by their GP, although there was no best interest meeting that had been held to come to this decision as being in their best interests. Where people had been prescribed creams these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

There were enough staff on duty to meet the needs of people who lived at Hendra Court. Rotas showed that there were either seven or eight care staff on duty each day and two nurses. As well as these staff there was the registered manager, the clinical lead, kitchen staff, laundry and housekeeping staff. People, relatives and healthcare professionals all told us they thought there were enough staff on duty and that staffing levels had increased since the new owners. One member of staff said, "Staffing levels are much better." People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were answered promptly.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The service had a policy of not starting new staff, even to shadow another member of staff, until all the relevant recruitment checks had been completed.

People lived in a safe environment because the premises were uncluttered, clean and odour free. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use. There were robust cleaning schedules in place to ensure the environment was hygienic and safe for people to live in. New bedding and towels had been purchased and any unsuitable items, inherited from the previous owners, had been removed. A member of staff told us, "We have been given permission to throw away any bedding or clothes that are no longer suitable for use and purchase new items."

The service had been operating under new ownership for nearly six months, since December 2016. In that time many vital repairs to the structure of the building had been completed. This included a new roof and the servicing of the boilers, to ensure safe and effective heating and hot water systems could be maintained in the service. Anything that presented an immediate safety risk to people had been rectified such as uncovered pipework, unsafe electric heaters and unlocked boiler rooms. Broken or defective equipment such as hoists and hospital beds had been replaced. This meant people lived in a safe environment and had access to equipment that was safe to use.

All necessary safety checks and tests had been completed by appropriately qualified contractors. For example, records confirmed electrical equipment complied with statutory requirements and was safe for use. All existing hoists, stair lifts and passenger lifts had been serviced. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced. Outstanding actions from a review of the fire safety of the premises, carried out by Cornwall Fire and Rescue service in May 2017, had been completed. There were health and safety risk assessments in place for the premises which were regularly updated as upgrade and repairs to the premises were completed. Personal Emergency Evacuation Plans (PEEP) had been written for each person.

Requires Improvement

Is the service effective?

Our findings

An extensive plan to upgrade and improve all areas of the premises had started. Major redesign and redecorating work to the bungalow, to provide a more suitable environment for people with dementia, was nearing completion at the time of the inspection. It was anticipated that people would be able to use the new facilities within two weeks of the inspection date. While these works were taking place people who lived in the bungalow spent their day in the main house. This had resulted in more people using a communal lounge which was not the most suitable either in its design or location. The registered manager decided not to taken any new admissions until the bungalow was re-opened to help manage the situation. This lounge and other areas of the service were due to be redesigned and refurbished in the coming months. We found there were sinks in two bathrooms, used by people, with hot water taps that had no water coming out of them. We were advised that these taps would be replaced as part of the continuing upgrade and repair work.

Any disruption to people's lives, while the refurbishment was being completed, had been well managed and people had been kept informed of changes. However, until works to upgrade and redesign the building were completed the premises were not entirely suitable to meets people's needs.

Only four of the ten rooms on the first floor of the main house were in use. This was either because of the lower numbers of people living at the service or because of the need for repair work. As a result this part of the building had become quite isolated from the rest of the premises. Of these four rooms three people did not leave their rooms because they were cared for in bed and they were unable to call for assistance. While staff carried out regular safety and care checks, these three people had little interaction or stimulation. The registered manager told us work was in progress, in consultation with people, to understand how best to use different areas of the premises and these rooms would be part of that review.

Staff supported people to access healthcare services. Care records confirmed people had access to health care professionals such as occupational therapists, GPs, chiropodists and nutritionists to meet their specific needs. A visiting healthcare professional told us, "The care provided is excellent and care plans provide me with all the information I need." Relatives told us staff always kept them informed if their relative was unwell or a doctor was called. One relative said, "They look after her very well. Staff phoned me yesterday to say she had had a fall."

The service monitored people's weight in line with their nutritional assessment and any unintended weight loss was investigated. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. The cook was aware of people's likes, dislikes and specific requirements such as thickened fluids, pureed foods or adapted utensils. Where people needed assistance with eating and drinking staff provided support appropriate to each individual person's assessed needs. We observed the support people received during

the lunchtime period. There was an unrushed and relaxed atmosphere and where people needed support to eat their meal staff provided the appropriate level of help. People told us they enjoyed their meals. Comments included, "I vary where I eat my meals and there's a good choice of food", "There's a good choice of menu", "It's a good varied menu" and "There's always a good choice."

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

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

Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. Staff supported people to make their own decisions about how they wanted to live their life and spend their time. Care records detailed whether or not people had the capacity to make specific decisions about their care and how staff should support people to make their own decisions. For example, one person's care plan stated, "[Person] should be encouraged to choose what they would like to eat and what they would like to wear. Only offer two choices so they are able to make a decision without being overwhelmed."

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible. When people did not have mental capacity to sign forms to consent to their care and treatment relatives or advocates, with the relevant power of attorney, were asked to sign on their behalf. If there was no one authorised to give consent forms were left unsigned.

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. The service provided suitable training for staff to carry out their roles. There was a training programme to make sure staff received relevant training and refresher training was kept up to date. Records showed training in key areas such as health and safety, dementia, moving and handling, infection control, safeguarding, fire awareness and mental capacity had either taken place or was booked. All staff we spoke with told us they had regular training and they felt the training was relevant and helpful for their role. Comments from staff included, "There has been lots of training since the new owners" and "We have had training most weeks recently and it's great to do face-to-face training and not e-learning."

The registered manager encouraged staff development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

Staff told us they felt supported by the management and they met with a manager regularly for an individual one-to-one supervision meeting. Records showed the registered manager and clinical lead had met with

every member of staff during May and June 2017and an on-going programme of regular one-to-one supervisions was in place. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there had been regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Newly employed staff completed an induction which included training in areas identified as necessary for the service. New staff also spent time becoming familiar with the service's policies and procedures and working practices. The induction included working alongside more experienced staff, for a number of different shifts, getting to know people's needs and how they wanted to be supported. Within the first 12 weeks of employment new staff completed a qualification known as the Care Certificate. This is a nationally recognised qualification for staff newly employed in the care industry that ensures they have the basic skills and knowledge needed to care for people effectively.

Good

Is the service caring?

Our findings

Many people who used the service were unable to tell us about their experiences of living at Hendra Court. However, we spent time in the communal areas to observe staff interaction with people and how people responded to the care and support received. We observed that people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation. This meant they were solely focused on managing Hendra Court.

The care we saw being provided throughout the inspection was appropriate to people's needs. There were plenty of friendly and respectful conversations between people and with staff. Staff were kind, caring and spoke with people considerately. Comments from people included, "I'm very happy with the care I receive" and "The staff do almost everything for us, they're wonderful."

Staff took the time to speak with people as they supported them and we observed many positive interactions that enhanced people's wellbeing. For example, when staff passed people sitting in the lounge areas they stopped and engaged with them. When some people became anxious staff sat and talked with them and this helped them to become calmer.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Staff were very positive about the increase in staff numbers how this meant they could spent more time with people and not be so rushed. One member of staff told us, "We have the chance now to sit and chat with people." A healthcare professional said, "They [staff] are highly motivated and as a result the care people received is much better."

Some people living at Hendra Court had a diagnosis of dementia or memory difficulties. The service had worked with relatives to develop life histories to understand about people's past lives and interests. Life histories were documented in most people's care plans and where life histories were not recorded we saw that families had been asked for details about that individual's life history and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. Comments from people include, "I can get up and go to bed whenever I want" and "I always have a shower whenever I want." We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

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

bedroom doors and waited for a response before entering.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meeting with people and their families and because the management were visible in the service relatives told us they had regular informal conversations about the changes taking place at the service.

Requires Improvement

Is the service responsive?

Our findings

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. While there was no evidence to suggest that checks were not being completed appropriately, records to evidence the care people received were not always consistently completed.

Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. Most people's food and fluid charts had been fully completed and totalled to show exactly how much food and fluid the person had taken. However, they were a few charts where there were gaps in entries and no overall total. Where some people's care plans stated they should be re-positioned and their skin checked at particular intervals during the day, completed charts did not reflect the directed frequency. We found no evidence that people's skin integrity and food and fluid intake needs were not being met. We therefore judged this did not have any substantial impact on the people living at the service at the time of this inspection.

We also found there were no written records of the daily handovers that took place. This meant there were no records for staff to read, about people's needs, if they were not present at a handover. Staff told us handovers were informative and when we observed a handover the nurse did give staff all the relevant information about people's individual needs. We therefore judged that vital information about people's needs was being communicated to staff.

We recommend that the service ensures people's care records accurately reflect the care being provided for people.

We found people received care and support that was responsive to their needs because staff were aware of people's individual needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Before moving into the service the manager or a nurse visited people to carry out an assessment of their needs to check if the service could both meet their needs and expectations. Copies of pre-admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and when people's needs changed. Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people. For example, one person's care plan stated, "I like to get washed on dressed whilst remaining on my bed as I feel safer that way. I like to come into the communal areas for my breakfast."

People, who were able to, were involved in planning and reviewing their care. Where people lacked the

capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Some people told us they knew about their care plans and managers would regularly talk to them about their care.

People were able to take part in some activities and staff supported people to go out for walks locally and around the grounds. A smoking area was located in the garden for people who wished to smoke and we saw people go out into the garden whenever they wanted to. One person told us, "Staff roll my cigarettes for me so I can go out and have a smoke."

The service was in the process of recruiting a new activities coordinator. In the meantime staff provided activities such as hand massages, craft work, singing sessions and puzzles. People told us about the activities currently provided, "There's not much to do, but I make models in my room to pass the time", "The activities are quite basic really", "I'm quite happy with the things we can do" and "I like to sit in my room and read or do a crossword."

Some people living at the service were unable to join in the group activities due to their complex communication needs. We saw that the service improvement plan had identified the need to provide more meaningful and personalised activities tailored for each individual. The registered manager told us that the recruitment of a new coordinator would be the start of the process to provide more suitable and personalised activities for people.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so.

Good

Is the service well-led?

Our findings

The registered manager had had overall responsibility for the service since December 2016 as well as responsibility for another of the provider's services. However, another manager had managed the day-to-day running of the service until March 2017. Since March 2017 the registered manager took over the running of the service and relinquished their responsibility for the other service. This meant they were solely focused on managing Hendra Court.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported in the running of the service by the clinical lead, an administrator and senior care staff. There were vacancies for a deputy manager, one nurse shift, activities coordinator and some kitchen hours. Recruitment to these posts was in progress at the time of the inspection. The operations manager worked closely with the registered manager to support them in the continuous development of the service.

During the time the registered manager had been in charge of the running of the service they had provided stable leadership and had created a positive culture within the staff team. They had also made many positive improvements to the service such as updating people's care plans and updating staff training and supervision. The registered manager was an experienced manager who had successfully managed another of the provider's service for some years and had always acted on any recommendations for good practice. We were therefore assured that the recommendation we have made about care monitoring records will be acted upon.

As detailed in the effective section of the report work being carried out to the premises meant that the environment, at the time of our inspection, was not entirely suitable for people's needs. However, these changes were being well managed by the provider and the registered manager. We were assured that once the works were completed the premises would be much improved and provide a suitable and safe environment for people to live in.

Staff were enthusiastic about their work and positive about the support they received from the registered manager and provider. Comments from staff included, "I am really happy working here", "I love the job", "We now get everything we need equipment wise", "We have proper equipment such as gloves and aprons" and "Everything is different and better."

People, visitors and healthcare professionals were all positive about how the service was managed. Comments included, "The biggest and most impressive change in the service is the number of staff on duty and the attitude of staff" and "Everybody who works here are marvellous."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, regular staff meetings and individual supervision meetings. We saw the registered manager had had separate meetings for the kitchen staff, housekeeping staff, nurses and

senior care staff and care staff.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There were audits in place to check areas such as care plans, medicines procedures, accidents and incidents, falls and infection control. The registered manager and clinical lead worked alongside staff, regularly providing care for people and this enabled them to check if people were happy and safe living at Hendra Court. By actively working in the service management were able to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff practice they would address this through additional supervision and training.

The service manager and the operations manager had put in place a service development plan. This plan set out areas for improvement, with dates for completion by the end of July 2017. These areas were, staff training and supervision, repairs and improvement to the environment, more meaningful activities, increase the involvement of people and families and updating care plans. Although we found some areas for improvement such as staff training, supervision and care plans had been completed before the target date.