Cornwall Care Limited

Headlands

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

The inspection took place on 19 May 2015 and was unannounced. The last inspection took place on 22 and 23 January 2015 when we identified breaches of legal requirements relating to care and welfare and premises. We found care and treatment did not always meet people's identified needs and ensure their health and welfare. The premises were not adequately maintained. Following the inspection in January 2015 the provider sent the Care Quality Commission (CQC) an action plan outlining how they would address the identified breaches.

Headlands is a care home which offers care and support for up to 34 predominately older people. At the time of the inspection there were 26 people living at the service. Some of these people were living with dementia.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post at the time of the inspection.

Staffing levels had improved since the previous inspection with the service relying less on relief staff who might be unfamiliar with people's needs. However people, relatives and staff said it was not always possible to meet people's social needs particularly those of people who did not want to take part in group activities. There was a programme of planned activities in place, however this could be dependent on the availability of care staff to organise them. Trips out were planned which were arranged in line with people's interests and hobbies. Relatives told us they thought the range and availability of activities had improved over the past few months.

Improvements to the building were in progress at the time of the inspection. Some areas had been newly decorated and hand washing facilities had been installed in a sluice room to minimise the risks associated with infection control. The premises were clean and action had been taken to minimise the disturbance associated with the refurbishing programme. People and relatives had been involved in choosing colours for the redecoration. Following a resident and relatives meeting it had been decided to rename one room The Seaside Room and decorate it with a coastal theme.

Risk assessments in people's care files covered a wide range of areas including falls. We identified a lack of consistency in the way in which peoples risk of falls was assessed. We have made a recommendation about staff training on the subject of falls assessment tools.

People and their families told us they considered Headlands to be a safe and caring environment. Staff received regular safeguarding training. However, an external professional told us they felt there was a lack of understanding within the service about the safeguarding processes they should follow.

People told us they enjoyed the food and people got the support they needed at mealtimes. One person said they would like a curry and we heard staff discuss how this could be organised for them. Mealtimes were flexible and where people had appointments or chose to eat later, arrangements were made to accommodate this.

People and relatives told us the staff were; "Very good." The deputy manager had responsibility for training and had set up a detailed schedule. This was to help ensure staff kept up to date in areas identified as necessary for the service, as well as additional areas specific to the needs of people living at Headlands. Staff at all levels told us they felt well supported by a system of induction, supervision, appraisal and regular meetings.

Staff were caring and considerate in their approach to supporting people in day to day routines. We saw positive interactions between people and staff with staff checking frequently on people's well-being. People were supported to make decisions about how and where they spent their time and maintain their independence. When people were unwell or anxious staff reassured them and offered both emotional and practical support.

Relatives told us they were involved in the planning of care and kept up to date regarding any changes in people's needs. No-one had needed to make a formal complaint and people and relatives told us any issues were dealt with as they occurred.

There were systems in place to assess and monitor the quality of the service which involved all stakeholders. These included regular audits of all aspects of the service, care reviews, staff meetings and meetings for residents and relatives.

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?

Requires Improvement

The service was not safe. Risk assessment tools were not consistently completed.

Gaps in Medicine Administration Record charts meant it was difficult to identify if people had received their medicines as prescribed.

The registered manager had failed to notify the Care Quality Commission of a safeguarding concern. People and their relatives told us they believed Headlands was a safe environment.

Is the service effective?

Good

The service was effective. Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Staff were supported by an effective system of supervision and appraisal.

Managers 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, treating people with dignity and respect.

People were able to make day to day choices about how and where they spent their time.

People's private spaces were respected and they were encouraged to decorate and arrange them to meet their individual preferences.

Is the service responsive?

Good

The service was responsive. People had access to a range of activities although this was reliant on the availability of care staff.

Staff were kept up to date with any changes in people's needs.

People and relatives told us they had not needed to make any formal complaints. Any concerns were dealt with quickly and to people's satisfaction.

Is the service well-led?

Good

The service was well-led. Regular audits were carried out to monitor and assess the quality of the service.

There were clear lines of responsibility and accountability in place.

Residents and relatives meetings were an opportunity for people to be involved in the development of the service.

Headlands

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 19 May 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

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

We spoke with the registered manager, deputy manager and one of Cornwall Care's Head of Services. We also spoke with four members of staff. Following the inspection we contacted an external healthcare professional for their views of the service.

We looked at care documentation for three people living at Headlands, three staff files, training records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our inspection in January we were told the service was short staffed leading to an over reliance on relief staff. These workers were not as knowledgeable about the needs of the people they supported as regular staff. On the day of the comprehensive inspection in May the service was short staffed due to sickness and the deputy manager was providing care and support to people to compensate for this. We were told relief staff were still used when necessary but that they were always the same workers to ensure people received care and support from staff who knew them and their needs well. A relative told us; "I wasn't as sure about the relief staff but they seem to have improved." A member of staff commented; "The flexi-pool [relief staff] is used but it's people who know people's needs. I can name them, we're getting the same faces. But we need a proper team."

People's needs were met promptly and call bells were answered quickly. We discussed staffing with the registered manager who told us they were recruiting and had recently taken on more care staff. Staff recruitment records showed pre-employment checks were carried out to help ensure new employees were suitable for care work.

At our inspection in January we found a room adjacent to the kitchen was dirty and mop heads kept there for everyday use were grimy. There were no cleaning schedules in place for equipment and a sluice room on the first floor had no hand washing facilities. This meant people were not protected from the risks associated with poor infection control systems. At this inspection we looked around the building and found it was clean. Hand washing facilities had been installed in the sluice room and cleaning schedules were attached to equipment such as hoists and stand aids. Mop heads kept in the room adjacent to the kitchen were in good condition and were regularly replaced. A new sluice had been installed in the month preceding the inspection, however, on the day of our visit it had broken down. The registered manager told us it was scheduled to be repaired the following day.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk. For example one person could become distressed which sometimes led to them behaving in a way which could result in other residents becoming anxious. Information in the care plan directed staff on how to support the person in these circumstances.

The risk of people falling was assessed monthly using a falls risk assessment tool which calculated a score allowing staff to grade any risk as low, medium or high. One person had been identified as being at medium risk of falls between April and October 2014. In November a new sheet was started to score and rate the risk. Between November 2014 and April 2015 the person was rated as being at low risk. No assessments had taken place during February or March 2015. The care records showed the person had fallen in February. We could not identify any change in the person's health or circumstances which might have accounted for the apparent decreased risk. This suggested staff approach to completing the tool was not consistent and the person was not protected from the risk of falling.

We looked at the arrangements for the administration and storage of medicines. Medicines were stored in a locked trolley which was attached securely to the wall. Medicines requiring stricter controls by law, were kept in a separate lockable container within a double locked cupboard. The room where medicines were kept was locked when not in use.

The service used a nationally recognised Medicines Administration Record system (MARs) to record when people received their medicines and who had administered them or prompted people to take them as appropriate. Checks can then be made to identify who had been responsible for administering each person's medicines and whether they had received them or not. We saw there were gaps in the MAR for three different people on two consecutive days. We counted the medicines in stock for these people and found they tallied with the number there should be if people had received their medicines as prescribed. This indicated people had probably received their medicines but it had not been recorded correctly. We discussed this with the registered manager who said they would speak with the staff concerned to remind them of the importance of filling in the documentation correctly. People told us they received pain relieving medicines when they needed them.

People and their relatives told us they considered Headlands to be a safe environment. Comments included; "[Relative] is very safe and very happy." Staff had received

Requires Improvement

Is the service safe?

training in safeguarding and were confident of the action they would take if they suspected abuse. Safeguarding training was included in the providers induction programme and was updated regularly. Staff told us they had no concerns about colleagues working practices. However, before our inspection visit we had received information from the local authority to inform us that a safeguarding issue had been raised. We had not been notified of this by the registered manager as required, although we had been informed of other incidents. Following the inspection we contacted an external healthcare professional who told us they had concerns regarding management reporting of safeguarding issues to the local authority in respect of a specific incident. They stated they were concerned about the; "apparent lack of understanding of the safeguarding processes that should be followed."

We recommend that the provider finds out more about training for staff, based on current best practice, in relation to the use and implementation of falls assessment tools.

Good

Is the service effective?

Our findings

Staff demonstrated a good understanding of the needs of the people they supported. People and relatives told us staff understood how to support people effectively and appeared; “competent and proficient.” One relative commented; "They have a laugh and a joke with [my relative] and it seems to work.” Another told us; “They are great staff, I haven’t met any I don’t like.”

At our inspection in January we found the adaptation, design and decoration of the service was not meeting people’s needs. Equipment such as wheelchairs, were left in corridors which could have posed a trip hazard to people. There was a lack of signage in the building to help people with a diagnosis of dementia navigate through the environment independently. Doors were not clearly marked to allow people to easily identify their own rooms and bathrooms. Parts of the building had not been decorated for some time and were shabby and in need of updating.

At this inspection we found some refurbishment was taking place and there was a programme of improvements scheduled for the coming months. Some areas had been newly decorated and work was taking place to fit a new carpet and flooring in one of the dining and lounge areas. One room, previously a store room, was in the process of being converted to a large wet room which could be used by people in wheelchairs. The registered manager told us this would be of great benefit to some residents who disliked using assisted baths. They commented; “[Person’s name] can’t wait, they’re really looking forward to it.” Areas being refurbished were closed off to residents and arrangements had been made for the decorators to store their equipment securely. This meant people were protected from risk and inconvenienced as little as possible.

Some areas of the service were still in need of updating, for example a toilet on the ground floor had several tiles missing from the walls. The laminate flooring was cracked in places around the base of the w.c. and was coming away from the side of the wall. Although the registered manager told us this was due to be updated they could not tell us when this was likely to occur. The carpet in the corridor and foyer area was stained and grubby. The registered manager told us this was going to be deep cleaned to attempt to lift the dirt, if this was not successful a new carpet would be put down.

Corridors were uncluttered and people’s bedrooms were marked with their name and a photograph of themselves or a picture of something which reflected their interests. This meant people who might be affected by memory loss were assisted to navigate through the building independently. The registered manager told us people had been encouraged to choose the pictures to help ensure it was meaningful to them. For example we saw one person had chosen a picture of a famous sportsman whose career they followed.

At our inspection in January we found people were not always given the support they needed when their health needs meant they found it difficult to eat without assistance. We observed the lunch time period in one of the dining rooms using SOFI. People were supported to eat as independently as possible. Staff were non-patronising and helpful in their approach to people, asking if they needed help and clarifying how much assistance was required. For example we heard staff ask if people wanted help to cut food up. One person had a visual impairment and staff took time to explain to the person what was on their plate and whereabouts on the plate it was. We saw a staff member gently took the persons hand and guided it to their drink so they could pick it up themselves. Staff spoke to people to check they had everything they needed and apologised to one person who had to wait a short while for their meal.

We spoke with the chef and a member of the kitchen staff who spoke knowledgeably about people’s dietary requirements due to their health needs and their individual preferences. The menu was varied and choices were always available. We observed some people had got up late and were still eating breakfast at 11:00. The chef told us that in these circumstances the person’s lunch would be put back and reheated for them later; “So long as it’s not fish or something that can’t be reheated.” In that case a sandwich or omelette would be offered. Staff had 24 hour access to the kitchen so they were able to make snacks for people if they wanted them, at any time. Some people required food to be pureed due to their health needs. The chef prepared this kind of meal in a way that meant the individual parts of the meal were identifiable and the meal appeared

Good

Is the service effective?

appetising. They said the budget for food had improved recently and they were able to buy good quality fresh produce. We saw the kitchen was well stocked. People and relatives told us they found the food good. One person who was using the service for respite commented; "If the food gets any better I won't be going home!"

At our inspection in January we found staff had not had training to enable them to support people according to their specific needs. For example, we saw one person had communication needs which had been documented in their care records. However staff had not had the relevant training to support the person with their preferred method of communication. An external professional told us this training had since been requested. The deputy manager had responsibility for organising the training and ensuring it was kept up to date. They showed us how they were able to monitor the needs of each member of staff and be aware of when training required updating. Training specific to the needs of people who used the service was included in the induction programme, as well as that which had been defined by the provider as necessary for the service. This included moving and handling, infection control, fire safety and food hygiene. More specific training included dementia, learning disability awareness and mental health. People and relatives told us they found staff to be competent and, "Seem to know what they're doing." One member of staff said they had found the organisation to be supportive and encouraging towards them when they expressed an interest in developing their skills further.

Newly employed staff were required to complete an induction before starting work. Plans were in place for any new staff to undertake the new Care Certificate which replaces the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

The registered manager told us they had dropped behind with staff supervisions in recent months, largely due to staff shortages. They told us they had now put in a planned programme of supervision and appraisal which would mean all staff would receive supervision on a regular basis. Staff felt well supported and able to raise any issues, either within the supervision process, or as issues arose.

People had access to external healthcare professionals such as dentists, chiropodists and GP's. On the day of the inspection two people were feeling unwell. Staff arranged for them to be seen by a visiting GP and checked on them throughout the day to ensure their health was not deteriorating further.

The Mental Capacity Act (2005) provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. The associated Deprivation of Liberty Safeguards (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. The registered manager was aware of changes to the legislation following a court ruling last year. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest discussions had been held. For example we saw arrangements had been made for a best interest meeting to be held regarding a decision in a change to one person's living arrangements. The meeting would involve family members, a representative from the local safeguarding team and social workers as well as representatives from the service to help ensure the voice of the person was heard. Applications for DoLS authorisations had been made to the local authority. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. Training in this area was up to date for most staff with those that had not done it highlighted as needing to complete. The deputy manager told us they were aiming to get all staff training fully up to date by July.

Good

Is the service caring?

Our findings

Not everybody was able to verbally communicate with us about their experience of care and support at Headlands. Those people we did speak with were largely complimentary although one person who was confined to their room due to their health needs did tell us they were "bored". We discussed this with the registered manager who told us they would ask staff to make more regular checks on the person. Relatives were happy with the care provided and were keen to talk with us about this. Comments included; "They are very good, all of them. I wouldn't like to single any one of them out." And; "I've nothing bad to say about them."

The registered manager and deputy manager talked to us about some of the people living at Headlands. They were able to describe people's preferred methods of communication in detail, and demonstrated an understanding of people's individual needs and their personal histories. They spoke about people fondly and with respect.

People were treated in a way which meant their dignity and privacy was respected. We heard a member of staff quietly saying to one person; "Can I wipe your face? Do you want to do it?" A relative told us of an occasion when the dignity of their family member had been compromised. They said; "I didn't know what to do but [the care worker] just dealt with it without any fuss and with a smile." Another told us; "[My relative] still wants their dignity and power and they still have that."

At our previous inspection we had seen personal items of clothing which were not labelled and so there was a risk people might not get their own clothing returned to them after washing. During this inspection we visited the laundry and saw clothing was clearly labelled thereby reducing the risk. However we were told one relative had found their family member wearing clothes which did not belong to them despite the fact that their clothes were labelled. This did not demonstrate respect for people's personal belongings.

We saw one person was feeling unwell and suffering some discomfort. The registered manager attended to their immediate needs and then arranged for a care worker to sit with them until they started to feel calmer. All staff were kind and reassuring in their approach, there was friendly chatter joking between people and staff.

People were able to make day to day decisions about how and where they spent their time. On our arrival at the service at 9:30 some people were eating their breakfast or were about to while others had eaten earlier according to their preference. There were various areas of the building where people could choose to sit watching the television, listening to the radio or sitting quietly enjoying the views across the bay. We heard a care worker asking one person if they were happy to remain where they were or wanted to sit elsewhere or go into the garden. The person indicated they would like support to move to another room and this was done at once. Staff spoke to people as they supported them to move around keeping them informed of what was happening and any action they were about to take."

People's bedrooms were decorated to reflect their personal tastes and preferences. People had photographs on display and flowers in their room. Some people had chosen to bring their own furniture and bedding into the service. This meant they were able to arrange their bedroom to satisfy their own preferences.

The front door was locked and the building was accessed with a fob system. People who had been assessed as having capacity to enter and exit the premises independently had their own fobs to allow them to do so. Relatives told us they were able to visit whenever they wanted and were always made to feel welcome by staff. They also had fobs to the front door to enable them to enter the building independently.

Good

Is the service responsive?

Our findings

At our inspection in January we found people did not have access to meaningful activities. People and relatives told us this had improved over recent months and there was now a programme of events and activities put in place every month. This included knitting, movie matinees, visiting entertainers and poetry clubs. The responsibility for activities was shared amongst care workers and relatives were encouraged to be involved if they wanted to. People and staff told us this generally worked well although if the service was short staffed for some reason the activities would suffer. One member of staff commented; "We just need more staff and then we'd be able to do more activities."

Arrangements had been made to share access to a mini bus with another nearby Cornwall Care home. A trip to a nearby theme park was planned and another for some male residents to visit a local marina and pub. This had been requested by residents and demonstrated the service were able to organise events which reflected people's interests.

People, relatives and staff told us people's care needs were met although it was not always possible to meet their social needs. One person commented; "Staff haven't time to sit and chat. They do the care needs but that's all." One relative told us; "There's not enough staff but then there never is." Another said; "On the whole there's enough, occasionally they could use a touch more."

There were systems in place to help ensure staff were kept up to date with any changes in people's needs. Care plans were reviewed regularly so they reflected accurately what people's needs were and how best to support them. Staff had a verbal handover when they came on shift so they were aware of any changes in people's needs or significant events that had occurred during the previous shift. We attended a handover and heard the information shared covered all aspects of care such as health needs, sleep patterns, what people had eaten and their general mood as well as any visits or appointments which were due. This meant staff had a complete picture of any issues which might be affecting people's well-being.

Relatives told us they were always kept informed of any changes in their relatives health or well being and were involved in care planning reviews. One told us the communication was very good and commented; "Any issues are addressed as they happen." Another said; "They phone us up immediately if anything happens. They phone us within the hour."

People's care files contained daily logs to record how people had spent their day and any concerns about their health or well-being. These were not consistently filled out with several gaps in the records. They were sometimes disorganised which could make it difficult to track any developing concerns.

Care plans contained personal histories so staff could gain a knowledge of people's backgrounds to help enable them to understand the events and circumstances that had formed people and made them who they were. One person had experienced a troubled past and while they would sometimes talk about this to certain members of staff they were reluctant to have the details written down. This was respected and any recorded information was vague although it still served to inform staff. For example guidance for staff on how to support the person when anxious suggested they did not take certain actions as ; "This can bring back unpleasant memories."

No-one had made a complaint and told us they had not had reason to do so although they would if necessary and were confident the registered manager would respond appropriately. A relative told us; "There's no reason to complain. We just sit down and talk to them." Following the previous inspection relatives told us they had been concerned as the report had identified failings at the service. One had contacted head office who had responded quickly to the contact. A meeting for relatives had been arranged where people and relatives were able to express their concerns and the provider had set out the actions they would take in response to the inspection report.

One relative told us their family members needs changed rapidly and they worked with the service to ensure they were able to respond appropriately. They told us any concerns were dealt with quickly and to their satisfaction. They commented; "We work together, then it avoids it getting to a complaint."

Good

Is the service well-led?

Our findings

People and relatives told us the service was well run and the registered manager was approachable and open. During the inspection visit we observed the registered and deputy manager were available for residents and staff to speak with. One relative said; "It strikes me like a family home, I know it's not, it's well organised, but that's how it feels."

There were clear lines of accountability and responsibility both within the service and at provider level. At Headlands the service was overseen by the registered manager who had been in post for a number of years and was supported by a deputy manager. Six key workers and assistant key workers had responsibility for care planning for several residents. There was a head housekeeper in post with responsibility for the maintenance and auditing of the premises. The registered manager told us they were well supported by their own line manager with whom they had monthly meetings. Manager meetings were also held at head office every two to three months for all the organisations managers. This was an opportunity for managers to be updated on any developments within the care sector and updates on recognised good working practice. The registered manager also had informal peer support from another registered manager at one of the organisations other homes. They told us this was invaluable to them.

Staff said they were well supported through a system of supervision and staff meetings. Staff meetings were held on the 20th of each month. This meant all staff were aware of when they took place and as they were on different days of the week, different members of staff were able to attend.

The induction for new employees included a corporate induction to introduce staff to the values and principles of the wider organisation. Staff told us they enjoyed working at the service, one told us; "I love it here." The deputy manager described the staff team as; "A brilliant team, all eager to learn."

Regular audits were carried out across a range of areas by the lead housekeeper, for example fire safety, equipment checks and call bells and vehicles. Where faults were identified action was taken to address these either by the in house housekeeping team or external contractors as appropriate. In addition monthly audits were carried out by auditors from Cornwall Care's head office. These were in respect of areas such as care plans and medicines. The audit system was based on the CQC inspection methodology.

Incidents and accidents were recorded on incident forms and forwarded to Cornwall Cares' governance team who analysed them regularly. Where trends were identified these were highlighted to the registered manager and discussed at the monthly manager meeting where decisions would be taken about actions to be taken to minimise risks.

Residents and relatives meetings were held every other month to allow people the opportunity to voice any concerns, ideas or suggestions and be involved in the development of the service. One relative told us they had contacted head office following the last inspection report to discuss concerns. They told us the response had been quick and a meeting had been arranged to keep everyone informed of developments and the actions to be taken to address identified problems.