

Ablecare (Philiphaugh) Ltd

# Philiphaugh Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Philiphaugh Manor is a residential care home providing personal care to up to 32 people. The service provides residential care to older people who may have a physical disability. At the time of our inspection there were 21 people using the service.

### People's experience of using this service and what we found

At this inspection we found improvement had been made in relation to the management of fire risks. Automatic fire door release mechanisms had been recommissioned and no fire doors were propped open during this inspection. Additional fire doors had been installed and evacuation plans developed detailing the level of support each person would require in an emergency.

Risks were identified and mitigated, and staff supported people to safely mobilise. Pressure relieving mattresses were set correctly, and bath hoists had been repaired.

Staff had not consistently documented incidents that had occurred, and accident audits were not comprehensive. We have made a recommendation in relation to these issues.

There were now systems in place to provide staff with guidance on how and when to use 'as required' medicines and people had been appropriately supported with medicines in tablet and liquid forms. However, further improvements were required in relation to medicines systems and records. One person had run out of a prescribed cream and this issue had not been promptly resolved. In addition, notes had not been maintained on the effectiveness of PRN medicines and there was no system in place to record where patch-based medicines had been applied to people's bodies.

Recruitment practices were safe and there were enough staff to meet people's needs. The service had experienced some recruitment challenges and as a result was operating at reduced capacity to ensure people's needs could be met by the available staff.

Staff training had not been regularly updated to ensure all staff had the skills necessary to meet people's needs. In addition, staff new to the care sector had not been supported to complete the care certificate. Staff understood how to report safety concerns within the service and records showed the manager had appropriately raised safeguarding issues with the local authority.

Water pressure issues had been resolved and the decor in bathrooms upgraded. However, both bathrooms were noticeably cold on the day of the inspection and there was no heating available in one bathroom. Records showed people had not been regularly offered opportunities to bathe or shower contrary to people's identified needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Systems to record people's consent for photographs had been introduced and there were systems in place to assess people's capacity to make specific decisions.

Issues in relation to damaged carpets and malodorous furniture had been resolved and clutter in the manager's office had been cleared. A new maintenance person had been employed and prompt action was taken to address a maintenance issue identified during the inspection.

People were well supported at mealtimes and told us they enjoyed the food provided. The oven was working correctly, and kitchen staff understood people's needs and preferences.

People's care plans had been updated since the last inspection. However, these documents lacked clear guidance on how to meet people's specific and individual support needs. In addition, care plans for people who had moved in recently contained only limited life history and background information.

People were comfortable in the service and told us they were safe. Staff offered support promptly when required and people requested assistance without hesitation. Relatives and visiting professionals were also complimentary of the services performance.

People's care plans were now stored securely in a locked room when not in use. However, some staff did not know how to access these records.

The service does not have a registered manager. The service's manager was supported by 2 duty managers and the roles and responsibilities of each manager were now well defined.

The provider's quality assurance systems were not effective as they had failed to ensure compliance with the regulations and identify that some management tools were being used incorrectly.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was requires improvement (published 6 December 2022). We found breaches of the regulations and issued 2 warning notices in relation to failures to provide safe care and treatment and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, we found some improvements had been made and that the warning notice in relation to safe care and treatment had been complied with. Although the service's governance systems had improved these issues had not yet been fully resolved. The breaches of the regulations in relation to consent and premises and equipment had been resolved. However, new failings were identified at this inspection, these were in relation to person centred care and staff training.

Why we inspected

We carried out this inspection to check that warning notices issued after the last inspection had been complied with.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified new breaches in relation to person-centred care, and staff training and support. There was an ongoing breach in relation to recording and quality assurance at this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Philiphaugh Manor

## Detailed findings

### Background to this inspection

#### Inspection team

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors and an expert by experience.

#### Service and service type

Philiphaugh Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

#### Registered manager

This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service including information included in the provider information return. This is information providers are required to send us annually with key details about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We met and spoke with 7 people and sought feedback by telephone from relatives of 3 people. We also spoke with 5 staff, the manager, the providers head of care and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Feedback was also gathered from 3 health and social care professionals who were present in the service during the site visit.

We reviewed 4 people's care plans and risk assessments and a range of medicines records. We also reviewed 3 staff files in relation to recruitment processes and the service training and supervision records. We also reviewed other records relating to the management of the service, including complaints received. We asked the manager to provide us with a variety of documents in relation to quality assurance and staff rotas. This information was reviewed in detail after the site visit. The site visit was completed on 10 January 2023 and inspection activity continued until 13 January.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At the last 2 inspections we found that medicines were not managed safely. This was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvement had been made, however there remained issues in relation to the quality of medicines record keeping. This meant that although the service was no longer in breach of regulation 12 these recording failures contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were prescribed medicines to be taken when required (PRN), for example for pain relief. At the last inspection there was not always guidance available on when to use these medicines and records had not been maintained about when these medicines had been used to ensure sufficient gaps between doses. At this inspection we found there were PRN protocols in place to guide staff on the processes for administering these medicines.
- The times when PRN medicines had been given had not been recorded. We discussed the timing of medication rounds with staff and established that gaps between uses of PRN medication had been safe. However, instructions in the service's PRN protocol in relation to gaps between doses of these medicines had not been followed. In addition, staff had not recorded the impact of the use of PRN medication on people's wellbeing. This meant opportunities to monitor the effectiveness of these medicines were missed.
- The service did not have systems in place to document where medicinal patches had been applied. Staff were unclear why the use of this documentation had been discontinued. This information is important to ensure patches are applied to different areas of the body to minimise the risk of skin irritation.
- At the last 2 inspections we found that people sometimes ran out of medicines. At this inspection there were sufficient quantities of prescribed medication available in tablet or liquid forms to meet people's needs. However, one person had run out of a medicated cream and this issue had not been promptly resolved.
- Medication audits had been introduced and completed regularly since our last inspection. However, the effectiveness of these audits was questionable as they had failed to recognise and prevent the recording issues identified during the inspection.

Records in relation to medicines had not been accurately and appropriately maintained. This contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Management and team leaders had completed training in how to administer and support people with



their medications. One team leader told us, "The trainings been refreshed and we've had competency assessments, I'm not sure how often".

- Medicines were stored appropriately, and the temperatures of medicines storage areas was monitored.

### Assessing risk, safety monitoring and management

At our last 2 inspections we found there was a lack of robust risk management around fire, environmental issues and people's specific support needs. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action and these issues had generally been resolved. This meant the service was no longer in breach of regulation 12.

- At our last two inspections fire doors were propped open and did not release correctly when fire alarms sounded. At this inspection we found magnetic release, door holding devices had been recommissioned and fire doors now operated correctly when alarms sounded. Records showed fire drills and fire alarm test had been completed regularly. All firefighting equipment had been serviced.
- Two additional fire doors had been installed on the first floor of the building since the last inspection in response to concerns previously raised by the fire service. Personal emergency evacuation plans had been developed detailing the level of support each person would require in the event of a fire or other emergency evacuation.
- Bath lifts, that had been out of order at both previous inspections had been repaired, serviced and were operational. Changes had been made to the service's plumbing and the water pressure in both bathrooms was now sufficient.
- At our last inspection we found pressure relieving mattresses used to protect people's skin integrity were set incorrectly. At this inspection this issue had been addressed. All pressure relieving mattresses were set correctly and staff had a good understanding of the action they must take to protect people from pressure area damage.
- At the last inspection the gas oven was found to be faulty during the inspection. The provider had subsequently made appropriate alternative catering arrangements until repairs could be completed. At this inspection the oven was working correctly.
- At the last inspection systems in place to ensure people's weight was regularly monitored were not robust. At this inspection there were appropriate procedures in place to ensure everyone's weight was regularly monitored and action taken when significant weight changes were identified.
- At our last inspection risk assessments had not been reviewed regularly and did not accurately reflect people's current support needs. At this inspection we found risk assessments had been updated, which provided staff with more appropriate guidance on the management of risk.
- Staff supported people to mobilise safely and used equipment appropriately to meet people's needs. People were encouraged to remain as independent as possible and staff respected people's decisions in relation to how they were supported to move. When people were experiencing challenges, support and encouragement was offered promptly.
- People and relatives were complimentary of the mobility support staff provided. Their comments included, "The level of care that they give [my relative] and how they support [them] when moving him is great" and "I've had no falls despite having to walk with my frame. The staff assist me, but I like to do things myself".

### Learning lessons when things go wrong

At our last inspection there was a failure to audit accident records to identify areas of learning. This

contributed to a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found improvements had been made in this area.

- The manager had reintroduced an incident auditing system following the last inspection. These audits were designed to identify patterns and trends in incidents and accidents in order to prevent similar events from reoccurring. However, these audits were not comprehensive and a fall that had resulted in a change in a person's falls risk assessment had not been included as part of the audit.
- Care documents identified that one person could become sexually disinhibited and advised staff to document each incident that occurred. We spoke with staff about this person's specific needs and events that had occurred recently. From these conversations it was clear that a number of low-level incidents had occurred but had not been recorded by staff.

We recommend the provider seeks advice and guidance on effective recording of incidents.

- The service was following guidance issued by the ambulance service to help them make decisions about how to support people who fell in the service. A specialist lifting chair had been purchased to enable staff to help people up after falls if they were uninjured.

Systems and processes to safeguard people from the risk from abuse

- Staff had taken action to ensure people were protected from abuse and reported any safety concerns to their managers. However, staff were less clear on how to report safety concerns outside the organisation.
- Records showed the manager had appropriately made safeguarding referrals in relation to incidents that had occurred between individuals living in the service.
- Relatives were confident people were safe and well cared for. People were comfortable and relaxed in the service and approached staff for support without hesitation. People told us, "I feel looked after and safe, I drink plenty of coffee and love biscuits. They are nice people and they are kind to me" and "I feel very safe and secure here, it's a really nice place" and "I feel wonderfully safe and happy here. The staff pop in all day and do night checks. The staff have a lovely disposition and respond when I call them on the call system."

Staffing and recruitment

- Staff had been recruited safely. Records showed all necessary pre-employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.
- Staffing in the care sector was challenging and the service had continued to experience some difficulties in recruiting new members of staff. As a result of these challenges the provider's nominated individual told us, "We are deliberately holding occupancy levels down due to staffing issues".
- Rotas for the three weeks prior to the inspection, showed sufficient numbers of staff had been available to meet people's needs. In order to ensure people's safety, we found managers and domestic and activities staff with the appropriate skills had been completing some shifts as carers. One staff member told us, "Staffing was tight over Christmas I am not going to lie".
- At the time of the inspection there were 4 full time care staff vacancies. Recruitment was ongoing and a prospective new carer had been offered one of these roles. The manager reported that although recruitment was going well they had experienced additional challenges as, "We have had a lot of people who have come and started then dropped out".
- People and their relatives were complimentary of the care provided by the existing staff team. They told us, "The staff are very, very kind and considerate", "I see a lot of staff each time I visit" and "The staff always very helpful and caring".

- Professionals also spoke positively about the staff team and told us, "They are always friendly and supportive when working with people" and "The staff respond quickly when [people] need help".

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. The provider had decided to continue using face masks due to the current increased prevalence of COVID and flu in the community.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Relatives told us, "It is always clean and tidy".
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service encouraged friends and relatives to visits regularly. Relatives told us they were always made to feel welcome. Their comments included, "I visit every Wednesday and could go any time I wanted really" and "I always ring before visiting but can go pretty much when I want. I always phone as I want to let them know and make sure I am not going to clash with meals or what is going on".

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

### Staff support, training, skills and experience

- Staff training had not been regularly updated and refreshed to ensure staff had the skills necessary to meet people's needs. Records showed most staff required training in fire safety, manual handling, first aid and the Mental Capacity Act. Comments from established staff included, "I've not had First Aid for a while, quite a lot of training I need to catch up on" and "There is not much face to face training. A lot of booklets and online, we have lot of zoom coming up to catch up". Some staff commented adversely on the quality of training offered saying, "We get given booklets, I don't really call that training".
- The service did not have robust and effective systems for the induction and training of new members of staff. Staff new to the care sector had not been supported or encouraged to complete the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We noted that new staff, who had not completed manual handling training were regularly supporting people using equipment. Recently recruited staff confirmed they had not received training in the use of manual handling equipment.
- Most established staff had received some supervision. However, recently recruited staff had not received regular support or formal supervisions.

The provider's systems had failed to ensure staff training was regularly updated and staff new to the care sector had not been supported to complete the care certificate. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to the inspection the provider and manager had identified these failings and plans had been developed to update staff training and skills. Notices in staff areas of the service demonstrated all training was due to be refreshed by the end of February 2023.

### Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection there were no formal systems in place to record people's consent for photographs to be taken and the provider did not have a good understanding of what DoLS applications had been made. At this inspection we found improvements had been made. People's consent for photographs had been sought and necessary capacity assessments and best interest decisions completed.

- People's care plans now contained appropriate consent records in relation to the use photographs.
- Care plans included detailed records of capacity assessments and best interest decision making. These demonstrated appropriate support had been provided to enable people, wherever possible, to make meaningful decisions and choices.
- The service maintained accurate records of people who had appointed lasting powers of attorney and involved people's attorneys appropriately in best interest decision making processes.
- The provider and manager understood when DoLS applications were necessary. The manager had identified that one person, who had recently moved into the service, lacked capacity in relation to choosing where to live and would be at significant risk if they returned home. A best interest decision making process was underway and following feedback during the inspection a DoLS application was submitted to the local authority.

#### Adapting service, design, decoration to meet people's needs

At the last inspection we found the provider had failed to ensure the service premises had been appropriately maintained and were suitable for the purpose for which they were being used. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found these issues had been resolved and the service was no longer in breach of this regulation.

- The roof above the service's communal lounge had been leaking and the ceiling in the lounge displayed signs of water ingress and damage. The provider had commissioned repair works from a specialist contractor but so far this issue had not been resolved. These contractors were due to visit during the week of the inspection and further repairs were being planned to resolve this issue.
- At this inspection the room numbering system remained confusing as there were 3 room number 1's. However, people's names and pictures relevant to them were now displayed on room doors to help people orientate themselves within the service.
- At the last inspection people's sensory needs were not always taken into account, bathrooms were spartan and clinical with no pictures or furnishings. At this inspection we found this issue had been addressed, additional pictures and decorations had been used to make these areas feel less clinical and more relaxing.
- On the day of the inspection we noted that the temperature in the communal lounge was a little cool and observed that two people had been provided with blankets to keep them warm.
- At the last inspection the manager's office was full of boxes, equipment, and general clutter and a wooden smoking shelter on the driveway contained a significant amount of rubbish and debris. At this inspection these issues had been resolved. The manager's office had been cleared of unnecessary clutter and the

smoking area tidied up. This gave people visiting for the first time a more favourable initial impression of the service.

- At the last inspection carpets in the lounge were torn and badly stained and some malodours were associated with areas of carpeting and items of furniture. At this inspection we found these issues had also been resolved and no malodours were detected.
- A new maintenance person had been employed recently and staff knew how to report maintenance issues.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The manager and staff team worked collaboratively with involved health and social care professionals to ensure people's needs were met. Professionals who had visited the service regularly were complimentary of the service and told us, "I can speak to staff when I need to. They inform me of updates and I have access to notes if needed" and "I've not really got issues here to be honest".
- Records showed people had been supported to access health care services and hospital appointments when required. One person's relatives told us, "I can't thank the office team enough. During COVID [they arranged a hospital appointment for my relative]. They were brilliant. They sorted it all out [including transport] so all I had to do was be at the hospital on time".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were normally assessed by managers who visited people in their previous homes before they moved into the service. This helped ensure the service could meet the person's needs and expectations.
- Due to significant pressures being experienced by local hospitals at the time of the inspection, care services were being asked to accept new people based on assessments completed by NHS staff. One person had recently moved into the service and the information provided by the externally completed assessment was inaccurate and did not reflect the person's specific needs. This had impacted adversely on the service's ability to initially meet this person's needs and additional support from professionals had been required. As a result of this experience the service intended, wherever possible, to complete face to face assessments before people moved into the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives were complimentary of the food. Their comments included, "The food is tasty" "[My relative] is always well fed" and "I enjoy the daily visits from the Chef, who explains the daily menu and I tell him of my own preferences. I have lots of choice and if I don't fancy something, I can have something else. The food is hot and lovely".
- Kitchen staff had a good understanding of people's dietary needs and the kitchen had a five-star food hygiene rating from the local authority. There was a rolling menu in place with menu choices available at each meal. On the day of the inspection both menu options were fish, but people were able to request alternative options and these were prepared.
- Staff supported people discreetly during mealtimes and people were offered hot and cold drinks regularly throughout the day.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were not supported to bathe or shower regularly. The care plan for one person who had moved into the service in November 2022 stated, "Staff to support [person's name] to have a bath weekly using the jacuzzi bath." This person had never been supported to have a bath during their time in the service.
- Bathing records showed people were infrequently offered opportunities to have a bath or a shower. These records showed there had been a significant decline in these opportunities since our last inspection. For example, one person had been offered a bath or shower 28 times in 2021 but only 8 times in 2022.
- One person told us, 'I like to have a shower weekly, but the staff have been short of time recently, so I'm hoping to have a shower soon'. Records showed this person had not been offered an opportunity to shower in the 3 months prior to the inspection.
- Both of the service's bathrooms were cold on the day of inspection. One bathroom had no heating available and both bathrooms would be unpleasant to use during the winter.

The provider had failed to respect people's wishes and preferences in relation to showering and bathing. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection, we identified concerns about the accuracy of record keeping and people's care plans. This formed part of the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had been some improvements in the quality of care planning but a lack of accurate guidance on people's specific needs contributed to an ongoing breach of regulation 17.

- Care plans had been reviewed since the last inspection and now provided staff with clearer guidance on how to meet people's needs. A duty manager was now responsible for ensuring these documents were regularly reviewed and one staff member said, "The care plans are up to date and all the reviews are up to date. The care plans are looked at all the time".
- Where specific care needs had been identified staff were not consistently provided with appropriate guidance on how to meet those specific needs. For example, one person's records identified 3 different needs that required specific support. No care plans or additional guidance had been provided to staff detailing how to support the person with each of these identified specific needs.
- Care plans for people who had recently moved into the service included limited information about



people's life histories, hobbies and interests. This type of information is useful to help staff get to know the person and quickly gain an understanding of what is important to them.

The provider had failed to ensure people's care plans accurately reflected their specific support needs. This formed part of the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our previous inspection it was unclear why the food and fluid intake records were being completed for some people the service supported. At this inspection no unnecessary monitoring was underway. Staff reported this type of monitoring was not currently required as there were no concerns in relation to weight loss.
- People's care plans were now stored in a locked room which some staff did not know how to access. This issue is discussed further in the well led section of this report.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed two activity co-ordinators and there was a programme of activities planned in communal areas of the service. During the inspection a quiz was underway in the lounge and people were offered massages by a visiting practitioner. One relative said, "Last time I visited [My relative] was having an Indian head massage, randomly. They are always trying new things for people to do".
- The service regularly provided respite support for people who normally lived in their own homes. Staff recognised the benefits and challenges of providing these opportunities. They told us the range of people's support needs sometimes made it difficult to plan activities everyone would enjoy. Two people told us they did not participate in the activities on offer.
- The service had access to a minibus shared by the 3 care homes operated by the provider in Cornwall. Trips to view Christmas lights in local villages had been arranged in December and one person told us they were able to visit a local garden centre regularly.
- People were supported to maintain relationships that were important to them and to keep in touch with friends and family. Visiting was encouraged and relatives told us they were always made to feel welcome.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The support people required with communication was documented in their care plans and staff were able to communicate effectively with people. Staff were kind and patient and supported people to communicate effectively.

Improving care quality in response to complaints or concerns

- There were systems in place to enable people and their relative to make complaints. Complaints received had been investigated and action taken to prevent similar issues reoccurring. However, the provider's complaints policy had not been consistently followed and written responses to complaints had not always been provided.
- People understood how to make complaints and relatives were happy that concerns they had raised had been resolved. Relatives comments included, "We have never had any issue with anything" and "I have got nothing but praise for them".



#### End of life care and support

- The service was able to meet people's needs at the ends of their lives and worked collaboratively with healthcare professionals to ensure people were comfortable and pain free. A relative told us, "They did an end of life care plan with us and they checked if I had Power of Attorney. They asked all the questions people are usually scared to ask. They made sure [My relative's] wishes would be followed".

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection we have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found quality assurance systems were weak and ineffective. Confidential records were also stored insecurely. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found similar concerns and the service remains in breach of this regulation.

- There was no registered manager at this service. Since the last inspection a duty manager had been promoted by the provider to manage the service.
- There was limited evidence available to show what structured additional support or training was being offered to the manager to help them gain the necessary skills and knowledge to become registered. The provider's nominated individual told us they and the provider's Head of Care continued to regularly visit the service and were available to support the manager when needed.
- The manager was supernumerary and was supported by two duty managers who also had some dedicated office time each week. A duty manager was on shift each day to provide leadership, guidance and support to the staff team. On some occasions staffing level challenges had meant that the manager and duty managers had needed to complete care shifts.
- At the last inspection we found care records were not stored securely as office doors were routinely left open when rooms were unoccupied. At this inspection the provider now stored people's care plans in a lockable filing cabinet in a locked room. However, staff were now unable to easily access this information. Two staff members told us they had never seen or read people's care plans and another member of staff needed support from an inspector to be able to access the room where this information was stored. This meant staff did not have easy access to information and guidance required to help ensure people received consistent support in line with their needs.
- The manager did not have a comprehensive understanding of some of the provider's tools and systems. The dependency tool introduced following our previous inspection and designed to identify how many staff were needed each shift to meet people's needs, had not been completed correctly. In addition, errors were identified in how falls risk assessments had been completed. These issues had not been identified by the provider's quality assurance processes.
- In response to the findings of our last inspection the provider had introduced additional regular audits by the head of care and nominated individual and as detailed in this report some improvements in

performance had been achieved. However, the provider's systems had failed to ensure the service fully complied with the requirement of the regulations. Senior manager audit records showed these visits had not focused on the specifics of how people's support was planned and provided. Staff questioned the effectiveness of some of the support provided by senior managers who they reported spent most of their time in the office.

- At this inspection as detailed in earlier sections of this report, the provider had failed to ensure medicines records were accurately maintained and that people's care plans reflected their specific support needs.

The providers recording and quality assurance systems were not entirely effective. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection the roles and responsibilities of individual managers were unclear, and this meant some specific tasks had not been completed. At this inspection this issue had been resolved and each duty manager now had clearly defined areas of responsibility.
- Staff told us they were well supported by the manager and said, "Staff morale is OK, management are approachable", "Staff meetings have become more regular since the new manager started" and "[The manager] really does make it feel like a home from home which is what we are about".
- The service had submitted notifications to the commission of significant events that had occurred in line with their legal responsibilities.

#### Continuous learning and improving care

- At the last inspection the service was in the process of transitioning to an electronic recording system. Following feedback after that inspection this transition had been paused and the provider had focused on improving the quality and accuracy of paper-based records. At this inspection we found there had been some improvements in the daily care records.
- A PIR was submitted prior to this inspection in October 2023. This PIR recognised the ongoing challenges the service was experiencing with staff recruitment and that additional training was required. Improvements made to fire safety were detailed and this PIR gave a more accurate picture of the service's performance.
- Staff told us improvements had been made following the previous inspection but recognised further changes were needed to ensure people's needs were consistently met and information accurately recorded. One staff member told us, "It has been a difficult 12 months. The way I see it we are working at it and it is getting better. We are improving and I think the home is much better than it was. I am aware the paperwork is not 100%".

#### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and supportive culture in the service. We saw that staff were attentive and responded promptly and proactively to people's needs. People told us, "[The staff] made a big fuss of me and my recent birthday, I had lots of presents from them" and "It's so much better than my last home".
- Relative were also complimentary of the staff team and the culture of the service. Their comments included, "[The Staff] are always cheerful there, you have to take your hat off to them" and "Nothing is too much trouble. I can't find fault with them".
- Professionals were also complimentary of the care the service provided and told us, "I have not got anything bad to say, I think it is one of the better care homes I have been in. I have not had any issues".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and staff team understood their responsibilities under the duty of candour. When things went wrong, information was shared openly and appropriately with people's relatives.
- Relatives told us they were kept well informed of any changes in people's health or support needs. One relative told us, "The manager keeps me up to date, if I have any concerns, I can talk to them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents meetings had been held since the last inspection and records showed any issues people raised had been discussed and resolved.

- The service was in the process of completing a survey to gather feedback from people and their relatives. People's relatives were complimentary of the service and told us, "I have just had a questionnaire from them" and "If I was not happy, my relative would not be there. My relative gets first class care".

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's needs were met. Professionals were complimentary of how the service communicated with them and told us, "They do advocate for people".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to respect peoples wishes and preferences in relation to showering and bathing. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers recording and quality assurance systems were not entirely effective. This was a continued breach of the regulations.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider's systems had failed to ensure staff training was regularly updated and that staff new to the care sector had the skills necessary to meet people's needs.</p>