

# Cornwall Care Limited

## St Breock

### Inspection report

Whiterock  
Wadebridge  
Cornwall  
PL27 7NN

Tel: 01208 812246

Website: [www.cornwallcare.org](http://www.cornwallcare.org)

Date of inspection visit: 2 June 2015

Date of publication: 29/07/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out this unannounced inspection of St Breock on 2 June 2015. St Breock is a care home that provides residential care for up to 38 people. On the day of the inspection there were 35 people using the service. Some of the people at the time of our visit had mental frailty due to a diagnosis of dementia. The service was last inspected on 11 August 2013. At that time we found no concerns.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. 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 2008 and associated Regulations about how the service is run.

The building was an older building but not well maintained internally and externally. The environment of St Breock needed maintenance and redecoration. Externally woodwork, windows and paintwork were in a poor condition. Internally corridors and paintwork in some bedrooms was damaged having been dented by

# Summary of findings

wheelchairs and hoists. An action plan received following the inspection visit showed remedial work had been completed to remove garden vegetation which was impacting on the property and decoration of the entrance to the service. It also included an external plan which showed that work was being undertaken in the following few weeks to improve the external issues of the building. We have made a recommendation about the standards of maintenance at the service.

Staff working at the service understood the needs of people they supported so they could respond to them effectively. Staff received training and support which enabled them to be effective in their care and support of people at the service. Healthcare professionals told us; “I have confidence with the staff team in delivering good care” and “They deliver a high standard of care and have good access to training” Visitors reported good relationships with the staff and that the management were approachable. Families told us, “A nurse comes to my (relative) regularly and I can leave knowing my (relative) is well cared for” and “I find all the staff nice. They are all good to me, I’m happy with the way they treat me”.

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

The service had safe arrangements for the management, storage and administration of medicines. Medicine records showed that people received their medicines as prescribed. We checked medicine records and found that information was generally well recorded about people’s medicines and how they were given. There were clear instructions for any medicines prescribed to be given ‘when required’ and these were clearly recorded on people’s medicines charts.

The service had an effective recruitment process in place to ensure new staff were safe to work with people requiring care and support. Pre-employment checks had been completed to help ensure people’s safety. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

There were a variety of methods in use to assess and monitor the quality of the service. These included satisfaction surveys, meetings with people living and working at the service and care reviews. Overall satisfaction with the service was seen to be very positive.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe living at St Breock and also with the staff who supported them.

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

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

Good



### Is the service effective?

The service was not entirely effective.

The service was not being well maintained. External and some internal areas were in a poor state of repair and decoration.

People had access to healthcare professionals including doctor's, chiropodists and opticians.

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

Requires improvement



### Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

People told us they felt the staff were very caring and respectful towards them and their relatives.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available. People and their families told us they would be happy to speak with the management team if they had any concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well led

The registered manager supported staff and was approachable.

Systems and procedures were in place to monitor and assess the quality of the service.

Staff told us meetings were taking place and they could speak with the manager whenever they felt it was necessary.

**Good**



# St Breock

## 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 2 June 2015. The inspection team consisted of two inspectors, a pharmacist inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with twelve people who were able to express their views about living at St Breock and four visiting relatives. We looked around the premises and observed care practices on the day of our visit. Prior to and during our visit we spoke with two visiting professionals including a health support practitioner and a district nurse. We also spoke with a commissioner of the service and a dementia support worker.

We looked around the service and observed care and support being provided by staff. We looked at three people's records of care. We looked at three staff files and records in relation to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service and with the staff who supported them. One person said, "I have no problems about safety here, I feel fine, safe and secure." Families said they felt the service was a safe place for people to live. They told us, "There are homes nearer to where I live, but I chose this one and I am confident my (relative) is safely cared for" also, "It's a relaxed but busy atmosphere which is good. I sleep easy knowing my [relative] is safe here".

Staff safely supported people by providing the care and support they needed. People had a call bell, or if assessed for, a pressure mat to alert staff if they required any assistance. We observed various response times to call bells. One person who lived at the service said, "They don't usually take long. I know they are busy, but this morning I needed them and they came within a few minutes. They are usually quicker than that but mornings are busy".

People received personal care and support in a safe way. For example, we saw two staff supported a person to move position using of hoist equipment. During the process they talked with the person reassuring them they were safe. The person looked relaxed and comfortable. We spoke with that person later in the day, they told us, "The staff are good and I have confidence in them all when they are moving me around." A staff member told us, "It is important to ensure residents are safe by using any equipment properly and with two members of staff if required".

People's care records contained detailed risk assessments which were specific to the care needs of the person. For example, there was clear guidance that directed staff on how many people and what equipment was needed to move a person safely.

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with senior staff and management. Staff also knew they could raise any concerns with the local authority or the Care Quality Commission if necessary. We looked at the safeguarding policy and found it contained accurate information about the various types of abuse, the process for raising concerns and whistleblowing policies. Staff were

confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Staff received safeguarding training as part of their initial induction and this was regularly updated.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge needed 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.

People we spoke with told us they were happy with the range and quality of food offered to them at the service. One person told us, "The food is good". We observed people arriving for breakfast at different times and noted throughout that day they were able to have drinks of their choice such as tea, coffee, water or squash.

We looked at the arrangements in place for the administration of medicines at the service. We found that medicines were stored safely and securely. There was a separate refrigerator for any medicines needing cold storage. Records showed that room and refrigerator temperatures were monitored so that medicines were stored correctly and were safe and effective for people to receive. The service had arrangements in place for the recording of medicines that required stricter controls. These medicines require additional secure storage and recording systems by law. The service stored and recorded such medicines in line with the relevant legislation. We checked the balances of these medicines held by the service against the records kept. The home kept separate supplies of some non-prescription medicines, and had procedures in place which recorded how and when these were given to people if they needed them.

Medicines charts were being completed when medicines were given to people, and any changes to people's medicines were clearly recorded on the charts. There were separate charts kept in people's rooms for recording the use of creams or other external preparations. We checked three of these and they included clear instructions for care staff on how and when to apply these preparations. However two of the charts had not been regularly completed when products were used. Separate charts were used for the recording and daily checking of pain relieving patches. These charts had recently been introduced in response to some issues with the recording and

## Is the service safe?

application of patches. Charts for recording a medicine with a variable daily dose were accurately and clearly completed. An audit trail was maintained of medicines received into the service, those administered and any returned to the pharmacy, which helped to show how medicines were handled in the service.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited regularly. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced.

# Is the service effective?

## Our findings

The internal and external environment of St Breock needed maintenance and redecoration. Internally corridors and some bedrooms had paint work which was scratched and had been dented by wheelchairs and hoists. Some vanity furniture was badly marked. Externally ivy was growing up the walls and into the guttering. Fascia and soffit's boards were rotting and guttering was dirty in colour and needed cleaning. Some window frames were rotting around the frames and sills. Some of the grounds around the service were untidy and not easily accessible to people who used the service. Following the inspection visit the service sent an action plan which showed where remedial work had taken place, to remove ivy from guttering and decorate the entrance. It also included an external plan which showed the work being undertaken in the following few weeks to improve the immediate external issues we had identified. However, further work to improve the environment internally and externally was recognised as necessary by the management team.

### **We recommend that the service seek advice from a reputable source in relation to building and environmental standards for residential services.**

People were cared for by staff with the appropriate knowledge and skills to support them effectively. People told us, "Staff look after me well" and "I think the staff are trained and knowledgeable". Families felt the service was effective in meeting their relatives needs they said, "I can leave my (relative) and know they are being well looked after" and "My (relative) is well supported by staff who know their needs very well".

We observed people were relaxed and comfortable. Staff had a good awareness of each person and how best to meet their needs. Some people demonstrated anxiety and staff were quick to reassure them without restricting their freedom. We observed staff interactions with people demonstrated they understood their needs and how best to support them.

Staff completed an induction programme when they commenced employment. The service was introducing a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction programme

which included training identified as necessary for the service and familiarisation with the home and the organisation's policies and procedures. Included in the induction programme was a period of working alongside more experienced staff until a satisfactory competency level was met. Staff said they felt supported and they had the opportunity to discuss their performance and development. Staff also said they were supported to undertake training which supported them in their roles. "We have a good range of courses and we are encouraged to go on training regularly". Most staff had attended training including safeguarding adults, fire safety and moving and handling.

All the care plans we reviewed had been signed by the person, or their representative, showing they agreed with the content of their care plan. Staff had received training in the Mental Capacity Act 2005 (MCA) and those we spoke with had a good awareness of the MCA. Staff knew they were not able to restrict anyone who had the ability to make decisions for themselves.

The MCA provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals,

where relevant. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone may be considered to be deprived of their liberty had changed. The registered manager had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the DoLS team at the local authority for authorisation of potentially restrictive care plans in line with legislative requirements.

Consent had been sought and granted for people in respect of taking medication, retaining their own medication and for personal care.



## Is the service effective?

Care records confirmed people had access to health care professionals to meet their specific needs. This included referrals to tissue viability nurses to identify people who were at risk of pressure sores. For example a hospital bed was being prepared for a person whose risk of pressure sores had increased. A healthcare professional told us staff worked with them to identify and manage people's health needs. One healthcare professional told us, "Communication with staff is good. Staff use the whiteboard in the office to let me know different things".

People we spoke with told us they were happy with the range and quality of food offered to them at the service. One person told us, "The food is good". We observed people arriving for breakfast at different times and noted throughout the day they were able to have drinks of their choice such as tea, coffee, water or squash. Where people's weight had identified unexpected changes, records showed referrals had been made for specialist advice including SALT (Speech and Language Therapy) guidance. This

showed people's diet and nutritional needs were being monitored effectively. The service was meeting food standard agency requirements and had just been awarded five stars for its standards of food management. This system looks at how they handle food and hygiene procedures to make sure the food produced is safe to eat.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch, either in their room, the dining room or one of the lounges. There was an unrushed and relaxed atmosphere and staff were attentive to people's individual needs. Tables were laid with linen and napkins as well as seasoning sets, which had been requested at a recent residents meeting. Staff were seen to sit alongside and engage with people that needed assistance with their meals. People told us they enjoyed their meals and they were able to choose what they wanted each day. The cook told us they knew people's likes and dislikes and prepared meals in accordance with people's individual choices.

# Is the service caring?

## Our findings

People told us they were happy living at St Breock. They found it to be a good place to live where staff knew what people's needs were and were responding to them in a kind and caring way. They told us, "I would say that the staff are patient, caring and kind" and "It's a busy home but staff are always there when I need them". Families we spoke with told us, "I found this good home after looking at lots of others" and "If there is ever an issue the staff always let me know what's going on". Some people were unable to verbally communicate with us about their experience of using the service due to them living with dementia. Therefore we spent time observing people in the lounges and dining room. Staff explained to people what they were doing for them and why. Staff were seen to be busy during the morning period with some call bells ringing for some time before being answered. However, in general staff were visible and available to respond to people's care needs.

People were cared for by attentive and respectful staff. We saw staff showing patience and providing encouragement when supporting people. People's choices were respected and staff were sensitive and caring. One person liked to walk up and down the corridor. Their mobility was limited but staff encouraged them to move around with the use of hand rails. This showed people's independence was supported. Another person liked to stay in bed until later in the morning. Staff also respected this and made sure other staff knew what the person's plans were that day so they were not disturbed. Some people used the lounges and dining room and others chose to spend time in their own

rooms. Families we spoke with said, "Staff show [my relative] respect and patience, they are all so supportive and caring" and "I come here most days so I know staff are caring and do a wonderful job".

Where possible people were encouraged to go out independently. People had access to an enclosed garden and we saw people using this outside space throughout our visit. Another person goes out to a local café on a regular basis and also attends a local day centre. People told us, "I always liked doing the garden. I can't garden for myself now but still enjoy sitting out there. There are a few of us who enjoy it".

Some people had a diagnosis of dementia or memory difficulties and their ability to make daily decisions and be involved in their care could fluctuate. The service encouraged relatives to provide information about the person's life history in order to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to be involved in decisions about their daily lives wherever possible. Care records detailed the type of daily decisions people could make for themselves to help ensure people were involved in making their own decisions wherever possible.

Staff were respectful and protected people's privacy and dignity. We saw a person being supported to move in a lounge area using lifting equipment. Staff spoke to them in a low voice and assisted them with the minimum of fuss, reassuring them throughout the time the procedure took. This showed staff understood the principles of privacy and dignity and how it might impact on people. The staff member said, "We have to use the equipment but we make it as dignified as we can".

# Is the service responsive?

## Our findings

People were supported by staff who were experienced, trained and had a good understanding of their individual needs. Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. They were reviewed monthly or as people's needs changed. Where people lacked the capacity to consent to their care plans staff involved family members in writing and reviewing care plans. A family member said, "I have been invited to my (relatives) reviews and feel we are always kept updated and informed".

In order to support individual care plans the service was developing individual 'life plans'. A volunteer was working with individual people to gain an insight into their life histories, life events and interests personal to them. A staff member told us, "It is really useful because we really get an insight into the person and (it) helps us understand things associated with them". Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. This helped ensure staff were able to have relevant and meaningful conversations with people according to their interests and backgrounds. People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time.

People spoken with were happy with the activities and events going on at the service. They told us there were a

range of activities they had the choice to take part in, such as board games, bingo and entertainers. The service activities co-ordinator worked three days a week and focused on crafts, art and music. Some people liked to walk in the garden area. One person told us, "I have always liked growing things in the garden but I can't manage now, but I do like sitting out there". Some people were supported to go out into the community. A record showed a person routinely visited a local café because that's what they had done prior to moving into the service. A member of staff told us, "It is important to keep links with the local community".

A notice board showed pictures of recent events and forthcoming events. The service had a mini bus which was used weekly. People told us, "We are going to the Royal Cornwall Show this week I am really looking forward to it" and "I enjoy going out for the cream teas and especially to the garden centre".

People and families were supported with information on how to raise any concerns they might have and were provided with details of the complaints procedure in a written leaflet and displayed at the entrance to the service. A family member told us a concern they had raised was quickly dealt with by the registered manager. We saw details of concerns that had been raised with the service. The records showed the concern had been investigated and the person raising the issue had been contacted to tell them of the action that had been taken to resolve the issue.

# Is the service well-led?

## Our findings

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service, supported by a senior governance team from the organisation. Staff felt well supported by the registered manager. They told us, “I have worked in care for a long time and I feel really supported here. It’s a good home to work in” and “We work well as a team and we know the manager supports us”. Healthcare professionals told us they had no concerns regarding the management of the service.

The service had a relaxed atmosphere with people having the space and support to move around. Staff took time to make people feel at ease, safe and relaxed. A family member told us, “I see staff working well together whenever I come here, it’s more relaxed here than other places I have heard about”.

There were systems in place to monitor the quality of the service provided at both the level of the service and with senior management. The auditing process provided opportunities to measure the performance of the service. The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accident and incident audits, medication, care records and people’s finances. This showed evidence of quality monitoring being effective.

A representative of the provider or another registered manager visited the service at least once each month to carry out safety and quality checks. Following these visits a report was provided to the registered manager identifying any necessary improvements or good practice observed.

Policies and procedures were in place for all aspects of service delivery and had recently been reviewed across the organisation. Senior management had responsibility to ensure specific policies were updated and continued to reflect current legislation and best practice.

The views of people using the service were taken into account by talking individually with people and collectively at meetings. The meetings provided both staff and the people who lived at the service, the chance to express their views on the quality of the service. The registered manager said the views of relatives were taken individually, as relative meetings had not been successful. However the registered manager was planning to use other forms of communication including e-mail, to encourage relatives to communicate their views about the service.

Service certificates were in place to ensure equipment and supply services including electricity and gas were safe. Any defects were reported and addressed. The service provided us with a maintenance action plan to show what immediate action would be taken to improve the external environment of the building. This was identified as being in a poor state of repair and reported in the effective section of this report.