St. Nectans Residential Care Home Limited

St Nectans Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 5 and 12 June 2015. St Nectans Residential Care Home was last inspected on 6 September 2013 and no concerns were identified.

St Nectans Residential Care Home is a care home for up to 28 older people that require support and personal care. At the time of the inspection there were 23 people living in the home. The home is owned by St. Nectans Residential Care Home Limited and is located in the centre of Bexhill on Sea, East Sussex.

The people living at St Nectans Residential Care home all lived with a degree of physical frailty. There were also people who were living with a dementia type illness, diabetes, Parkinson's disease and heart disease.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. However we also found that there were some shortfalls that could potentially impact on people's safety and well-being.

People were not consistently safe. Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and an outcome to be achieved. However not all were up to date. This meant that staff were not fully informed of people's changed needs in respect of end of life care, diabetes, visual impairment and mobility. Whilst people's medicines were stored safely and in line with legal regulations, medicine administration records (MAR) were not consistently completed.

Accidents and incidents were not all recorded appropriately and steps had not been taken by the staff to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been not been identified and managed effectively. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff, however the evacuation plans did not reflect the decrease in staff in the afternoon and night. People's mobility and cognitive abilities were changing and there had not been the environmental changes necessary to ensure their safety. This pertains to window restrictors, stairs and open stairwells.

Where people's health had changed considerably, care plans did not reflect the changes and therefore staff were potentially uninformed of important changes to care delivery. The lack of opportunity for outings and walks for people at this time impacted negatively on people's social well-being.

A quality monitoring system was in place but was not effective to enable the service to highlight the kind of issues raised within this inspection, such as high number of unwitnessed incidents and accidents and medication administration shortfalls.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here. I was living on my own and I am glad I live here."

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the home. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management team understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions, the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as diabetes and administrating insulin. Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "I like the food and I can choose what I want". There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People told us they enjoyed the activities, which included singing, films, and visiting entertainers. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us,

Summary of findings

“They treat us well, we are looked after very well, plenty to eat and my room is kept clean and tidy.” A visitor told us, “Kind and helpful, we know our relative is safe and happy.”

People were encouraged to express their views and completed surveys, and feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, “If there is anything wrong, they sort it out quickly”.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

St Nectans Residential Care Home was not consistently safe. Risk assessments were in place. However, management of people's individual risk assessments to maintain their health, safety and well-being were not in place for everyone or up to date and therefore placed people at risk.

Medicines were stored safely. However poor recording and unsafe administration of medicines placed people at risk of not receiving their prescribed medicines. Recording of skin creams was inconsistent.

There were enough staff to meet people's individual needs. However staffing arrangements were not flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Comprehensive staff recruitment procedures were followed.

Is the service effective?

Good

St Nectans Residential Care Home was effective.

Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Is the service caring?

Good

St Nectans Residential Care Home was caring. Staff communicated clearly with people in a caring and supportive manner.

Staff knew people well and had good relationships with them. Staff had built a good rapport with people and they responded well to this. People were treated with respect.

People were encouraged to make their own choices and had their privacy and dignity respected.

Summary of findings

People and relatives were positive about the care provided by staff.

Is the service responsive?

Requires improvement

St Nectans Residential Care Home was not consistently responsive. Care plans did not always show the most up-to-date information on people's needs, preferences and risks to their care.

The opportunity for social and recreational outings was not available should people wish to participate.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

Is the service well-led?

Requires improvement

St Nectans Residential Care Home was not consistently well-led. People were put at risk because systems for monitoring quality were not effective. Incidents and accidents whilst documented were not analysed. There were not robust systems to ensure the risk of reoccurrence was minimised.

The registered manager took an active role in the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

St Nectans Residential Care Home

Detailed findings

Background to this inspection

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

The inspection took place on the 05 and 12 June 2015. This visit was unannounced and the inspection team consisted of two inspectors.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided by the service. CCGs are clinically led groups that include all of the GP groups in their geographical area.

During the inspection, we spoke with 11 people who lived at the service, three relatives, the registered manager, the provider, seven care staff, and the deputy manager. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge and dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at seven care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' five people living at St Nectans Residential Care Home. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. Relatives told us they had confidence their loved ones were safe. For example, one relative told us, "I definitely feel safe." "I feel safe with everything, they give me my pills and make sure I eat properly," and "I am safe here." Another person said, "Staff ensure the bell is nearby at all times, my eyesight is not good but staff are always available to help me." Although people told us they felt safe, we found examples of care practice and concerns about the environment which were not safe and potentially put people at risk.

Potential risks to people's health, safety and well-being were not consistently well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, nutritional risks and moving and handling. The care plans also highlighted health risks such as diabetes and visual deterioration. However despite risks being identified there was a lack of management plans for staff to follow to ensure people's safety was promoted and protected. Additionally the majority of care plan information and risk assessments had not been updated for over six months. This placed people at risk from uninformed staff. One person had complex health needs that included diabetes and Parkinson's. The diabetes was difficult to manage due to erratic blood sugar levels and high levels of prescribed maintenance doses of insulin (medication for diabetes). There was no information of the persons normal blood sugar to alert staff as to what levels was safe for this person and what triggers to be mindful of. Senior staff when asked knew how to identify signs of low blood sugar or high blood sugar, but we were not assured that new or inexperienced staff would recognise the symptoms as it was not recorded. This meant the person's health was at risk. We also saw that visually impaired people did not have appropriate risk assessments in place, for example specific personal evacuation plan to ensure safe evacuation. There was also very little guidance in place for eye and foot care of diabetics, such as regular chiropody, foot checks and eye tests for specific diabetic related problems.

One person was receiving 24 hour care in bed due to deterioration to their health. We were told that the person had a pressure relieving mattress in place to prevent pressure damage. There was no check list to ensure it was set at the right setting and there was no setting documented for staff to check. The person was frail and the mattress was on the highest setting which would not have been safe or beneficial for them as it was hard and therefore contraindicated for its intended use. This was reset on the first day of the inspection but was found incorrect again on the second day of the inspection. This had not ensured this person's safety and placed them potentially at risk from pressure damage.

Personal emergency evacuation plans (PEEPs) were in place but did not take in to consideration the staff ratio in the afternoon and night. The evacuation plans therefore did not consistently ensure people's safety.

We looked around each area of the home. We found a number of windows on the first floor communal areas wide open with no restrictors. Beneath was a long drop on to concrete. The low height of the windows made this a concern as people may have leant out and fallen. We drew this to the attention of the provider who had window restrictors fitted the next day. There were a number of stairs cases and the stairs had open stair wells which were potentially unsafe for people. The banisters and stair sides were open which was potentially a risk to people who were unsteady on their feet. The stairs had not been risk assessed for those people who developed mobility problems or for those who were now living with a dementia type illness. These environmental issues had not been risk assessed against the changing needs of people to reduce risk.

There had been in excess of 40 falls between 9 March 2015 and 25 May 2015. Accident and incident records stated that 98% of falls were unwitnessed. 24 falls occurred between the hours of 5 pm and 08.am. There were people who had had repeated falls and there was no proactive plan put to prevent a reoccurrence. Incident and accident reporting did not always support risk assessment reviews and did not, as reasonably as is practicable, mitigate against future risks.

People told us their medicines were administered safely. Comments included "I don't have to worry about anything, I get my tablets at the right time and that is important, I used to forget to take my pills when I was at home, here

Requires improvement

Is the service safe?

staff religiously give them to me." Another said, "I can rely on the staff to give me my tablets on time and that is so important." However we found that medicines were not always administered safely.

We looked at the management of medicines. Selected senior care staff were trained in the administration of medicines. A senior care staff member described how they completed the medication administration records (MAR). However we saw that some people had not received their medicine as prescribed. One person was to have a patch administered for pain relief every 72 hours. This had not been administered as prescribed and staff could not tell us the reason why. This meant the effectiveness of the continued pain relief was not ensured, leaving the person at risk from experiencing discomfort. We also saw poor recording of administered medicines which we were told had been administered but not signed for by the staff. There was no record of this being investigated. Topical creams were not always signed for and for two people there were no body map to indicate where the cream should be applied. In one person's room there was tubs of topical creams with no name of the person it was prescribed for or what the cream it was. Staff told us it was conotrane, a protective cream. This was a presumption and was therefore unsafe.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff on duty each morning to cover care delivery, cooking, maintenance and management tasks. The reduced staffing numbers in the afternoon meant that meeting people's changing needs was a challenge for staff. Staff delegation in the afternoon included laundry and answering call bells, activities and kitchen duties. Staff felt that the staffing levels were a continuing dilemma as they felt more staff on duty would improve the care delivery and opportunities for activities and outings. When people used their call bells we saw that staff responded quickly. People who used the service had no complaints about the staff and the response to call bells. One person told us, "I have not ever had to wait for assistance, they come immediately." Another said, "Can't remember ever having to wait, they make sure I am totally safe before leaving me." Visitors told us that they felt the staffing levels were satisfactory and said, "There is always a member of staff visible." Due to the comments received from staff and the lack of opportunity for people to go out regularly in to the community, we have identified that the staffing arrangements are an area that requires improvement.

Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately. We saw a senior care staff member administering medicines sensitively and appropriately. The care staff member administered the medicines and we saw they were checked and double checked at each step of the administration process. The staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort. Nobody we spoke with expressed any concerns around their medicines.

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the home's mental capacity policy that was recently updated to reflect the changes to the Mental Health Act.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

During our visit we looked around the home and found all areas were safe and well maintained. People told us that their room was kept clean and safe for them. One person said, "Someone comes and checks my room for any problems." There was a lift between the ground and other floors, which enabled people to access all areas of the home. The lift was clean and serviced regularly.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview

Requires improvement

Is the service safe?

before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked five staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications.

Good

Is the service effective?

Our findings

People we spoke with told us, “No problems here, they worry I’m not eating enough but I eat when I feel hungry, but it’s good they are keeping an eye on me,” and “We know that they are trained to look after us, I see the doctor when I need to, I have also seen an optician and dentist.” Without exception, people felt that the care staff were skilled and experienced to care and support them. People felt very confident with the home’s staff.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people’s changing needs. One relative told us, “The staff are good, they care and are kind. Staff recognised that people’s health needs could change rapidly as they get frailer. One staff member told us, “We look for signs, changes in their mobility and eating habits which may indicate their health is deteriorating, we know our residents so well that we pick up changes quickly."

Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and ‘shadowed’ experienced members of staff until they were competent to work unsupervised. They received additional training specific to peoples’ needs, such as training in managing diabetes and end of life care. Further training at the hospice was being considered and due to people’s changing needs, more in depth dementia training and managing behaviours that challenged. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, “All the staff get training. I have completed an NVQ 2. We all complete mandatory training, but as it is on line it takes a bit longer.” Staff applied their training whilst delivering care and support. People were moved safely, they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were becoming forgetful and demonstrating early signs of dementia. One senior staff member said, “ We sometimes have to remind residents of the date and gently point out the time, we are very mindful of how to approach people when they become anxious, patience and humour are vital.”

Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal was in place. The registered manager said, “It’s important to develop all staff as it keeps them up to date and motivated.” Staff told us that they felt supported and enjoyed the training they received. Comments included, “Interesting and we are getting encouraged to

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures to access professional assistance, should an assessment of capacity be required. Staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw evidence in individual files that best interest meetings had been held. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard the staff say, “Here are your tablets, are you ready to take them?” and “Can I help you to the bathroom.”

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards DoLS). In March 2014, changes were made to DoLS and what may constitute a deprivation of liberty. During the inspection, we saw that the deputy manager had sought appropriate advice in respect of these changes and how they may affect the service. The deputy manager told us that a number of people had had a DoLS referrals had been made as they had identified that some people’s capacity and cognitive abilities had declined. We saw that the referrals had been made.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, “They know what I like and don’t like, always give me my preferred drink.” The kitchen assistant told us, “People have an assessment when they arrive. We can cater for vegan, diabetic and any other special diets. We also have people who need a pureed or soft diet. Staff are good about telling the cook who needs special diets.”

Good

Is the service effective?

People's weight was regularly monitored and documented in their care plan. Staff said some people didn't wish to be weighed and this was respected, "We notice how their clothes fit, that indicates weight loss or weight gain sometimes." The registered manager said, "The cook and staff talk daily about people's requirements, and we contact the Speech and Language Therapists (SALT) and GP if we need them." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

We observed the mid-day meal service. Most people ate in the dining room. Staff set the dining tables for lunch with glasses, condiments, and napkins. Fresh fruit was offered to people as a dessert but not freely. However we were also told that, "My family bring in my own fruit so I can help myself." People told us they looked forward to their meals. Comments included, "Really good food, they always give us what we enjoy, I like the company." A menu was displayed in the lounge and most people we spoke with knew what choices were on offer. One person commented, "We can change our minds, they are very accommodating." We saw that people had various meals on the day of our inspection which demonstrated people received the food they wanted.

The food looked appetising and was well presented, and people were seen to enjoy their meals. Pureed food was presented in a colourful manner and separated so people get to eat individual flavours. The atmosphere was pleasant in the dining areas and staff monitored amounts eaten and ensured people ate a healthy diet. We were told snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "If I was hungry I would ask anyway."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "The care here is pretty good, kind and caring. Nothing is too much trouble." Another said, "They are my family." A visitor said, "I don't worry about my relative, they are well cared for and content."

We saw that people's individual preferences and differences were respected. We were able to look at all areas of the home, including people's own bedrooms. Rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "I am happy in my room, I have all my things around me, my photos and knitting. If I wanted to go down to sit in the lounge, I could but I don't want to, staff respect that." Another told us, "We get the choice, but it's always our own decision, great respect is shown to us in all ways."

Staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "The staff are patient and they all have a lovely sense of humour, and I think they are very caring."

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. Most people wanted to be as independent as possible and felt they had the opportunity for this. One person said, "I have had a couple of little falls, nothing terrible, staff support me to be independent, I need that respect, I don't want to be wrapped in cotton wool. I have my bell if I need help." People reported that the staff would always listen to their point of view and explain if things could not be done. A relative told us, "They ask us for suggestions and keep us well informed; I feel we are all supported." Another relative said, "My thoughts echo my relatives. We are always consulted and involved, nothing is changed without talking it through." The registered manager told us, "We support people to do what they want as much as possible." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage people to walk and with eating and drinking. We asked staff if they were aware of the number of unwitnessed falls that had occurred. One staff member said, "Some of our residents insist on their privacy and we have had quite a few incidents but we are encouraging people to let us know when they need to get up as they are getting frailer." Another staff member said, "It's a bit of a balancing act, people want to keep mobile and potter but most are now using walking frames so are more unsteady. " There was an awareness shown by staff that people's needs were changing, but they respected their need for independence.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. One person said, "They are very respectful, I can't thank them enough."

People received care in a kind and caring manner. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them." All the people we spoke with confirmed that they had been involved with developing their or their relative's care plans.

Good

Is the service caring?

Care records were stored securely in a lockable cupboard. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, "There are no restrictions on visitors". A visitor said, "I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting."

Requires improvement

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "I only have to mention a problem and it's dealt with," and "We can talk to staff at any time, about anything." We were told that activities, exercise classes and visiting entertainers were arranged occasionally and people could choose what they did every day. Staff told us, "We don't do a formal activity plan as everyone has different hobbies and interests, and people shouldn't feel as if they must do something." One person told us, "I spend time doing what I enjoy, we have activities if we want to attend."

People told us they received care which was personalised to reflect their needs, wishes and aspirations. However the care documentation was not up to date, some had not been reviewed for six months. We were told that this was because they were introducing a new care plan format and had been concentrating on transferring information. This meant changes to people's health and well-being were not been accurately recorded and there was a risk of staff not being responsive to changing needs. For example, one person's health needs had changed considerably and they were now receiving care in bed 24 hours a day and were approaching end of life. The care documentation for this person did not reflect these changes and include the guidance to meet these changes in a consistent way. Another person was experiencing mobility changes and cognitive changes and these changes were not included in their care plan and risk assessments were not amended to ensure safe care. The staff were reliant on robust handovers and daily notes to provide responsive person centred care. Staff told us that handovers were detailed and changes to people's health and well- being discussed. However new staff and relief staff would not have the knowledge of people to ensure that the care was person specific and up to date which placed people at risk from uninformed staff. Therefore the provider had not maintained an accurate complete and contemperaneous record in respect of each person living at St Nectans Residential Care Home.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home supported people to maintain their hobbies and interests. One person said, "I like to be left to my own devices and this is respected. I go down to watch television, I have made friends here, and I don't feel bored". We also saw that consideration was given to people's music and television preferences. People were asked what they wanted to watch and as a group came to the most popular choice. The home provided people with a choice of daily newspapers that certain people valued. People were seen to request to return to their room at a time that was decided by them. One person said, "I get weary in the afternoon and like to go to my room." Group activities were not planned in advance and the staff in the afternoon asked people what they would like to do. One person told us, "I prefer to listen to my own music," whilst another said, "I have my newspaper and I have regular visitors, I enjoy it when we have an entertainer, but don't feel the need to be constantly entertained." Special events were planned and people enjoyed attending them, such as visiting entertainers. On the second day of the inspection an entertainer came and people enjoyed the music and sang along.

There was a computer set up in a quiet lounge for people to use if they wished to contact family by email or Skype. Only one person we spoke with showed an interest in the computer, others preferred writing letters or speaking on the phone. Staff and two people we spoke with felt that outings and walks should be easier to arrange, however this was not easily available due to staff delegation and staffing levels. We were told that one member of staff came in on their day off to take one person out. This had not been considered when reviewing staffing levels against the individual welfare and social needs of people. This was therefore an area that requires improvement.

The home encouraged people to maintain relationships with their friends and families. A relative told us, "We visit all the time, and that is so important to us." One person said, "I look forward to my family coming to see me. It brightens my day and is important to me." We saw that visitors were welcomed throughout our inspection.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the management, they are all wonderful". One senior care staff member said, "People are given information about how to

Requires improvement

Is the service responsive?

complain. It's important that you reassure people, so that they comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in."

A 'service user / relatives' satisfaction survey', had been completed in January 2015. Results of people's feedback was used to make changes and improve the service, for example menu and choices of food. Resident meetings were not held formally as people were encouraged to share feedback on a daily basis and visitors and people confirmed this.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post. Everyone knew the registered manager and referred to her when describing their experiences of life at St Nectans Residential Care Home. One person said "The manager always pops in to see me, very knowledgeable and honest, is always here." A relative said, "The manager is very professional, runs the home well."

There was a quality assurance system in place that was meant to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. However they had not identified the shortfalls in medication records, care plan reviews and environmental safety. Incidents and accidents whilst documented were not analysed. There were not robust systems in place to ensure the risk of reoccurrence was minimised.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

People, friends, family and staff we talked with described the management of the home to be approachable, open and supportive. People told us; "Always available and very approachable," and "So understanding and ever such a lot of help." A relative said; "The management have time for you, they will stop and talk and most importantly listen." A staff member commented; "The manager and deputy manager are very hands on and supportive, she works with us, which is good."

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and menus. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions. But I'm quite happy so I leave things alone." Where recommendations to improve practice had been suggested, they had been actioned. Such as laundry service and menu choices.

Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. For example, one staff member told us they had brought up an issue about not having the right training to care for people nearing the end of their life. They said; "I felt listened to, I have been supported to find courses that will improve how we deliver care, and will be able to share the knowledge with the team." If concerns were made and the outcome of the concern unchangeable, staff confirmed constructive feedback was provided. For example, a staff member said, "I sometimes feel that we are a nursing home as when someone becomes poorly, it's difficult to adjust to the change, however we are now receiving extra training and we have good support from the GP and district nurses. It's being managed quite well now and the district nurses did tell us we were doing well."

Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were being improved following review.

The management team worked with staff to provide a good service. We were told, "They lead by example and works alongside us." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; "Love it here, everybody gets on and we work as a team," and "I was made welcome when I first came here to work, it's a lovely home and we can do our job well because of that."

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example they were offered staff training opportunities in areas such as medicine training and diploma in health and social care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered provider had not taken steps to ensure that care and treatment was provided in a safe way for service users including assessing risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not maintained securely, an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; Systems or processes had not been established and operated effectively to assess and improve the quality and safety of the services provided, assess, monitor and mitigate risks and evaluate and improve practices. Regulation 17 (1)(2)(a)(b

This section is primarily information for the provider

Enforcement actions

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