

# Cornwall Care Limited

# Headlands

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Headlands is a residential home providing personal and nursing care for up to 34 predominantly older people. At the time of this inspection there were 29 people living at the service. Some of these people were living with dementia.

The home is situated on the outskirts of St Ives. There is a range of equipment to support people with limited mobility. There are accessible gardens to the front, rear and side of the service.

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

Some people were not able to tell us verbally about their experience of living at Headlands. Therefore, we observed the interactions between people and the staff supporting them.

Staff understood their role in protecting people from harm and assessing avoidable risks. There were enough staff to provide care to people and they were available when people needed support.

The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff.

People told us they received a good service and felt safe. Accidents and incidents were recorded, and risk assessments were in place. Arrangements were in place for the safe administration of medicines.

Staff received training to enhance their skills and knowledge to provide the support and care people wanted.

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.

People were supported by a staff team that were both caring and compassionate and treated them with dignity and respect. People received person centred care and support based on their individual needs and preferences. Staff knew about people's life history, and their communication needs.

People could choose what to eat and drink and were supported to eat in a pleasant sociable environment.

People's health needs were being met. The service worked in partnership with a range of healthcare professionals and followed their advice.

People were happy with the way the home was managed. There was a positive and inclusive culture within the service and the registered manager supported the staff and sought to improve the quality of care. The

registered manager regularly sought and acted upon people's views of the care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection the service was rated as Good (report published 8 March 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Headlands

## **Detailed findings**

### Background to this inspection

#### The inspection

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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Headlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

#### What we did before the inspection

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

#### During the inspection

We spoke with ten people who used the service, two visitors, six staff members, the operational manager, the registered manager and the deputy manager. We reviewed the care records of four people and medication records of four people, who used the service, records of accidents, incidents, compliments and

complaints. We reviewed staff recruitment, training and support as well as audits and quality assurance reports.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We contacted two professionals and received one response.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the service.
- Staff understood their role in keeping people safe from avoidable harm and abuse.
- Staff spoke with confidence about the actions they would take if they thought someone was at risk and would not hesitate to report concerns and knew they would be listened to.
- People and their relatives told us they felt safe and supported by members of staff. People told us, "Yes, I do; the staff are marvellous – you can ask them anything. I feel safe and secure living here," "They [Staff] look after us well" and "Yes, I think [relative] does feel safe regarding their mental state".

Assessing risk, safety monitoring and management

- There were processes in place to undertake risk assessments and identify the potential risk of accidents and to mitigate those risks through regular review.
- Staff understood what support people needed to reduce the risk of avoidable harm. One person told us, "I have an alarm, but have not used it; I have used it though, to call someone for the person next door to me and they [Staff] came quickly when I used it then".
- The environment and equipment were safe and well maintained. The fire alarm system was checked and serviced in line with manufacturing guidelines and people had personal emergency evacuation plans (PEEPs) in place to tell staff and emergency services what support they needed.

Staffing and recruitment

- People felt there were enough staff to support them. Staff were visible in all areas of the service to ensure people were supported. Where people chose to stay in their rooms staff made regular welfare checks.
- All shifts were covered by the staff team who worked in the home and agency staff supported any gaps. Staff explained they covered annual leave and any sickness from within the team whenever possible to ensure consistency.
- There was a stable staff team and one relative told us, "The staff are always approachable and there's not a huge staff turnover."
- Recruitment checks were completed to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Records described the support people required with medicines, medicine administration records were

regularly audited, and staff were appropriately trained.

- Staff followed organised systems to ensure safe and timely administration of medicines to people.
- Policies and medicines training were in place.
- People had care plans which described to staff the support they needed in taking their medicines.

#### Preventing and controlling infection

- The service was clean and odour free and the provider had policies and procedures on preventing and controlling the spread of infection.
- Systems were in place to help promote infection control and this included cleaning regimes and training for staff.

#### Learning lessons when things go wrong

- All incidents and accidents that occurred were reported to the registered manager or deputy manager and investigated.
- The service monitored and analysed accidents, incidents and falls to identify any trends or patterns and ensure, where necessary, appropriate action had been taken to minimise the risks of a reoccurrence.
- Staff were aware of the provider's procedures for recording and reporting any accidents or incidents involving the people who lived at the service.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the service, a manager or representative met with them and, where appropriate, their next of kin and the community professionals involved in their care to assess their individual needs. These assessments formed the basis of people's care plans, which were designed to achieve positive outcomes.
- Care plans were regularly reassessed to ensure they continued to be accurate as people's needs changed.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the management team.
- New staff members completed a structured introduction to their role. This included completion of appropriate training and working alongside experienced staff members until they felt confident to support people safely and effectively. Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.
- Staff were satisfied with the range and standard of training available to them. One staff member said, "The training is very good. We get reminders when training is due."

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

- People and their relatives spoke positively about the quality and quantity of food served at the service. Comments included, "The food is very good, we have a choice of three and if we don't like any of those we can have something like an omelette or a jacket potato. They give us lots of drink. I usually ask for a snack between mealtimes and they will always do something for me" and "We have plenty of food and I'm fussy 'cos I don't eat meat or cheese and they will always accommodate that for me. I can have a drink at any time".
- Any complex needs, or risks associated with people's eating and drinking were assessed and managed with appropriate specialist advice. This included the provision of texture-modified meals and thickened drinks to reduce the risk of choking.
- People were encouraged to maintain a healthy diet. When it was appropriate, people were regularly weighed and, if necessary, referrals were made to the GP or Dietician for advice.

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

- Care records demonstrated people received the support they needed. Staff made appropriate referrals when required. For example, referrals to speech and language therapy and the falls team.
- People had regular health checks including for their eyesight and hearing. People told us, "If you want a GP or anything, you just tell them, and they come here. When I fell, they rang and told my nephew; "They

arrange everything; I had a Doctor come this weekend, as I had a runny nose and a hand that's hurting me" and "They do all of that for us here; I think there's a nurse that comes here every day too".

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of the requirement to notify the Care Quality Commission following the approval of DoLS applications.
- Staff understood people's rights under the MCA and we observed they supported people make day-to-day decisions.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements.

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

- People had appropriate space to socialise with others, participate in in-house activities, eat in comfort, meet with visitors or spend time alone within the service.
- People's rooms were decorated with personal belongings to ensure they felt comfortable with familiar items around them.
- Signage supported people living at the service to move around independently.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt staff ensured their needs were met and that staff respected them as individuals. They said, "Yes, definitely they do treat me with dignity and respect me," "They [staff] treat me very well and I regard all of them as friends and "Oh yes they do; the staff are lovely".
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.
- Electronic records regarding people's care and treatment were password protected to ensure access was secure.
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.
- Staff had received training in equality and diversity, and consideration and respect was shown to people in line their diverse needs and cultures.

Supporting people to express their views and be involved in making decisions about their care. Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as possible. Care plans reflected how people should be supported in all areas and considered people's needs, abilities and preferences. A staff member told us, "It's really important to encourage everyone to do whatever they can within their capabilities."
- People were asked for their consent before being supported by staff and those we spoke with confirmed this. Where people had limited ability to communicate, staff had the knowledge and skills to support the person and engaged in a caring and respectful way. For example, kneeling so they were face to face with the person to have a meaningful conversation.
- People and relatives were pleased with how staff treated visitors to the home. People told us their visitors were always offered a drink. A relative told us staff made them feel welcome whenever they visited. They said, "No, there are no restrictions at all".
- A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care responsive to their needs. Care records were informative and reflected those individual needs, including, health, social and cultural needs. These plans were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate. A relative told us, "Yes, we are aware of a plan, my sister was involved and developed it with the carers and as far as I know, it's reviewed."
- People's life histories and information about their important relationships were recorded in their care plans. The staff told us this information was useful and helped them to get to know people and talk about what was important to them.
- Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff were informed about people's changing needs through effective shift handovers. This helped ensure people received consistent care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs had been assessed and staff were provided with guidance on how to promote effective communication with individuals. For example, using a talking book for the visually impaired, ensuring hearing aids had effective batteries and promoting information posters around the service.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

End of life care and support

- People were given the opportunity to share their views about how they would like to be cared for at the end of their life. Where information was shared, this was recorded to enable people to have a comfortable and dignified end of life.
- Staff were skilled and experienced in end of life care and understood people's needs.

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

- People told us they could choose how to spend their day and felt staff knew them well. Their comments included, "If I want to be on my own I can be; but I know staff are just there if I need them" and "We love to sit

and have a natter together and see what's going on. We do this every day."

- There was a range of activities people could choose from. People told us, "Yes, I get involved as I enjoy making things, painting, going out on trips when they have them. I would like to go to the memory clinic more and they are trying to set this up again" and "Yes, they have activities here, but I don't do the activities much now. Yesterday, or was it the weekend, we had a fete and I won a big basket of toiletries. They do have trips out, but I don't go on them, not yet, 'cos it's difficult for me to walk."
- Records held information about people's interests, past hobbies and what they enjoyed doing with their time.
- Where people chose to spend more time in their room staff were consistently calling into the rooms to check on people's welfare and take time to have meaningful conversations to reduce the risk of isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. This was displayed on notice boards in the entrance and corridor and made available to each person in the services written literature.
- A relative told us they knew how to raise a concern and felt confident the registered manager would listen and respond to their concerns.
- There were records to show how concerns had been managed and responded to and actions taken to try and resolve any conflicts.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post, who had the support of a senior management team.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection in a public area of the service.
- Policies and procedures were in place and updated regularly so information was accurate and reflected current best practice. Staff told us they were required to familiarise themselves with policies and procedures that affected them in delivering care and support. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Information related to people who used the service was stored securely and treated in line with data protection laws.
- The registered manager, deputy manager and senior staff shared their responsibilities in overseeing the staff team.
- The registered manager kept themselves up to date with current legislation and best practice guidelines through, amongst other things, attending further training and events organised by care groups and local clinical commissioning groups, as well as sharing information within the organisation with other managers.

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

- The registered manager, deputy manager and senior staff were visible and available to people. We observed people consistently engaging in conversation with staff throughout the inspection.
- People provided positive feedback regarding the quality of the care they received. People told us staff were caring and looked after them well. Comments included, "Yes, I am very happy, they are all very good; and you can ask them anything – it's a lifesaver this place is", "Absolutely I am happy with everything" and "The staff are all very nice and kind".
- People's relatives and staff described an open culture and homely atmosphere within the service. One relative told us, "We are very happy with the care being provided".
- Staff were supported to provide good care and enjoyed working at the service. One staff member said, "I came here just to see if I liked it and I've been here ever since. The support we get is very good."
- Staff told us they felt listened to and that the registered manager was approachable. Staff consistently told us how supportive the management team were.

- Staff spoke enthusiastically about their work at the service and understood the need to respect and support people's right to make their own decisions, where they were able to.

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 registered manager understood their responsibilities under the Duty of Candour and communicated openly with people and their relatives when things went wrong.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- Systems were in place to gather feedback from people, and the management team responded to comments and suggestions made.
- The registered manager, deputy manager continually spoke with the staff team about operational issues and staff told us they felt able to discuss any changes and working practices and raise any suggestions.
- When asked if people would recommend the service to others they told us, "Yes, I would, they are all very good here and kind; and I am very lucky to be here," "Absolutely, I would recommend anyone to come here" and "Yes, I would, the staff here are all very good.
- Staff received supervision and appraisals of their performance. Staff told us they had team meetings and felt confident to express their views.

Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals as well as information sharing within the organisation.

Working in partnership with others

- The registered manager and senior staff attended training updates to reflect on their practice. They attended conferences and workshops looking at good practice in care. Staff cascaded this information to other staff to further develop their knowledge and share learning.
- The management and staff team had developed positive working relationships with health and social care professionals which assisted in improving outcomes for people.