

Cornwall Care Limited

# St Breock

## Inspection report

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Date of inspection visit:  
20 February 2018

Date of publication:  
23 March 2018

### 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

This unannounced comprehensive inspection took place on 20 February 2018. The last inspection took place on 26 January 2017 when the service was not meeting the legal requirements. There were concerns that conditions attached to Deprivation of Liberty Safeguards were not being adhered to, and the service had not notified the Care Quality Commission of the authorisations in place at the service. The service was rated as Requires Improvement at that time.

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. St Breock is a care home which offers care and support for up to 38 predominantly older people. At the time of this inspection there were 31 people living at the service. Some of these people were living with dementia.

There were systems in place for the management and administration of medicines. The service held an appropriate medicines management policy. Staff who administered medicines had undergone training and regular updates. Prescribed liquids and creams were mostly dated when opened to ensure that staff knew when the item should be disposed of. Medicines that required stricter controls were appropriately stored and managed. The stock held at the service tallied with the records. However, the Medicine Administration Records (MAR) contained some gaps where staff had not always signed to evidence that a prescribed medicine had been given. Some handwritten entries on to the MAR had not been signed and witnessed by two staff as directed in the medicines policy. Regular medicines audits were being carried out but were not effectively identifying these issues. The registered manager was aware that this matter needed to be addressed with specific members of staff and planned to address it at supervision. We have made a recommendation about this in the Safe section of this report.

Staff received training on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty safeguards (DoLS). Staff had a clear understanding of how to ensure people's rights were protected. One person had an DoLS authorisation in place, there were no conditions attached to this authorisation. The registered manager had notified CQC of this authorisation. This meant the service had met the requirements of the regulation which was breached at the last inspection.

The registered manager held a record of the people who had appointed Powers of Attorney, to act on their behalf when appropriate. However, the information held in some people's care plans was sometimes misleading and could result in a relative being given powers they did not legally hold, such as signing consents on behalf of a family member who could not consent for themselves. The manager assured us this would be addressed immediately.

The service was registered for dementia care. At our last inspection we made a recommendation about the lack of pictorial signage throughout the service to support people who were living with dementia. Pictorial signage helps people to recognise their surroundings more easily and helps them to be as independent as

possible. For example, accessing the bathroom when needed. At this inspection there was still very little pictorial signage at the service. However, the registered manager provided evidence that pictorial signage for toilets and bathrooms had been ordered to help address this concern.

The premises were well maintained and were regularly checked and maintained by the provider. There was re-decoration being carried out at the time of this inspection. Equipment and services used at St Breock were regularly checked by competent people to ensure they were safe to use.

We walked around the service which was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes. People were treated with kindness, compassion and respect.

Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

Staff were supported by a system of induction training, supervision and appraisals. Staff were positive about the support they received from the registered manager.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates when necessary. The manager had a record which provided them with an overview of staff training needs.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had some staff vacancies at the time of this inspection to which they were actively recruiting.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. However, some of these records were not contemporaneous and not always easy to monitor.

Care plans were well organised and contained information relating to all aspects of people's care and support needs. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff.

People had access to an organised programme of varied activities seven days a week. There were two activity co-ordinators in post. On the day of this inspection we observed people enjoying the entertainment, spending time with visitors and independently going outside into the grounds to enjoy the nice weather.

The manager was supported by a deputy manager a team of motivated staff and by the provider.

## 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. Most aspects of medicines management were well managed. Staff had attended training on medicines administration. However, there were some gaps in the medicine records that had not been identified by the audit process in place. We have made a recommendation about this in the report.

People told us they felt safe using the service. 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.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed

Good 

### Is the service effective?

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

Staff promoted and respected people's right in their day to day practice. However, some information regarding the Lasting Powers of Attorney held by some people was not clear in some care plans. This meant that some relatives could be asked to consent to matters that they were not legally empowered to do. We have made a recommendation about this in the report.

Good 

### Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with

Good 

dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

### **Is the service responsive?**

**Good** ●

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

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

### **Is the service well-led?**

**Good** ●

The service was well-led. There were clear lines of responsibility and accountability at the service.

Quality assurance systems had been recently set up by the registered manager. The registered manager was aware of the medicine issues we identified and they were being addressed. We were assured that the information held by the registered manager about people's attorneys would be carried over in to the care plans to ensure staff were clear about the legal powers held by family members.

People were asked for their views on the service.

The registered manager was supported by the provider.

# 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.

The inspection took place on 20 February 2018. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using, or caring for a person who uses this type of service.

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

We spoke with five people living at the service. Not everyone we met who was living at St Breock was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with the registered manager, two representatives for the provider, five staff and a healthcare professional. We spoke with three visitors.

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

We looked at care documentation for five people living at St Breock, medicines records for 31 people, three staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People and their families told us they felt it was safe at St Breock. People told us, "I get on with the staff, they make me feel safe" and "I feel safe because the staff are so helpful. A relative told us, " My relative feels safe because he is helped with his medication. "

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Safeguarding was regularly discussed at staff meetings. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received training on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. Regular updates of this training was provided for staff.

There were "Say no to abuse" posters displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. This provided information to people, their visitors and staff on how to report any concerns they may have. People were asked for their views about if they felt safe at the service at meetings. If people were involved in safeguarding enquires or investigations they were offered an advocate if appropriate or required. Information regarding the contact details of advocacy services were displayed at the service entrance.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager robustly investigated these issues. This helped ensure people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity and staff were provided with training on this legislation. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service. The menu in the dining room was displayed in pictures to support people to recognise what was being provided for their meals.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager and overseen by the provider. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed what actions had been taken to help reduce risk in the future. For example, one person was treated for an infection which had been the cause of them falling more frequently.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as

much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely. Individual risk assessments were in the process of being carried out for people who required to be moved around the building using specific equipment.

The service held an appropriate medicines management policy. Staff training records showed all staff who supported people with their medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that they would be listened to and action would be taken. There were medicine administration records (MAR) for each person. Daily audits of the MAR charts were being carried out by staff on each shift. Staff had recorded that there were no gaps in the MAR charts on these audits for the previous several days. We found several gaps in the past 10 days. This meant these audits were not effective. The registered manager told us they felt staff only checked their own shift records and did not look back over past days to identify the gaps inspectors found.

We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were not always signed and had not always been witnessed by a second member of staff. This meant that the risk of potential errors was not minimised. Some staff were following the service's policy and signing each entry but others were not. The registered manager assured us this concern would be addressed with specific members of staff through one to one supervision.

We recommend that the service seek reputable guidance and advice on the management of medicine administration records.

Some people had been prescribed creams and these had mostly been dated upon opening. This meant staff were aware of the expiration of the item when the cream should be disposed of. The service was holding medicines that required stricter controls. The records held tallied with the stock held at the service. Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated and when they had been given. The service had ordering, storage and disposal arrangements for medicines. People's medicines and their records went with them to hospital when required.

Some people were at risk of becoming distressed or confused, which could lead to behaviour which might challenge staff and cause anxiety to other residents. We saw an example where staff were trying to support a person who was refusing to take their medicine repeatedly. This issue was being closely monitored and the GP and family were informed of this concern.

Care records were stored securely but accessible to staff and visiting professionals when required. They contained details of people's current needs and wishes.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care needs and medicine records was sent with them. The registered manager was in the process of developing a summary care plan which would also go with people to the hospital to further inform the staff there how a person liked to have their care and support provided.

Equipment used in the service such as moving and handling aids, wheelchairs, etc., were regularly checked internally and serviced by external contractors to ensure they were always safe to use. Necessary safety checks and tests had been completed by appropriately skilled contractors.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure it was kept clean. There was an infection control policy and



lead staff who monitored newly implemented infection control audits. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five star rating.

Information held at the service identified the action to be taken for each person in the event of an emergency evacuation of the premises. Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. This information had led to a recent staffing increase on all shifts recommended by the registered manager. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. Staff held pagers which alerted them when people needed assistance, this meant that no audible bells rang throughout the service.

The staff rota showed there had been a recent increase in the staffing levels at the service in the last few days. There were seven care staff in the morning and six in the afternoon, supported by two senior carers in the morning and one in the afternoon. Three staff who worked at night. However, there were plans to increase this to four staff, with the addition of a senior on nights. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the manager was very supportive. One staff member told us, "All the people I work with are lovely, we work well as a team."

The manager was open and transparent and always available for staff, people, relatives, and healthcare professionals to approach them at any time. The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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. The application procedures for this in care homes and hospitals are 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 were being met.

At the last inspection we were concerned that the conditions attached to the one DoLS, authorisation which was in place at that time, were not being adhered to. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the registered manager had reviewed all the applications which had been made to the local authority for some people to have authorised restrictive care plans. The registered manager held clear records regarding the management of this legislation. One DoLS authorisation was in place at the time of this inspection. There were no conditions attached to this authorisation.

There were capacity assessments held on people's care files to demonstrate that a formal capacity assessment and best interest process had always been carried out before the DoLS application was made. This meant the service had now met the requirements of the regulations.

People were asked to consent, where they were able, to their care and to have photographs of them displayed in their records. Where people were unable to consent themselves due to their healthcare needs, relatives were often asked to sign on their behalf. The information about which person had appointed lasting powers of attorney (LPA) to act on their behalf, when they did not have the capacity to do this for themselves, was held by the registered manager in the office files. The registered manager had checked and received copies specifically detailing which LPA, either financial affairs or care and welfare, were held by specific relatives. However, this information was not always clearly recorded people's care files. This meant staff were not clearly informed which Power of Attorney was held by a relative and if they were legally allowed to sign consent forms relating to photographs and care decisions. This meant relatives could be asked to sign in consent when they had no legal authority to do this. The registered manager told us these records would be reviewed to ensure all consents were correctly obtained in the future.

The use of technology to support the effective delivery of care and promote independence, was limited. However, staff at St Breock held pagers which alerted them when a person pressed their call bell for

assistance. This meant there were no audible bells heard ringing throughout the inspection. Many people had alarmed pressure mats in their bedrooms which alerted staff when the person was out of bed and moving around. It was noted that this decision specific Mental Capacity Act assessments and best interest processes were not evidenced in people's care files to demonstrate that the use of the alarmed pressure mat was the least restrictive option and in the person's best interests. The registered manager assured us this would be addressed immediately.

We recommend the service seek guidance from the Mental Capacity Act 2005 Code of Practice.

Staff demonstrated a good understanding of people's rights in the care and support they provided. People were asked for their consent before care was provided. People were supported to have choice and control of their lives. People chose when they got up and went to bed, what and when they ate and how they spent their time. People were able to go out in the grounds and local area as they chose. Some people required support to do this and this was provided by staff. There was also secure outside spaces that people could enjoy. People were seen coming and going from the service throughout this inspection visit.

People's need and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

Training records showed staff were provided with mandatory training such as moving and handling, infection control and safeguarding adults. Regular updates were provided.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate, which is designed to help ensure staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff received support from the registered manager in the form of supervision and annual appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

In care files we saw there was specific guidance provided for staff to ensure people were protected from discrimination. For example, one person's background was clearly recorded. This informed staff of specific issues that could potentially upset the person or make them anxious. This meant staff were aware of relevant information and could provide person centred care.

We observed most people ate their lunch in the dining room. Fresh flowers, table cloths, napkins, cutlery and condiments were provided on each table. A pictorial menu board displayed the meals that were on offer

each day. This helped people to make choices about what they wished to eat. Staff were available to support people with their meals if needed. Plate guards and adapted cutlery was provided where needed. Lunch options were pasta or sandwiches, with a hot meal offered in the evening. A well stocked cake trolley was available for people after lunch. Staff regularly monitored people's food and drink intake if there was any concern about their weight. However, food intake monitoring records were not always contemporaneous and easy to review. Staff ensured all residents received sufficient intake each day. Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. The minutes of a residents meeting showed people had asked for certain foods to be provided. This had been done and showed the service listened to people's views. People told us, "We have a good choice of food" and "The meals are so good." Relatives told us they felt the food looked nice and that their relatives were happy with the food provided.

We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting residents in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed.

The service was well maintained, with a good standard of décor and carpeting. There was re-decoration being carried out by maintenance staff at the time of this inspection visit.

Some people living at St Breock were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. At our last inspection we made a recommendation that the service consider providing pictorial signage for people to help them to recognise places such as the toilet and the bathroom. At this inspection there was again very little pictorial signage which clearly identified specific rooms. The registered manager showed us that this signage had been ordered and would be arriving at the service shortly. People's bedroom doors had numbers and their names shown. Some bedroom doors had pictures on them to help people identify their own room.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were visiting the service regularly to see people with nursing needs. Other healthcare professionals visited to see people living at St Breock when required. We saw people had seen their optician and podiatrist as necessary. Healthcare professionals comments included, "The staff do an excellent job" and "Staff recognise the early signs of pressure areas and call us."

## Is the service caring?

### Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. Some people did not have English as their first language. We heard a member of staff speak to one person in their first language, which the person greatly appreciated. The registered manager told us that two staff were able to speak different languages and this was very useful when communicating with some people.

Staff had time to sit and chat with people. Relatives and healthcare professionals told us staff and management were kind and caring. One care plan provided staff with clear information about which phone number to use to call a taxi for a relative when they wished to be taken home after visiting their family member. We saw many examples of staff being empathetic and kind towards people and their families. People told us, "I can get up and go to bed whenever I want," "I always have a shower whenever I want," "I really get on with the staff, they are great" and "The staff are lovely here." One care plan stated the person liked to use an electric toothbrush and that staff should ensure it is regularly charged.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support and checked if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. However, due to people's capacity involvement this was often limited, and consultation could only occur with people's representatives such as their relatives. People and their relatives were provided with information about advocacy services if required.

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout. Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People appeared well cared for. Relatives told us, "The staff are very caring and welcoming," "Everybody is very friendly and helpful" and "I can phone or visit anytime." Families told us they knew about their relatives care plans and the registered manager would invite them to attend any care plan review meeting if they wished. Staff knew some visitors well and by name.

When people came to live at the service, the registered manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information recorded in care plans about people's past lives was variable. However, staff were able to tell us about people's backgrounds and past lives. One staff member told us, "I try to read people's care plans and read their life story as this helps with conversations."

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

The service had held residents and families meetings which provided people with an opportunity to raise any ideas or concerns they may have. We saw the minutes of these meetings where issues such as the food, activities and the premises were discussed. There had been some missing laundry reported at a meeting, as the name labels had become detached during washing. The service were in the process of considering the use of an identifying button being attached to each person's clothing which would not be removed by the laundering process. This would help ensure people would receive their clothes back safely from the laundry. This meant the service listened to any concerns raised and took action to address the issue and continuously improved the service provided.

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The manager was knowledgeable about people's needs. Each person had a care plan that was mostly tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed by the senior key workers.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. The registered manager held a record of each person's weight and tracked if there was any loss of weight. This meant people's changing needs were met.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. The district nurses provided this equipment and regularly checked that the mattresses were set correctly for the weight of the person using it. We checked the mattresses that were set in kilograms and they were set correctly. However, two mattresses were set by a knob turned to numbers on a dial. None of the staff we spoke with were clear about what weight the numbers on the dial related to. This meant it was not possible for the staff to be sure these two mattresses were always set correctly. The registered manager assured us they would take the matter up with the district nurses to ensure they were aware of this information.

Some people required re-positioning when being cared for in bed. We reviewed these records. There was some discrepancy between what the person's care plan stated and what the records in the person's room stated. For example, one person's care plan stated they should be re-positioned every two hours. The records in their room did not evidence this was being carried out by staff. However, we judged this was not currently impacting on the person. This person was not always being cared for in bed and was seen sitting in the lounge during the day of this inspection. It was not clear if these monitoring records were checked to ensure staff were following the guidance in the care plans. The registered manager assured us that monitoring charts would be regularly monitored as part of the audit process being put in place.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds.

There was a staff handover meeting at each shift change. Handover information was recorded, this helped ensure there was good communication between shifts and helped ensure a consistent approach between different staff and meant that people's needs were met in an agreed way each time.

People and their relatives were very positive about living at St Breock and the staff and management. People had access to a range of activities both within the service and outside. Two activities co-ordinators

were employed who organised a programme of events including, cooking, singing, exercises and visits from entertainers. Activities were offered throughout each day, including the weekends. There was a variety of books and items available in the lounge areas, to prompt reminiscence and conversations. There were gardening and reading groups which met regularly. A small 'shop' provided in the reception area enabled people to purchase toiletries and other items if required. People told us, "There's always something going on," "The activities are quite good, they keep me fit," "I'm quite happy just reading or doing a search word book" and "I like to sit in my room and watch the sport." Relatives told us, "Mum loves to have her hair done," "They know my brother loves to listen to his music" and " My mum loves doing jigsaws, puzzles and card games."

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any calls for assistance.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. One person was registered blind, although they had some sight staff supported them around the service and read written information for them as required. Menu choices were requested from people each day for the next days meals. Staff were seen sitting with people going through the pictorial menu to help people to make a choice. Other people had limited communication skills and there was guidance for staff on how to support people. This demonstrated the service was identifying, recording, highlighting and sharing information about people's communication needs in line with guidance laid down in the Accessible Information Standard.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. We saw concerns that had been raised to the registered manager had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. Arrangements had been made for medicines to be held at the service to be used if necessary to keep people comfortable. The registered manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives. Staff had attended training in January 2018 with the specialist palliative care nurse. Most end of life care plans had not been fully completed. This meant the service did not have a record of people's preferences and choices for their end of life care. We were told the staff consulted with the person and, where appropriate, their representatives about the development of an end of life care plan during the care plan review process but this was often declined by the person and their family as they were not ready to discuss the matter.



## Is the service well-led?

### Our findings

Relatives and staff told us the registered manager was approachable and friendly. People knew most of the staff by name and were aware of who the registered manager was. People told us, "I've only been here a month but the staff have made me feel really settled," "All the staff are very approachable," "I can talk to anybody if I have any worries," "The manager is great" and "You are not going to get a much better place than this." Relatives told us they felt they were communicated with well and could approach the management with any concerns they may have.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager who had been in post since March 2017.

The registered manager spent time within the service so was aware of day to day issues. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. At our last inspection we found the service had not notified us of DoLS authorisations which were in place at St Breock. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found the service had notified CQC of the DoLS authorisation which was in place. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous inspection rating issued by CQC was displayed.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by a deputy manager and a team of motivated staff many of which had worked at the service for many years. The provider and a registered manager of another Cornwall Care service were providing regular support to the manager at St Breock.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I love working here, I like to introduce myself to the family of the residents for whom I am their key worker," "Everyone gets really good care, the support has improved since having extra staff in the morning" and "Cornwall Care are a good company, handovers are good, we are kept informed."

There were systems in place to support all staff. Staff meetings took place regularly for all groups of staff. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The provider had a quality assurance policy. There also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included medicines management, accidents and incidents and people's weight. Care plan were completed to a good standard and regularly reviewed, Audits on infection control had just been started.

The service had an open and transparent culture. Lessons were learned by events, any comments received both positive and negative we seen as an opportunity to constantly improve the service it provided. Relatives had asked for more knowledge about dementia so the registered manager had arranged for family members to attend a dementia training session, set up by a person from the local memory café and a Cornwall Care trainer.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals access to records to help ensure the care plans were kept up to date with changing situations.

There were maintenance staff responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use. The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.