

Liskeard Eventide Home Limited

# Liskeard Eventide Home

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Liskeard Eventide Home is a residential care home providing personal care to 25 people, one who was staying for respite care, at the time of the inspection. The service can support up to 26 people.

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

There was a very homely and welcoming atmosphere where people were supported by staff who were exceptionally kind and caring. Feedback about the compassionate and caring approach of staff was very positive. People were treated with dignity and respect in a way that truly valued them as individuals. The management and staff were always prepared to go the extra mile to ensure people received the care they needed and lived full and meaningful lives.

People were protected from potential abuse as staff had received training and were confident in raising concerns. People living in the service consistently told us they felt safe and staff treated them in a respectful manner. Comments from people, "You just feel safe wherever you are in the home, and "They are always monitoring my health, that makes me feel safe."

The service had received a notice from the local fire service stating they were non-compliant in some areas. However, the registered manager had already started to action these concerns.

People were supported by a stable staff team who had the skills and knowledge to meet their needs. This included direct observations. However, some areas of training, for example infection control and end of life care, showed that some staff training was overdue or not completed.

Assessments were carried out to identify any risks to the person moving into the service and to the staff supporting them. Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were kept under regular review and updated as people's needs changed. However, due to the introduction of a fairly new computerised care plan system we found information held was muddled. For example, some information for people had been transferred over to the new system while other information for the same person was still held in paper format.

Staff spoke passionately about the people they supported and were clearly committed to providing a responsive and caring service in line with people's wishes. Staff were particularly sensitive to times when people needed caring and compassionate support and often went 'the extra mile' to support people's emotional well-being.

There was a positive culture in the staff team. Management and staff were committed to ensuring people received a good service and particularly about helping people who might be a risk of being socially isolated. The service remained at the heart of the local community with strong community links including some community groups regularly visiting and people accessing their community.

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 to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

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. This service was last inspected in 2017, when it was rated as outstanding in three areas with outstanding as an overall rating.

#### 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?

Outstanding ☆

The service was exceptionally 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.

# Liskeard Eventide Home

## 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 two inspectors 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

Liskeard Eventide Home 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 we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 14 people who used the service and two relatives about their experience of the care provided.

We spoke with eleven members of staff including the registered manager, care manager, senior care workers, care workers, housekeeping staff, activities co-ordinator, kitchen assistant and the chef. We also spoke to a visiting health care professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments supported staff on how to support and protect people whilst minimising any restrictions placed upon them. For example, records showed one person required the use of a hoist when mobilising. Full detailed instructions were documented to show staff how to support and move this person safely.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. People who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses. Care records showed staff checked people's skin regularly, used prescribed skin creams when needed and supported people to change position regularly or maintain their mobility.
- The premises and equipment were well maintained to help ensure people were kept safe. Checks were undertaken in relation to the environment and the maintenance and safety of equipment.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe. However, the service had received a notice from the local fire service stating they were non-compliant in some areas. The registered manager had already started to action these concerns. They had also sent the fire officer and us documentation with supporting evidence, that had been unavailable during their visit, which provided evidence that not all areas highlighted in the report were non-complaint.

### Using medicines safely

- The home had implemented, in line with current guidance, a new medicines management system which had started on day one of our visit. We found on day one that the service had an excess amount of stock and medicines requiring additional security were not documented. One person's medicines was out of stock however, this was due to the pharmacist being unable to obtain this medicine. However, by day three the care manager, responsible for overseeing medication, had resolved all the issues we had raised. The registered manager felt the new medicine system would take a while for all staff to understand it. However, they had put additional audits in place to ensure people received their medicines safely.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.
- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

### Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse.
- People told us they felt safe living at Liskeard Eventide. One person said, "You just feel safe wherever you are in the home." Another said, "There's a lovely safe and friendly feeling around the home." A relative said, "It's reassuring to know that mum is safe and well cared for."
- People were protected from the risk of avoidable harm and there continued to be good systems in place to safeguard people from abuse. Staff attended safeguarding training and demonstrated a good understanding of how to keep people safe and knew who to inform if they witnessed abuse or had any concerns.

#### Staffing and recruitment

- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.
- Throughout the inspection, we saw there were enough staff available to meet people's needs and keep them safe. The registered manager regularly assessed people's needs and adjusted staffing levels accordingly. The registered manager confirmed staffing levels were over and above most care homes as they always wanted to maintain a high standard of care and keep people safe.

#### Preventing and controlling infection

- People were protected against the risk of infection.
- The home was clean, tidy and fresh smelling. A relative said; "The home is always clean and tidy. Mum would be the first to say if it wasn't."
- The provider had good systems in place to prevent and control the risk of infection. Staff were aware of infection control procedures, had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- Information about helping to prevent the spread of infections (NICE guidance) was displayed within the home to inform best practice. There was an on-going programme to redecorate and make other upgrades to the premises when needed.

#### Learning lessons when things go wrong

- Management were keen to develop and learn from events. Risk assessments were reviewed following accidents and incidents to mitigate the risks of it occurring again.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.



# 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.

Staff support: induction, training, skills and experience

- People received very good care from well trained, motivated and skilled staff.
- All staff completed an induction and staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- The service's training matrix showed all staff, including housekeeping and kitchen staff, had received training in a variety of subjects. For example, equality and diversity, safeguarding adults, medication administration, first aid and health and safety. Specialist training was also provided for people's specific care needs, for example, dementia. However, some areas of training, for example infection control and end of life care, showed on the training matrix that these were either overdue or not completed. The training and compliance manager said most training was covered in other courses staff completed. For example, the Care Certificate and Diploma courses. By day three of our inspection the registered manager and training and compliance manager were looking at ways to ensure it was clearly highlighted to show that staff had completed all training deemed as mandatory. We received additional evidence from the registered manager to show other courses, for example Hand Hygiene training covered areas such as infection control training.
- Staff had opportunities for regular supervision and appraisals and observations of their work performance. Staff felt supported, valued by the home's management team. One staff member said, "I feel valued, we are all part of a bigger team."

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

- People's needs were assessed prior to admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which led to good outcomes for people.
- People and their relatives were involved in assessments and were supported and empowered to make choices about their care.
- People were supported to access a range of health professionals to enable them to live healthier lives. This included access to GP's and speech and language therapists.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.
- Care plans clearly specified people's wishes and views in case of a sudden deterioration in their health and this information was available to go with the person to hospital in the event of an emergency. This helped to ensure that people's wishes, and views were known as well as containing other information about their medication etc.
- Healthcare professionals did not have any concerns about the care and support provided by the home.

One healthcare professional said, "This is one of our best home and they always seek advice before anyone becomes to unwell."

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

- We observed staff supported people with their meals. Those who needed assistance were sensitively supported with their drinks and meals. People told us meals were of a very good standard with many different choices offered every day. One person told us; "I enjoy my gin and tonic before my meal" and "The food and choices you have is very good" and "The food is excellent."
- People's care plans held information to ensure they received consistent support with their nutrition.
- People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- A weekly GP visit ensured that changes to people's needs were managed effectively.
- People's care records highlighted where risks had been identified. For example, where people needed a soft or pureed diet, this was provided.

Adapting service, design, decoration to meet people's

- The physical environment was continuously being reviewed, updated and improved regularly. All bedroom had been fitted with en-suites since the last inspection to protect people's privacy.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.
- Staff fully understood people's rights to make decisions even they were deemed unwise.
- People's currently living in Liskeard Eventide Home all had capacity to make their own decisions.

# 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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Liskeard Eventide was gifted to the town of Liskeard after the second world war and remains held in high esteem by the local community. The management committee members were drawn from the local community and the passion for providing outstanding care was at the forefront of how the service was managed and run.

Ensuring people are well treated; respecting equality and diversity

- The registered manager was passionate about providing a service which was caring, compassionate and reflected the values of the organisation. There was a person centred and caring culture that was promoted at every level. Without exception everything the service did was to enhance the lives of the people living there and their families. Staff were committed to providing an exceptional service and did so with kindness and compassion. The registered manager said staff were 100% committed and dedicated to the people they worked with. People commented that; "Staff are more like friends." One person said, "The care is spot on, first class." Another said, "I'm thrilled to bits with the care I receive" and "The home is so different, so special." One relative said, "The staff are exceptionally kind and caring. I couldn't ask for mum to be in a better place." One healthcare professional agreed the service cared for people very well and had only seen people treated with kindness and compassion.
- Equality and diversity were embedded in the principles of the service. Staff at all levels demonstrated an inclusive culture and respected everyone's individuality, valuing them for who they were without judgement.
- People were supported to follow their faith and beliefs. The service had contacts with different faith leaders so if people wanted to worship they could do so. A church service was held every Sunday in the home if people wanted to attend.
- Liskeard Eventide had a strong person-centred culture. Throughout our visit we saw staff treating people with kindness, patience and compassion. Staff promoted people's rights to make choices, live a fulfilled life, and to be as independent as possible. An example of this, a volunteer visited the home twice a week with a 'mobile shop' enabling people living at the home to buy everyday items and treats for themselves. This was set up for those people who could not get out to the shops. People were delighted to be able to buy items for themselves.
- Staff were highly motivated and worked hard to build relationships. To achieve this staff looked for ways to enhance people's lives and to ensure they continued with the life each person had before coming to live there. For example, to remain part of the local community as many people had lived or grown up locally before moving into the service.
- Staff were proud of their efforts and went the 'extra mile' to ensure people received the best possible care and support they desired. For example, supporting various activities people requested, one of these was

someone who loved to paint, staff supported them to have an easel and oil painting products to use in their room to enable them to continue to paint.

- The registered manager and all staff without exception were visible and knew people exceptionally well. One staff said; "People have a good life here. If they ask for anything it is sorted." Everyone spoken with said they were; "Spoken to in a friendly and calm manner and were treated with respect and dignity."
- We were told how Liskeard Eventide was run for people who lived in the service. They went on to say how everybody was respected and treated equally. These values were evident throughout all the interactions between staff, people and relatives that we observed.

#### Ensuring people have emotional support when needed

- Staff supported people with sensitivity and compassion and were exceptional in responding to people's emotional needs. Throughout the inspection we saw many examples of staff responding to people and acts of kindness were seen with staff hugging and talking with people. Two staff members were seen comforting a person who appeared to be upset.
- Staff were also aware of signs of distress and how to alleviate this. We saw one person had become anxious and upset about a doctor's visit. The registered manager went to a quiet room with this person and explained everything carefully to reassure them until they felt settled again.
- Staff enhanced people's wellbeing. For example, one person had taken part in a recent quiz. Staff recognised that they answered the maths questions extremely well and tended not to join in the other questions. Therefore, they changed the format of the quiz to include more maths questions to encourage this person, who at times did not join in many activities, to participate.

#### Supporting people to express their views and be involved in making decisions about their care

- People had control over their lives and were actively involved in making decisions about how they wanted to be cared for. One person said, "It's wonderful living here, you couldn't ask for more." Throughout the inspection we saw and heard people being encouraged and supported to make choices. For example, when people who were cared for in bed or wished to remain in their bedrooms and not able to see the choice for food. Staff took the time to go to each person individually to give them the choices for the day.
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys. People agreed that all the staff and managers made time to sit and talk with them.
- Staff were skilled at supporting people's relatives to understand the changes in their family member's behaviours, wishes and emotions. One relative said how their relative could be difficult at times, but the staff always understood and made time to sit with their relative when needed.
- Staff signposted people and their relatives to sources of advice and support. Useful information in the form of leaflets and posters were displayed around the home.

#### Respecting and promoting people's privacy, dignity and independence

- People were respected for who they were and were always treated with dignity and respect. People and relatives told us staff were excellent at respecting and promoting their privacy, dignity and independence. Staff always knocked on doors and called out their names before entering people's bedrooms, even if the person had chosen to have their door open.
- Staff were extremely proactive in encouraging people to maintain and improve their independence. Care plans provided detailed information on how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves, whilst at the same time recognised that people had good and bad days. One person had been given some exercises. Staff supported

the person with these exercises to help increase their strength and mobility with the support from a physiotherapist. The person was pleased to tell us; "I managed to stay on my toes for 9 minutes!"

- Staff spoke with and about people in a respectful manner, whilst showing genuine affection for people and their relatives.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. For example, we saw how staff supported and respected people's time to be alone with their visitors.
- People's right to privacy and confidentiality was respected. Staff made sure that any discussions with or about people were held in private. A healthcare professional told us how sensitively and carefully staff handled information and always discussed people in private.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff told us how they checked with people before sharing information with loved ones.

# 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 Outstanding. At this inspection this key question has deteriorated to Good. 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

- Care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported. Staff were familiar with the information in the plans and used this to ensure they gave the best support in an individualised way. However, the service had introduced a new computerised care plan system. Staff were in the process of being trained and becoming familiar with the system. As a result of this not all documents were held consistently. For example, one person had some information on the computerised and other information in paper format. The registered manager said they were committed to staff learning about the new system. However, they went on to say they had no plans to rush the staff as they wanted them to fully learn and understand the system however long it takes. Staff also commented that they would like to get the electronic care system to 'work better'. We received information from the registered manager to say that all the paper care plans were now added to the electronic system.
- People and relatives were actively involved in planning and developing their care and a relative told us they felt valued and listened to. Another relative told us, "The standard of care people is very good."
- People received person-centred care. Staff had a knowledge of people's histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were.
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.

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 were supported to maintain relationships which were important to them, with friends and relatives. For example, through visits, coffee mornings and trips out, according to individual preferences. People were supported to visit the local community as many people had lived locally before being admitted to the home. A church service was also held weekly in recognition that some people were no longer able to easily leave the home.
- There was a programme of activities arranged most days that was very much based on people's interests and preferences. This was a mix of group and individual activities. Activities were designed to be personal. They encouraged social interaction, provided mental stimulation and promoted people's well-being. People spoke well of the level of activity and entertainment provided. One person said, "I enjoy singing the hymns on Sundays" and another said, "I love painting in my room, it's so relaxing." The home's activities programme was displayed on a notice board and informed people about upcoming events. We saw a range

of activities were available including trips out and entertainers visiting the home.

- The home used a local service to arrange a bus to take people out. This included a recent trip to the sea side and having fish and chips. Other trips out included taking people out for coffee or shopping upon request. One example of this was a recent trip to Marks and Spencer's.
- Staff were continually looking for new experiences and opportunities for people to enjoy.
- There was whole team approach to providing and contributing to keeping people occupied. Any activity ideas from staff were taken to residents' meetings to be considered by the people living at the home.

#### 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 communication needs were recorded, known and understood by staff. Care plans identified people's communication needs and the registered manager ensured people had access to the information they needed in a format they could understand, such as pictures, large print, or writing a simple phrase. The management team had also attended a course at the local university on 'The use of Alexa (an interactive voice-controlled device) within a social care setting.
- The home used assistive technology to enhance people's wellbeing and keep them safe. The provider had purchased a range of electronic devices. For example, hand held tablets could be used to connect with relatives through Skype as well as looking at old photos or places people had been. Pendant alarms enabled people to be able to call for assistance when needed. They had also purchased a very large computer tablet which enabled people to do jigsaw, play games and read information in very large print. One person told us how this help them as they had always enjoyed doing jigsaw but due to their difficulties with their hand and being unable to pick up jigsaw pieces they could now still do an activity they enjoyed. Another person was going to have their room turned into a 'Smart' room. This meant that due to their needs they would be able to turn on and off lights by voice command.

#### Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People's concerns and complaints were listened and responded to.
- People, relatives and professionals said that they felt able to speak with the management team at any time.
- The service had not received any complaints. However, the registered manager was fully aware of the process to take. The registered manager, who was very much visible around the service, said any concerns raised were normally dealt with straight away. One relative said; "I've raised a minor issue and it was sorted immediately. I'd have no hesitation speaking to anyone staff member or management. I know they would listen and action any issues."

#### End of life care and support

- Where it was necessary, people had end of life care plans in place, which helped to provide information to staff about how they wanted to be cared for. Care plans took account of people's religious wishes.
- However, the training matrix showed most staff had either not completed end of life care training or it was out of date. The training manager said some staff had completed this via other course's, for example the Care Certificate and they had plans to ensure records indicated this fact. Staff understood people's needs, were aware of good practice and guidance in end of life care.
- There were positive links with external professionals, such as GPs and community nurses. One visiting

healthcare professional commented how well the service had cared for two people who had recently passed. One needed additional support from other agencies, for example, MacMillan Nurses, and this enabled them to remain living in the service. They went onto say the service had managed people's end of life care very well.



# 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 Outstanding. At this inspection this key question has now deteriorated to Good. 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

- On the day one of our visit we found the quality assurance process was not always effective at identifying areas for improvement. For example, the service had received a notice from the local fire service stating they were non-compliant in some areas. However additional evidence sent to us by the registered manager showed the visiting fire officer did not have all the documentation during their visit to show the service was compliant. The home had also implemented a new medicines management system which had started on day one of our visit. We found the service had an excess amount of stock and medicines requiring additional security were not documented. One person's medicines was out of stock, however this was found to be an error by the pharmacist. These had all been rectified and additional audits had been put in place by day 3 of our visit to resolve these issues. The services training matrix showed some areas of training, for example infection control and end of life care, were showing as overdue or not completed. However, the registered manager sent us information to show were other courses covered these topics. For example, Hand Hygiene training covered infection control. These were added to the training matrix to show most staff had completed these courses. We found that though care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. Due to a new computerised care plan system staff were in the process of being trained and becoming familiar with the system. As a result of this not all documents were held consistently. For example, some was in paper format and some on the electronic system. We received notification from the registered manager stating all care plan documents were now added to the electronic system. The registered manager had already started to action these issues by day three of our visit. They sent additional information to show all these issues had been completed and evidence to shows some of the information received during our visit was incomplete.

- The registered manager was supported by a training and compliance manager, care managers, administrator and senior care workers. They also received regular support and supervision from the committee of Liskeard Eventide Home. Members of the committee were involved in all aspects of the service including carrying out mock inspection, training alongside staff and overseeing the budget of the service. Each member of the management team had clear roles and responsibilities which had been communicated to the staff team.

- The management team worked together to manage the day to day running of the service, including working hands on, alongside staff where required. There was a good communication between the management team and care staff.

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

outcomes for people

- The registered manager and management team had an oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a good understanding of people's differences and individual preferences.
- People and their relatives told us they thought the service was well managed and communication with the management team was very good with the registered manager making themselves available for people. Comments included, "If they (the registered manager) are busy they make the time to talk to me," "Always seems very well-run service," "I speak to them (the registered manager) who I think runs the home very well," "I love this place and have been here 3 years."
- Staff were very positive about the support they received from the management team. They told us they felt valued and were well supported. Comments from staff included, "It's a good place to work and we have a good team," "We have a good team with no conflicts," "I feel valued and we are part of a bigger team."

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development. A healthcare professional told us, "When I chat with people during my visits they always say how happy they are."
- The service was working with a training company who provided Care Cadets for the service. One Cadet was due to go onto start their nurse training while two others had obtained a care qualification.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals and being involved in local social care provider groups.

Continuous learning and improving care

- The registered manager recognised the need to continue with their own professional development and learning. The registered manager had received the 'Certificate of Excellence' award as part of the 'Disability Cornwall and ISO excellence in Leadership Award programme.
- They also attended meetings to promote people's well-being including attending the 'Care Home and Home Care Partnership' run by the local authority and 'Caring UK Conference' and 'Outstanding Care Forum.'
- The registered manager also attended course run by the 'Royal College of Nursing,' 'Care Management Matters' and 'Medication Optimisation Masterclass' run by the Care Quality Commission.

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go 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. One staff said; "If we raised a complaint it would be listened to and sorted."

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

- People, their relatives and staff were asked for their views of the service through questionnaires and 'Resident and Family' meeting. Members of the committee visited the home regularly to speak to people and obtain their views. People were sent monthly newsletters advising them of any new developments for the service as well as informing them of local events and contact numbers for other organisations.
- Staff meetings were held however the registered manager said they were poorly attended as the

management staff were very involved in the running of the service and saw staff frequently. Staff told us they felt listened to and their views were considered.