Cornwallis Care Services Limited

Cornwallis Nursing Home

Inspection report

Trewidden Road
St Ives
Cornwall
TR26 2BX
Tel: 01736 796856
Website:policies@cornwalliscare.com

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Ratings

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

Overall summary

We inspected Cornwallis on 03 February 2015. The previous inspection took place on 27 May 2014. The service was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Cornwallis provides nursing care and support to predominately older people who have a diagnosis of dementia. The service can accommodate up to a maximum of 51 people. There were 29 people living at Cornwallis when we inspected the service.

The registered manager had recently resigned from their post when we carried out the inspection. 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 provider was actively recruiting a manager who will register with the Care Quality Commission to meet the requirements of the condition of registration for the service.

Summary of findings

A number of double glazed window units throughout the ground floor were noted to have failed meaning most had restrictive views due to the condensation build up. The service had an elevated position and overlooked the sea. Some people were sat by the windows and their views were restricted.

People were involved and consulted with about their needs and wishes. Care records provided information to direct staff in the safe delivery of people's care and support. Records were kept under review so information reflected the current and changing needs of people.

Staff were positive about their work and confirmed they were supported by the management team. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

Staffing levels were sufficient to provide a good level of care and keep people safe. Staff said they were busy at times and there had been some changes in the staff team which had posed some challenges. However staffing levels and the skills mix of staff was seen to be meeting people's needs.

We looked at how medicines were managed and found appropriate arrangements for their recording and safe administration. Records we checked were complete and accurate and medicines could be accounted for because their receipt, administration and disposal were recorded accurately.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at three staff records and found all checks were taking place prior to employment to ensure staff were suitable to work with people who may be vulnerable.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, 'residents meetings' and care reviews. Overall satisfaction with the service was seen to be very positive.

We found a number of Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staffing levels were sufficient to maintain good levels of support and help ensure people were protected from unsafe and inappropriate care.

Appropriate arrangements were in place for storing, recording and monitoring people's medicines.

Staff understood the procedures in place to safeguard vulnerable people from abuse.

Is the service effective?

Requires Improvement

The service was not always effective

A number of double glazed window units had failed resulting in people having their view from the lounge and dining rooms affected.

Lounge chairs were heavily stained due to inappropriate cleaning products being used.

Staff had access to ongoing training to meet the individual and diverse needs of people they supported.

People were assessed to identify any risks associated with poor nutrition and hydration. Where risks had been identified, management plans were in place to minimise them.

Is the service caring?

Good

The service was caring

People's preferences, likes and dislikes had been identified so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

People told us they felt the staff were very caring and respectful when they or their relative received support.

Is the service responsive?

Good

The service was responsive

People's care needs were kept under review and staff responded quickly when people's needs changed.

There was an established programme of activities. During our observations we noted people engaged in activities. People told us they had enjoyed taking part.

Summary of findings

People confirmed they would know how to make a complaint if they needed to. There were systems in place to enable people to raise complaints or concerns.

Is the service well-led?

Good

The service was well led

The provider was continuing to develop systems to demonstrate how the views of people using the service were listened to and acted upon.

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

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

Cornwallis Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on the 3 February 2015 and was unannounced.

The inspection team consisted of an 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. The expert by experience had experience of services supporting people who required care, due to age related needs and those with a diagnosis of dementia.

Prior to the inspection, we reviewed information we held about the home. The provider completed a Provider Information Return (PIR). This 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 spoke with a range of people about the service. They included seven people who lived at Cornwallis, three visiting family members, two visiting health professional and eight staff members. We spoke with the business manager who was overseeing the day to day management of the home. The provider was taking steps to recruit a registered manager. We also spoke with the local commissioning authority and safeguarding team in order to gain an overview of what people accessing the service experienced.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included three people's care records, three training and recruitment records and records relating to the management of the home.

Good

Is the service safe?

Our findings

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty to support people who lived at the service. We looked at staff rotas and spoke with the business manager and senior staff about staffing arrangements. They told us there had been recent changes within the staff team. There was an active recruitment operation in place and agency staff were used when the bank of permanent Cornwallis staff were unavailable. Continuity in the staff team was recognised as important by the management team.

We spoke with staff members about staffing levels at the service. A staff member told us, “It can be busy at times but on the whole we get time to spend with residents”. Another member of staff told us staffing levels were, “Normally fine, but we are short today because of sickness”. However, an additional staff member had covered the shift thereby reducing the impact on the staff team. This showed staffing levels were being managed safely.

During our observations we saw staff were responsive to the needs of people they supported, providing care and support or engaging in activities. The way staff were deployed during the breakfast and lunchtime period was well organised ensuring people who required prompting and assisting with their meals received the support they required. Staff were seen sitting with people who needed assistance to support them at a pace that suited them.

People who were able to communicate with us told us they felt comfortable and safe. We also spent time making observations of how care was being delivered throughout the day. Staff had a good awareness of the needs of individuals and kept people safe. One staff member said, “Residents here have a variety of needs and some don’t understand the level of risk they can put themselves at. We are really aware of this and make sure we keep an eye on things before they get out of hand”.

We looked at three staff recruitment records. We saw evidence of pre-employment checks being undertaken. There was a full employment history, and any gaps were explained. Interview notes were recorded and maintained in the files. There was evidence of reference and Disclosure and Barring Service (DBS) checks having been undertaken. The records showed staff were not working in the service until satisfactory disclosures had been received. Where nurses were employed the provider had ensured their registration numbers had been verified so they were current and safe to practice. The files had been audited and checked by the management team recently. This showed staff were only employed when all checks had been verified.

We looked at how medicines were administered and how records in relation to people’s medicines were kept. We found medicines were dispensed at the time they were prescribed. This was confirmed by observing the staff member administering lunchtime medication. Only staff who had received training were responsible for administering medication. The organisation carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. Where issues had been identified we found they had been addressed. Topical creams were being applied in accordance with instruction and recorded on the person’s medication records. The storage facility for refrigerated medication was being maintained regularly as were the maintenance records.

Some people were receiving medicines covertly. The use of covert administration of medicines is used in instances when a person may refuse their medication but may not have the capacity to understand the consequences of their refusal. When looking at one person's care plan record we saw that a mental capacity assessment and best interest meeting had taken place to discuss how to support this person to take their medicines safely. This meant the provider was acting lawfully and in the best interests of the individual concerned.

The home had policies and procedures in place for dealing with allegations of abuse. Staff we spoke with told us they had completed safeguarding training and the training records we looked at confirmed this. They were all able to describe the different forms of abuse and were confident if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. In our discussions staff told us they were aware of the home`s whistle blowing policy. This meant that staff were protected should they report any concerns regarding poor practice in the work place.

Requires Improvement

Is the service effective?

Our findings

The layout of the service gave people the opportunity to move around freely and without restriction. Throughout the day people were moving around both lounge and dining areas. Most of the double glazed units throughout the ground floor were noted to have failed meaning most had restrictive views due to the condensation build up. The service had an elevated position and overlooked the sea. Some people were sat by the windows and their views were restricted because of this. One person told us, "It looks a bit foggy most days. I can't see much from here". The rest of the environment was being maintained to ensure people were living in a comfortable service which took account of dementia conditions. For example there was signage around the service to assist people with dementia conditions know where they were. Pictures on signage alerted people to bathrooms, dining area and peoples own rooms. All seating in the hall and lounge area had loose covers on each chair. We saw they covered chairs which were heavily stained due to inappropriate cleaning products being previously used. Loose covers moved when people sat on the chairs exposing the stains. The registered provider told us they were considering options to replace the failed double glazed units and replace furniture as part of the maintenance programme. However there were no timescales in place to show when the issues would be addressed.

The registered provider had not taken steps to ensure adequate maintenance of the service. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, which corresponds to Regulation 15 (1)(e) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The feedback we received from people who lived at the service and their family members was positive. People told us they felt carers understood their needs and said they received a good level of care and support. One person said, "They give me all the information I need about living here. They always keep me involved". A family member said, "(My relative) was unsafe at home so it was decided they would come to Cornwallis, a member of staff explained about dementia to me, they are all brilliant with him, they love him, and I have no complaints at all". A professional who regularly provided services to people living at the home said, "Staff work very hard. They are committed to doing a good job".

We observed people were relaxed and comfortable. It was clear staff had a good awareness of each person and how best to meet their needs. When people became anxious or distressed staff were quick to reassure them without restricting their freedom. We observed staff interactions with people which demonstrated they understood their needs and how best to help people.

Senior staff demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DOLS). The organisation provided training and support to help ensure staff effectively responded to people when their mental capacity was reduced. The manager and staff had a clear understanding of the Mental Capacity Act (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. Deprivation of Liberty Safeguards applications had been submitted where required. Records we looked at showed the service had taken action to carry out Mental Capacity Assessments and best interest decisions were being recorded where necessary.

There was an induction, training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide safe and effective care for people who lived at the service. Each staff member had a personal development plan in place which detailed the training they had received to date, and future training requirements. Training to support people with a diagnosis of dementia and behaviours which might challenge staff was in place. On a number of occasions during the day we saw staff respond to peoples' needs associated with dementia in a positive way. Staff took time to engage with

Is the service effective?

people and manage potential conflict in a calm and focused way to diffuse situations. People responded positively to this approach thereby reducing the risk of conflict.

People had access to healthcare professionals including doctor's chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member said, "It is important to maintain good links with other health agencies and keep appointments such as the dentist so people's health is looked after". We spoke with a visiting professional responsible for overseeing the management of pressure care. They told us they worked closely with the service and staff were competent in how they delivered care to people who may be at risk of pressure sores developing.

Care plans detailed information about people's food and drink preferences. Care plans we looked at contained a nutritional risk assessment. People's weight was regularly monitored. We noted people who were at risk of losing weight had been referred to appropriate health professionals. This showed procedures were in place to reduce the risk of poor nutrition and dehydration.

We observed breakfast and lunch being served during the inspection. Breakfast was served throughout the morning period when people were coming into the dining room. Some people chose to eat in their own rooms and staff did not see this as a problem. Two people told us they preferred to have breakfast in their own room at their own time. Staff were available in the dining room at all times and throughout the morning period so they were available to assist people if they required support. Lunch was unhurried and people received the support they needed in a discreet and supportive way by staff who understood how to respect people and ensure their dignity was maintained.

There was a choice of meal options at breakfast and lunchtime. People were seen to be enjoying their meals. One person said, "Food is excellent, we get a choice of food". Tables were laid out for lunch with table linen, napkins, water jugs and menu cards showing the meal of the day. This showed the service took account of ensuring people living with dementia were supported by visual props to aid their understanding of meals being served.

There were jugs of juice in the lounge and dining areas. Staff were seen to prompt people to take drinks during the day. In addition records to record peoples' nutrition or fluid intake were in place to monitor their needs.

Good

Is the service caring?

Our findings

People told us they felt the staff were very caring and respectful when they or their relative received support. A relative said, "I come in most days, the staff are always around with a smile on their faces. I don't think (My relative) could do better anywhere else". One person said, "I am treated excellent, I really, really mean that. I am very happy, no complaints whatsoever." Another person told us, "I chose this home because everyone was so happy, I took to it right away. I can have a bath or shower when I choose. I go to bed when I'm tired and get up when I wake up. I have my hair done weekly and sometimes I go to a hairdresser in the town. All the staff here treat me with respect."

We observed staff engaging with people in a compassionate and respectful manner using quiet, non-patronising tones. It was clear staff cared about the people they supported and understood their needs. One staff member told us, "It's about providing health care with dignity and respect". Another staff member said, "I miss the residents when I'm off work. They are like my family".

Most of the people who lived at Cornwallis had a dementia or mental health diagnosis that affected their ability to communicate. The home had systems in place to help ensure meaningful engagement between staff and people was maintained. This included staff who understood different forms of communication including the use of pictorial tools to explain various aspects of care. This included pictures on the doors of toilets, bathrooms and bedrooms to aid people to identify where they were in the service.

A new system of care planning had been introduced following a review of care planning records to improve upon the way person centred care is reported. We found records were consistent, comprehensive and personalised. This meant the provider had reflected and acted upon its practices to enhance the support provided.

Records we reviewed demonstrated people or their representatives had been involved in care assessment and planning. A nurse told us, "We are trying very hard to move staff away from task orientated care and treating people in the same way, to a more person centred approach". Where people's health needs had changed or had caused concern, staff made sure relatives or advocates had been informed. One relative told us, "At Christmas (My relative) needed one to one when he was ill and this was done by the staff. They phoned when he had a fall, I feel safer knowing that (My relative) is here and well looked after. They phoned to say (My relative) was unwell, the home called in a doctor, the doctor then phoned my sister to say what was happening".

During the morning we carried out a SOFI. We observed staff being very kind to people. They were seen to be taking time to sit with individuals, talk with them and offer choice. People were seen to respond positively to this by smiling and laughing and communicating in a way which suited them.

We spoke with staff to gain an insight into their understanding of the way people should be cared for. Staff gave examples of how to treat people with dignity. One staff member said, "The most important thing is that everybody living here has led a full life and that we respect them for who they are and make sure their dignity is intact at all times".

We were shown around the service by a member of staff. We observed staff knocked on people's doors and they did not enter until a response was given. Observations throughout the inspection confirmed staff responded to people in a dignified and respectful way.

Good

Is the service responsive?

Our findings

We observed staff enquiring about people's comfort and welfare throughout the inspection and responding promptly if they required assistance. Where people had difficulties communicating, we found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions about their day to day care. For example one person with a diagnosis of dementia repeatedly used a certain phrase. The member of staff close by responded by taking the person to sit by the window. The repeated use of the phrase ceased. The person was smiling and looked comfortable. This showed staff were responding to people;s needs and wishes by understanding behaviours. One staff member told us, "You get to know all the residents and so you can spot when something is not quite normal for them".

Care records we reviewed demonstrated the home sought and recorded where possible, people's preferences and life history to assist staff in understanding their needs. Records were comprehensive and personalised to ensure people received the support they needed. Documents were regularly reviewed to ensure Cornwallis responded to people's changing needs. A staff member told us, "We engage with families and where possible encourage their participation in care plans".

During the assessment and development of individual care plans staff supported and encouraged people to express their views and wishes. Because most people were living with dementia, relatives were often consulted and involved in this process. A relative told us, "We are local to the area and when (My relative) came here they spoke about a lot of local things which (My relative) could respond to. They pick out things which were important to people in their lives". This was supported by a staff member who said, "We go through what they like such as social events, food and their life history." This approach meant staff were able to support people to make choices and decisions and helped develop a person centred care plan.

An activities co-ordinator was employed to oversee a programme of pursuits for people who lived there. They told us, "We do everything we can to help our residents feel involved in things. This includes planned activities and also everyday things like helping set tables. Some like to 'tidy up', we encourage all activities. This meant people were adequately stimulated and occupied because the service had ensured a full programme of activities was in place. A variety of activities was available to suit people who were living with dementia. For example there were rummage boxes. . People were seen identifying a number of items which attracted their attention. Staff were available to engage in discussion about the items they had chosen. The activity coordinator told us the introduction of this activity had been a success.

People were supported to maintain relationships with their friends and relatives. It was clear the home encouraged visitors and staff had a good relationship with them. A relative told us, "A carer brought (My relative) to my daughter's wedding last year, they got him dressed up in his suit and matching tie and took him for a drink first. I think care here is very good, they're all good with (My relative)".

The service had a complaints procedure which was made available to people they supported and their family members. The business manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away where possible before they became a concern or formal complaint.

A visitor told us they were aware of how to make a complaint and felt confident it would be listened to and acted upon. A recent complaint had been recorded by the manager. It showed what the issue was and how it was investigated as well as the outcome. It demonstrated the service had listened to people and responded to their concerns. Staff were able to describe how they would deal with a complaint, including referring the matter to the senior nurse. One person told us people could raise issues at monthly meetings where, "we discuss everything and sort things out".

Good

Is the service well-led?

Our findings

The registered manager had recently resigned and had submitted a cancellation of their registration with the Care Quality Commission. The business manager and deputy nurse manager were managing the home on a day to day basis. There was an active recruitment process taking place to fill the manager vacancy.

People using the service, relatives and staff told us the business manager and senior staff were accessible, supportive and visible. One staff member said, "There have been some changes and staff have been concerned about what's going on, but (The provider) has made sure we are kept informed about things. Some of us have been here a long time and we just want things to work for the residents". Another staff member said, "The manager has left and they were really supportive, but nurses have been moved around so we are still being supported". The business manager, senior nurse and staff team worked closely together on a daily basis. This meant quality of care was being monitored as part of their day to day duties. The staff team were seen to be working in partnership with the provider to ensure the home was being managed in people's best interests.

Regular staff meetings were held during which important information was shared with the staff team and they had the opportunity to voice their suggestions. The business manager spoke of the importance of ensuring staff were involved and engaged with developments within the service.

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they supported through 'resident's meetings', satisfaction surveys and care reviews with people and their family members or advocates. We saw resident's meetings were held regularly. This meant people who lived at the service were provided with as much choice and control as possible into how the service was managed. One person said, "We have group meetings monthly, where we discuss everything, then we come to an understanding and vote on an outcome with other residents and staff".

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

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accidents and incidents audits, medication, care records and people's finances. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

We were told new systems and approaches to care had been introduced as a way of improving the service provided. Staff we spoke with felt this had been difficult, but recognised the importance of the changes and the direction the service was taking. One staff member said, "We are seeing some positive changes with positive outcomes for residents and staff". This showed the provider reviewed the quality of its service and introduced change to improve care for the people it supported.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered provider had not taken steps to ensure adequate maintenance of the service. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, which corresponds to Regulation 15 (1)(e) of the Health and Social Care Act (Regulated Activities) Regulations 2014.