

Porthgwara Nursing Home LLP

Porthgwara Nursing Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Porthgwara Nursing Home is a 'care home' that provides nursing care for a maximum of 20 adults, of all ages, with a range of health care needs and physical disabilities. At the time of the inspection there were 19 people living at the service. 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.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 management team demonstrated an open, transparent and reflective leadership style. They provided visible direction and a person centred approach to their staff teams. They exhibited a passion for providing a high quality service, which continually developed in order to meet people's needs in a holistic manner.

Professionals were highly complementary about the standard of care provided by the service. For example; "Porthgwara is an excellent nursing home with a conscientious manager who strives for the very best care for her residents. My patients in the home are well cared for in all respects," and "All residents are well cared for, safe and happy with a holistic approach to their care." and "This is an excellent well run home which cares for its residents with compassion and expertise."

Staff demonstrated an exceptionally caring, compassionate and kind attitude towards people who lived at Porthgwara. People were highly complementary about the care they received from competent staff. There were many examples of how the caring approach of staff had a very positive impact on people's lives. People told us; "It's as near to home as you can get."

Without exception family members all spoke extremely positively about the service their relatives received. They told us that their relative was very safe living at the service and that staff were kind, friendly and treated people in a way they could not have imagined. They told us that the registered provider, manager and staff were always available and approachable. For example, a relative commented; "I feel that not only my mother but I too, am totally supported by the Porthgwara family of management and staff."

Relatives told us how well staff understood their family members. For example some people's ability to communicate was affected by their disability but the staff were able to understand and provide for their needs effectively. Staff knew people's care and support needs very well. A relative told us; "[Staff members name] can get mum to talk in a way that I can't, they have just clicked. She knows my mums ways so well. It's so lovely to see."

The village of Coverack had experienced an extreme flood a few months before the inspection which cut off the village from the rest of the county. This had caused damage to the property and limited their access to utilities and the provision of essential supplies to the service. The road was assessed by the emergency services as being so damaged that staff could only access the home with emergency personnel escort. It was suggested at the time that people might have had to be airlifted out of the service to a safer location, however there would have been a serious risk to people's health if this occurred. The owners and staff were highly committed to keeping people safe within the service and worked extremely hard with emergency services, contractors, food suppliers, medical services and health and social care professionals to ensure the service could continue to run as safely and smoothly as possible. A staff member commented; "When we had the storm some staff lost everything, their homes, but staff wanted to come to work and when you did, it put a smile on your face. It's not hard, everyone here cares for each other, the residents, staff and the managers."

Feedback from the emergency services, contractors and the Head of Adult Social Care was exceptionally positive about how well the owners and registered manager ensured that people continued to receive high quality care despite these extreme circumstances. They also praised the staff for their commitment in getting to work over such difficult terrain, and with their own personal circumstances, which meant people could continue to be cared for at the service.

People told us that despite the flood and some water entering the service they had always felt safe. One person commented; "I was lying in my bed as I can't move, and I saw the water coming in through the patio doors of my room. Staff were fantastic. I knew I was safe, staff wouldn't have it any other way."

There was a calm and relaxed atmosphere in the service throughout the days of the inspection visits. We observed people had an excellent relationship with staff and staff interacted with people in an exceptionally caring and respectful manner. People were observed moving around the service without any restrictions. Staff were always available but discreet in their presence so people's personal space was not impacted upon.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse. Incidents were logged, investigated and action taken to keep people safe. Risks to people's health and safety were assessed and clear plans of care put in place to help keep people safe. These had been developed to minimise the potential risk of harm to people during the delivery of their care. Risk assessments had been kept under review and were relevant to the care provided.

There were always enough staff available to ensure people received continuous, attentive and discreet care and support. Staff had all the time they needed to respond to people's choices as well as meeting their care and support needs in a way that suited the person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, supporting people to move around the service both inside and out and by having the time to let the people take the lead and control of what they wanted to do, when they wanted to do it.

People were involved in the recruitment process as the management team felt it was essential that people had a 'voice' in who was recruited. Recruitment checks were carried out to ensure suitable staff were employed to work at the service.

Staff were supported by a system of induction, supervision and appraisal. The registered manager worked in partnership with health and social care organisations and Further Education establishments to ensure practice remained up to date. Staff received training relevant for their role and there were excellent

opportunities for continued training support and development in the area of dementia care and specific health conditions.

Management and staff had a good understanding of the underlying principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

The manager used effective systems to record and report on, accidents and incidents and take action when required. These events were reviewed in order to help reduce the risk of them happening again.

People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

A fundamental aim of the home was to promote people's quality of life by providing positive opportunities for people to live life to the full. People were encouraged to maintain and develop interests which were important to them and this contributed to people living meaningful lives. The provider had established very strong links with the local community and hosted numerous events which had benefitted the people who lived at the service. For example, the local parent and toddler group held sessions at the service, the service hosted a garden party to which the community was invited as well as regular coffee mornings to raise money for charity. The providers believed that they needed to be part of and support their local community, and were keen to be involved in local projects. This demonstrated that the provider was committed to improve not just the lives of people living in their home but in the wider community and they were trying to positively influence and change the whole care sector in their area.

There were extremely effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered provider was visible in the service and regularly observed and talked with people to check if they were happy and safe living at Porthgwara Nursing home. The service had a monthly Residents Association which fed into the managers meetings. This meant people were able to contribute ideas and suggestions and were fully involved in how the service was run.

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.

The service remains Good

Is the service effective?

Good ●

The service was effective.

The service remains Good

Is the service caring?

Outstanding ☆

The service was exceedingly caring.

We observed many examples of the exceptionally caring and highly efficient staff approaches when supporting people. Staff respected people's wishes and provided care and support in line with those wishes.

Staff showed the same respect, care, empathy and kindness to relatives that they showed to people who lived at the service.

People who used the service, relatives and healthcare professionals were extremely positive about the service and the way staff treated the people they supported

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

We saw evidence of staff working collaboratively with people and their relatives to inform people's care planning.

We found multiple examples of the highly efficient responsiveness of staff and management to people who lived at Porthgwara nursing home. Care plans were personalised to guide staff to provide highly responsive, person centred and holistic support.

The provider went to great lengths to ensure people were supported to engage in activities and any known interests and

hobbies that they enjoyed.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

The service was extremely well-led.

The management team had a comprehensive system in place to monitor and maintain the high levels of quality in the service.

The management provided staff with appropriate leadership and support. There was a positive culture within the staff team with an emphasis on providing a high quality service for people. Staff were treated exceptionally well and were therefore highly motivated to deliver high quality care.

We found the provider had high standards and a great desire to involve people, relatives and staff in service development and improvement of their working experiences.

The provider and management showed passion and drive to continually look for areas to improve the already excellent service that people received.

Outstanding 

Porthgwara 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 unannounced inspection took place on 21 and 23 November 2017. The inspection visit was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with and emailed professionals and relatives of people who used the service to find out what they thought about the service.

During the inspection we used a range of methods to help us make our judgements. This included talking to ten people using the service, two relatives and friends, and eight members of staff. We also carried out some pathway tracking (reading people's care plans, and other records kept about them), and a formal observation of care, and reviewed other records about how the service was managed.

We spoke with the registered manager, the nurse in charge and care staff. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. We spoke with a health and social care professional during the inspection. After the inspection we spoke with external professionals including the Head of Adult Social care for Cornwall Council, case coordinators, and contractors who provide a service to the home.

Is the service safe?

Our findings

The service continued to be safe. People and their relatives told us they felt safe living at Porthgwara Nursing home. Comments included; "I am so well looked after here."

People were protected from abuse and harm because staff knew how to respond to any concerns. Throughout different staff only areas information was displayed on what constituted abuse and how to respond to it. All staff had received annual adult safeguarding training and three yearly child protection training. The registered manager explained that it was essential that child protection training was also provided as staff had contact with visiting children to the service and their duty was to ensure that everyone at the service was safe.

Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Any concerns raised were fully investigated and reported as appropriate to the local safeguarding unit for external investigation. Staff were also aware of the service whistle-blowing policy. This meant people were safeguarded from the risk of abuse.

There was a equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected. 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.

The service held personal money for people who lived at the service which people were able to access easily. There were appropriate records held and these were regularly audited

Risk assessments were in place for each person covering areas such as nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. Staff looked for the least restrictive way to keep people safe. Where one restriction was necessary the registered manager had consulted with the local authority safeguarding adult's team. This showed that people's autonomy was respected but people's safety was also a priority.

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. Care records contained information for staff on how to avoid this occurring and what to do when incidents did occur. For example, the service provided staff with information on what effectively distracted the person and what calmed them if anxious. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

The service was based in the village of Coverack where there had recently been an extreme flood which cut off the village from the rest of the county. This had caused damage to the property and affected access to utilities. The service had ensured that people who used the service, staff, relatives, health and social care professionals and contractors were up to date with the situation and that people in the service always

remained safe. The registered manager told us that she had learnt that "Communication is imperative" as when they began to have an issue with the kitchen area, this was communicated to all, so that everyone knew the situation and what action was to be taken to resolve it. By working in this way the registered manager said the level of anxiety and distress was reduced significantly.

During and following the flood, risk assessments were developed to cover all the specific circumstances. This meant staff had information and guidance to help ensure there was continuous access to water and power supplies, sufficient medicines and food to enable the service to continue to operate safely during this period. This showed the provider and staff were able to respond effectively to highly adverse and unexpected circumstances.

Accidents and incidents that took place in the service were recorded by staff and audited by the registered manager. This meant that any patterns or trends could be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future. For example, people were referred to the falls team for advice and staff ensured people used their walking aids appropriately.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Staff received effective training in safety systems, processes and practices, such as in moving and handling, fire safety and infection control. We observed staff safely using hoisting equipment; for example when moving people from wheelchairs to more comfortable seating. This was carried out according to best practice. For example talking through with the person what staff were doing, and carrying out the manoeuvre slowly and carefully. Individuals were provided with their own slings for safety and hygiene purposes.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the inspection there was one nurse on shift with support from four carers, an activity coordinator, two domestics, two catering staff, a laundry worker, the registered manager, two providers, an administrator and maintenance staff. At night one nurse and two carers were on duty. People and their relatives told us they thought there were enough staff on duty and that staff always responded promptly to people's needs. We saw people received care and support in a timely manner.

The registered manager ensured staff on duty had a suitable mix of skills, experience and knowledge. For example, any new and inexperienced care staff member always shadowed experienced staff. All staff were provided with suitable training in moving and handling, and first aid, so they could meet people's needs and deal with emergencies.

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 two references. The service carried out regular DBS checks of long standing staff to ensure they remained safe to work with vulnerable people.

Records were stored securely in the main office or nursing offices. Records we inspected were up to date,

and were accurate and complete. All care staff had access to care records so they could be aware of people's needs.

There were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Medicines which required stricter controls by law were stored correctly and records were kept in line with relevant legislation. The stock of these medicines was checked weekly. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The service had suitable arrangements for the ordering, storage and disposal of medicines. The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. This meant the safe storage of these medicines could be assured. Annual external audits were carried out by a pharmacist.

Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated and if it had been effective. For example, pain relief for an occasional ailment.

Staff training records showed all staff who supported people with medicines had received appropriate training. The service received external safety alerts and information was made available to staff. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

The service had an infection control policy and lead staff who monitored infection control audits. The most recent audit was completed in October 2017. The registered manager was the lead and trainer for infection control. She understood who to contact if they needed advice or assistance with infection control issues. Staff received suitable training about infection control. They understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary to reduce cross infection risks. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visits.

Is the service effective?

Our findings

The service continued to provide people with effective care and support because their needs were fully assessed, understood and met in line with relevant guidance.

Professionals were complimentary about the care that people received from staff. One commented "I have always found the manager and all the nurses and staff approachable, competent, thorough and capable."

People's need and choices were assessed prior to moving in to the service. People were able to visit or stay for a short period before moving in. 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 used as the basis for their care plan alongside the pre admission assessments. This then assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. There was a focus on delivering training to all staff regardless of their role using creative methods such as, working through scenarios, to develop learning and understanding which related to people's specific needs. The model of care was referred to as a 'whole team' approach and continued to be a driving force in delivering a truly person centred service. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

Newly employed staff completed an induction which included training in areas identified as necessary for the service such as fire safety, infection control, health and safety, mental capacity, safeguarding and equality and diversity. They also spent time familiarising themselves with the service's policies and procedures and shadowing experienced staff so they could understand the needs of the people living at the service. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

People received effective care because they were supported by a staff team that received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date.

The service promoted the use of champions. These were staff who had shown a specific interest in particular areas, sharing their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment in their specific area of expertise. For example, a nurse told us that they were keen to share their knowledge with care staff and had put together a 'skin care pathway' course for carers. This assisted care staff when they undertook personal care to be more aware of skin conditions and helped them know when to ask for additional guidance and support from other professionals. The registered manager had achieved Level 3 teacher training to enable her to deliver training to staff. This

training included infection control and manual handling.

Staff told us they felt supported in their roles by colleagues and senior staff. There was always a senior member of staff or a registered nurse on duty who staff could approach if they needed help. Senior carers and registered nurses were also responsible for leading all shifts and ensuring the effective day to day management of the service, particularly if the registered manager was absent from the service.

There was a system in place to support staff. This included regular support through individual supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff were also supported to gain qualifications and all the staff had achieved or were working towards a Diploma in Health and Social Care.

We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People told us they enjoyed their meals. One person told us, "The food here is delicious."

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. Staff monitored people's weight regularly to ensure they maintained a healthy weight. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day.

There was an agreed menu for each day, with choices for each course. Some people had special dietary requirements and these were catered for individually. At the time of the inspection there were no people with any specific cultural or religious preferences about the food they ate. People told us they enjoyed their meals and they were able to choose what they wanted each day. People and their relatives told us, "Staff ensure [person] has fat free meals because of his health condition" and "The kitchen makes me special meals when there is something on the menu I can't eat." The minutes of residents meetings showed people were continuously consulted if they were happy with the quality and quantity of food provided and if any changes were needed.

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. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate in moulds, which both helped the meal to look appealing and also helped people to identify what they were eating. People's relatives and friends were invited to join them at meal times and to eat together.

Relevant staff had completed food hygiene training. Catering staff were on duty from breakfast time until the evening. Suitable procedures were in place to ensure food preparation and storage met national guidance. The local authority environmental health department had judged that the kitchen arrangements were meeting a high standard.

People had access to healthcare services. Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given. Relatives told us staff always kept them

informed if their relative was unwell or a doctor was called.

The service had a good working relationship with health and social care professionals to ensure people's health care needs were met. The nurse told us they had developed positive working relationships with the dementia liaison team, Community Physiatrist Nurses (CPN), Parkinson team, physiotherapists, chiropodist, dentist, heart failure nurse and Speech and Language Therapists. We spoke with a CPN who told us their working relationship was "excellent." Another professional told us "It is clear that carers report any medical/nursing concerns to nursing staff promptly, who are extremely able to assess patients and call in medical staff appropriately."

Technology was used to support the effective delivery of care and support. For example a portable hearing loop was available in the Residents lounge and this could be placed in a more private location such as an office or persons bedroom, in order to facilitate conversations of a private nature.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. The service was over three floors and all floors were accessed by a passenger lift. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises.

People's individual needs were met through the service approach to the individual. Each person had a private room, which was very individual to the person and decorated to their taste. Some had en-suite and others shared bathing facilities. People said they were happy with the arrangements. When there had been changes to the environment this had been done through consultation with people and taking their individual needs and concerns into account.

The Mental Capacity Act (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 had their capacity assessed appropriately. The service knew who had appointed lasting powers of attorney for either finances or health, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

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. Management had applied appropriately for some people to have a DoLS authorisation.

Where identified, people had a mental capacity assessment on their files. Copies of DoLS applications were also on people's files, along with any approvals received. The registered manager said she had a system for monitoring DoLS authorisations to ensure they were implemented, and reviewed before any expired.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

Is the service caring?

Our findings

The service provided exemplary care to people. All staff demonstrated their commitment to ensuring people received the best possible care. When staff interacted with people they did so in a relaxed, dignified and unhurried manner. Some people were unable to tell us about their experiences, however we observed people always responded positively when staff interacted with them. For example, one person responded particularly well to a tactile approach. People looked relaxed and comfortable with the staff who supported them. When staff communicated with people who were sitting in a chair, they knelt down to establish eye contact and gave the person time to express themselves.

Comments from people included; "It's as near to home as you can get", "Staff are so caring, so kind, they are just wonderful", "All the staff are kindness itself" and "First class care." Relatives comments included; "They look after my welfare as much as mums", "My mum is proud of her appearance, staff help her put on her make up and choose her clothes. Some days mum likes to try and put on her own make up and they encourage her to do this. When it's smudged they help her put it right. It all takes time but they don't mind," and "The home and my relative's room are a place of peace and quiet – just like a real home."

We received many positive comments from professionals who emphasised how staff ensured people were involved, listened to and at the centre of how they wished their care to be received. Comments included; "Porthgwara is an excellent nursing home with a conscientious manager who strives for the very best care for her residents. My patients in the home are well cared for in all respects," and "All residents are well cared for, safe and happy with a holistic approach to their care." and "This is an excellent well run home that cares for its residents with compassion and expertise."

Due to the urgent nature of the storm suffered by Coverack and Porthgwara, the nursing home also became a rescue centre for vulnerable people in the village whose homes were flooded and not safe. The management team liaised with CQC so that they could offer emergency accommodation to a person in the village. Relatives also told us that they were stranded at the service as they had been visiting when the storm struck. Staff told relatives to stay with them so that they would be safe. Staff were also encouraged to remain at the service until it was safe to leave. Food and drinks were provided to all to ensure people remained as safe as possible.

The commitment from staff was exemplary. Staff attended all of their work shifts despite the difficulties in getting into work. This was praised by people, relatives and health and social care professionals. Staff commented; "When I go in (to the service) the sunshine comes out" and "When we had the storm some staff lost everything, their homes, but staff wanted to come to work and when you did, it put a smile on your face. It's not hard, everyone here cares for each other, the residents, staff and the managers."

Staff were proud of the care and support they provided and people benefitted from a happy team of staff. Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Staff morale was noted to be very good. One member of staff told us "I just love it here. I love the residents, the staff, it really is a family here." This theme of 'family' was continually referred to by people,

relatives and staff who viewed Porthgwara as a family unit. Staff told us that people also took care of each other during the recent storm. One person said to another person who was anxious "If you're frightened come to my room." This showed caring relationships and friendships had been formed between people who lived at the service. Staff commented "As soon as you walk through the door you are a member of the Porthgwara family. We all live, work, have fun and care for each other."

People were encouraged to think of Porthgwara as their home and the staff were there to support them in running their home. It was evident that people were at the centre of the service and staff were led by people living at Porthgwara. Porthgwara Nursing Home had a Resident Association which was run independently by the residents; their comments and any concerns raised were addressed by the management team. These meetings were held monthly and staff were always available to advise, assist and help if required. This gave people and their relatives the opportunity to get together to discuss and share their experiences. Members of the management team attended regular meetings with the group which provided opportunities to share information about what was going on in the service. For example, people were kept informed about the ongoing maintenance programme, any changes that had occurred and what action was to be taken to reduce risks. They were also consulted about menus, activities and the Resident and Relatives Association's financial situation. In response to requests from members of the association, the manager provided information to the group about what is end of life care, caring for a person who was living with dementia, communication and coping with the challenges a person living with dementia may experience. This meant people were fully informed of all aspects of the service and were fully involved in the decision making process about how they wished the service to be run.

People were involved in the recruitment of staff. The registered manager told us people's views were paramount when it came to the recruitment of staff to ensure that people were happy with the staff who would be supporting them. The registered manager said when she recruited staff she was more interested in people having a good caring attitude than having relevant training and qualifications already in place.

The care we saw provided throughout the inspection, was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people and displayed the caring ethos which was evident in our conversations with the management team. Staff took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we saw staff assisting one person to move from their wheelchair into an armchair using a hoist. Staff were kind and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished to. One person said "I like to spend time in my room. I am having friends over for a meal and the staff have helped to make sure that I can entertain my friends in my room and we all have lunch together here. They really do listen to what you want." Some people who were living with dementia were not always able to easily communicate their needs or preferences. However; we observed staff took the time to engage with people and check they were happy, where they were sitting, and what they were doing.

Staff had worked with people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

Some people's ability to communicate was affected by their disability but the staff were able to understand them and provide for their needs effectively. Staff knew people's care and support needs very well. A relative

told us "[staff member's name] can get mum to talk in a way that I can't, they have just clicked. She knows my mums ways so well. It's so lovely to see."

Staff understood people's individual and specific needs. For example, they were able to describe triggers which would cause one person to become anxious. These included unexpected changes in their routine or increased noise levels. Where possible staff took steps to avoid these triggers. However, during the emergency situation at the time of the storm, staff had to respond quickly to keep people safe while attempting to alleviate their anxiety. Staff told us they sang to people as they moved them to their bedrooms for safety when the lounge area was flooding. One commented; "We just sang, it soothed people, we didn't want to panic them and it also helped our nerves too!" People told us that despite the flood and the water entering the service they had always felt safe. One person commented "I was lying in my bed as I can't move, and I saw the water coming in through the patio doors of my room. Staff were fantastic. I knew I was safe, staff wouldn't have it any other way. If staff were panicking they didn't show it and so I knew they would keep me safe."

The service ensured that information was accessible to people and their relatives in their preferred manner. For example via letter, email, audio version, text message, and telephone. A portable hearing loop was available in the lounge area and this could be placed in a more private location such as an office or bedroom, in order to facilitate conversations of a private nature. This showed the provider took action to help ensure people had appropriate equipment to help meet their specific needs.

Is the service responsive?

Our findings

Without exception people told us that staff were extremely responsive to their needs and preferences and that their care was personalised. We received comments from people such as; "Whenever I call for staff they are there. They listen to what I need, help me and I can't ask for better". Relative's comments included; "I feel that not only my mother but I too, am totally supported by the Porthgwara family of management and staff. Couldn't ask for better", "Always responsive to my relative's needs" and "My reasons for recommending Porthgwara is the level of staff care from all concerned and the continuity of staff. All so friendly atmosphere."

A fundamental aim of the service was to promote people's quality of life by providing positive opportunities for people to live life to the full. People were encouraged to maintain and develop interests which were important to them and this contributed to people living meaningful lives. Strong emphasis was placed on people overcoming any obstacles such as health conditions, to aim high and be in full control of their lives. For example, one person wanted to ensure they maintained their mobility and purchased a treadmill. The person wished to exercise and remain as active as possible. In the summer the person would exercise by going out in the garden area and having walks, but in the colder months this was not always possible. Therefore staff responded to the person's wishes and ensured that they were able to maintain their level of fitness. Staff sought advice from relevant health professionals to ensure that the equipment was suitable for the person and undertook relevant risk assessments. They then helped the person install the treadmill.

The staff team were highly motivated and constantly looked for creative ways to embrace people's lifestyle choices which meant people lived their lives how they wished to. People were able to take part in a range of activities facilitated by staff and external entertainers. Activities were arranged every day and people were involved in creating the activity programme. These included organising a garden party and celebrating festivals such as the Chinese New Year, St Georges Day and St Pirans Day. As well as traditional activities such as playing cards and board games, more creative pastimes were arranged. These included learning some Cornish words, activities associated with world book day, a kite flying day, skittles and tai chi. People also became involved in charity events such as 'wear pink day' and Sports relief. The service was keen to be seen as part of the local community and the local 'parent and toddler' group held some of their sessions at the service so that people at the service and members of the local community could socialise together. Pupils from the local school visited the service and the provider visited the school to talk to students about the work they did. People were supported to take part in activities outside of the service. For example, some people had attended the Coverack regatta and there had been organised trips to local attractions. People's birthdays were also celebrated in their preferred manner.

People told us there was "plenty to do" and we saw people involved in activities. Some people chose not to join in the activities and this was respected. The activity coordinator ensured that staff spent individual time with these people. For example, one person liked to have a story read to them and this was completed every day by staff. Staff said this was important to the person and therefore important to them. This showed people were protected from the risk of social isolation.

The service subscribed to specialist organisations so staff could keep up to date with new research and ideas to continuously improve the type of activities on offer. This meant people had access to meaningful activities personalised to their specific needs. For example the activity coordinator had worked with the Cornwall Museum and had made individual memory boxes that were relevant to people's life experiences.

Staff and the provider helped people to practice their faith. A member of the local church visited the service and visited people individually at their request.

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. Relatives were able to join their family members for meals if they wished.

People and relatives told us that staff consistently responded to their care needs every day. They also commented on the storm and how staff responded in an emergency situation. One relative said; "The day after the storm it was like nothing had changed in the home for mum and the others who live here".

Staff showed their additional commitment to the service when the storm occurred. Many of the staff lived in the village and were directly affected themselves but they still ensured they came to work. A staff member commented; "Going to work was different. You put on your wellies, climbed over boulders, garden fences, walked through neighbours gardens and what used to be paths which were now rivers and got into work. There you changed and put on your work clothes and knew you were safe and now it was time to make sure everyone else was ok and to support each other." The owners told us; "We just stayed at the home for 3 days nonstop trying to make sure everyone was safe. Our home is in the village and we did not know what state our home was in and had to leave it as all at Porthgwara came first. They were our priority. I am so proud of the staff. The care was not affected." The emergency services declared the entrances to the service as unsafe and staff had to have fire personnel escort them to and from the building. Representatives from the emergency services, the Head of Adult Social Care and contractors who had worked at the service, were all highly complementary about the dedication of the staff and how they ensured that the service continued to operate.

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 registered manager was knowledgeable about people's needs. Each person had a care plan that was 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. Care plans gave staff information about the help people needed, including how and when they liked to be supported. Information we read in people's care plans was very reflective of the care and support we observed people received. These were reviewed monthly or as people's needs changed.

Care plans were very descriptive of people's health and social needs and these were personalised to each individual living at the service. For example each plan explained to the reader how the different conditions people lived with affected their moods, health and general well-being and how staff should provide care and support to promote well-being. We found that this pattern was used for each condition people lived with such as diabetes, mental health disorders, depression, physical disabilities and dementia. This helped staff to understand how the people in their care were affected by their condition and enabled them to provide personalised support to people to maximise their health and well-being.

People received care and support that was responsive to their needs because staff had a very 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 and life history from information gathered from people, families and friends. For example, one person during the storm became highly anxious which was unusual for them. Staff then realised that the noise of the hailstones sounded like gun fire and this person had recalled painful memories. Staff were quick to recognise this and stayed with the person to reassure them that they were safe.

Staff attended daily handovers. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. 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. Any deterioration in a person's condition was communicated verbally between relevant staff appropriately, and action taken promptly to ensure health needs were met at all times. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records. For example, to show when people were re-positioned, their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors. The records were positioned discreetly in order to protect people's privacy and confidential information. We found records were accurately completed.

As a result of the personalised care and support people received their health and general well-being improved. Health care professionals told us that on at least three recent occasions people had been identified as needing end of life care. However due to the care and treatment they were provided with, two people were no longer viewed as end of life care and the third person was also improving. This showed that the level of care people received benefited them as their health improved.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Relevant equipment was provided and records showed staff monitored this equipment to ensure it was set according to people's individual needs.

The service had a complaints procedure which was given to people and their relatives when they moved into the service. People and their relatives said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The service had a record of any complaints made, and a record of how these had been responded to in the past. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The service was not, at the time of inspection providing end of life care. However we noted staff were aware of and had been trained in how to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The service works to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The registered managers made sure people were supported by professionals when nearing the end of their lives so they remained comfortable and pain free.

Staff understood the impact to people of losing a person they lived with. When one person had passed away some people had been supported to attend the funeral. Out of respect for the person's memory and to acknowledge the sense of loss felt by people the person's room had been left empty for a period of time. There were plans to fully redecorate and rename the room before anyone else moved into it.

Is the service well-led?

Our findings

Everyone told us they knew the manager and owners of the service. They told us without exception that the service was "very well run." A professional commented "Well run home and attentive to resident's needs."

A registered manager was in post. The 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 registered manager had worked at the service for a number of years and they had an excellent knowledge of the people who used the service, their relatives and the staff team. They were very visible in the service. People, their representatives and staff told us the registered manager and owners were very approachable and they could always speak with them if they needed advice or support.

There was a friendly, warm and welcoming atmosphere in Porthgwara Nursing Home. People were visibly at the heart of the service and this was sustained by a caring and considerate ethos, promoted by the management team who led by example. Every staff member we spoke with and observed was visibly proud to work in the service and were enthusiastic and committed to providing a high standard of care to people.

During the incident of the storm the service had intermittent power, areas of the service were flooded and the building was cut off from all local services. The road was only accessible by the emergency services as being so damaged that staff could only access the building with emergency personnel escort. It was suggested that people may have had to be airlifted out of the service to a safer location, however there would have been a serious risk to people's health if this occurred. Therefore the owners and staff were committed to finding ways to keep people safe within the service. They worked with emergency services, contractors, food suppliers, medical services and health and social care professionals to ensure the service could run as safely and smoothly as possible. In addition the service offered accommodation to a vulnerable person who lost their home in the village and supported any visitors who were at the service during the time of the storm.

Feedback from the emergency services, contractors and the Head of Adult Social Care was exceptionally positive in how well the owners and registered manager ensured that people continued to receive high quality care in these extreme circumstances. They also praised the staff for their commitment in getting to work in such difficult terrain, and their own personal circumstances.

The service was well prepared for an emergency situation, despite the suddenness and unpredictable nature of the circumstances. The owners and registered manager implemented their Business Continuity Plan (BCP) which outlined the actions to take in an emergency situation. The registered manager told us the key was "to keep communicating" to keep people, relatives, staff and professionals up to date to help ensure that the service ran smoothly and all interested and affected parties were kept informed. The local newspaper had printed an article which praised the service for being able to sustain its high quality care to

people throughout the incident.

The management team demonstrated an open, transparent and reflective leadership style. They provided visible direction and a person centred approach to their staff teams. They exhibited a passion for providing a high quality service, which continually developed in order to meet people's needs in a holistic manner. We found that they had an extremely high staff retention rate and had many staff who had worked at Porthgwara for over ten years. This helped ensure a consistent approach and staff demonstrated a strong sense of belonging to, and ownership of, the service.

We saw that people and staff developed strong trust based relationships and they celebrated together special events including people`s birthdays and other important events. Staff told us that having a consistent staff team meant that they got to know people well and recognised early signs of any deterioration in peoples' health. As a result early referrals could be made to relevant health professionals. One staff member said, "We know people so well that we can tell just by looking at them how they really are." We found that, although some people had complex mental health needs, there were very few incidents or behaviours which challenged as these were addressed and de-escalated promptly.

People received care and support from competent and dedicated staff because the management team encouraged them to learn and develop new skills and ideas. Staff, when asked about the culture and values of the service told us that they felt an integral part of a team and enjoyed their work. They were extremely passionate and committed to providing quality care and were clear on their roles and responsibilities. Staff morale was exceptionally high in the service and staff told us this was because it was an inclusive and supportive place to work. They described feeling valued by their managers and told us they were actively encouraged to develop professionally by working for recognised qualifications within the care industry.

We were impressed by the professional and friendly attitude of staff. They were 'hands on' and visible within the service throughout the day and people greeted them in a familiar way. There was a real interest and drive from the provider to ensure people were well cared for and they often spent time in the service interacting with people. The staff philosophy was to ensure that they improved the quality of people`s lives by giving them opportunities for enjoyment, new experiences, a sense of purpose, fulfilment and active community inclusion.

The provider was actively involved in pilot projects to constantly improve the service. For example, trainee doctors spent time at the service working alongside staff as part of their induction. The manager said this gave the trainee doctor and their staff an insight into each other's work and an opportunity to learn from each other and continuously improve their practice for the benefit of the people they supported.

The service had established very strong links with the local community and hosted numerous events which had benefitted the people who lived there. For example, the parent and toddler group, an annual garden party to which the community was invited and regular coffee mornings to raise money for charity. People and relatives told us how they enjoyed these events. The providers believed that they needed to be part of, and support their local community, and were keen to be involved in local projects. The owner said "We need to start being involved with the local community from when they are babies, through school, to show them how important they are and how important they are to our community. We need to support our younger generation, give them opportunities to stay and be involved in their local community. " This demonstrated the provider was committed to improving not just the lives of people living at the service but in the wider community and they were trying to positively influence and drive improvement in the whole care sector in their area.

People were actively encouraged to voice their opinions regarding all aspects of their care and support. They told us they felt valued and included in making decisions that affected them and were actively involved in their on-going care arrangements. People and their relatives could voice their views and opinions which the management team listened to and acted on. The management team took action to resolve any issues and reviewed untoward incidents and concerns as an opportunity to improve policies and practices within the service. They had excellent oversight of the service and worked closely with their staff teams to drive continual improvement and deliver high quality care.

There was a quality assurance system in place at the service. We found an effective system of audits and reviews which were used to obtain feedback, monitor performance and manage risks. These included areas such as medicines, infection control and care plans. Where areas for improvement had been identified we saw there were action plans in place and all actions were re-visited at the next audit to ensure they were completed.

The provider and management team were committed to ensuring people received an outstanding service and they continually worked to drive improvements. In addition to quality monitoring systems, the service regularly researched exemplary practice through looking at CQC reports rated as outstanding and information from Age UK and the Alzheimer's research programme.

Further education establishments in Penwith and Truro had acknowledged the high standards of care and commitment of the service to staff training and development and regularly placed students at the service for their practical placements.