Swallowcourt Limited

Poldhu

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Poldhu on 12 January 2018. At our last inspection in July 2017 we identified breaches of the regulations. The breaches were in respect of the length of time taken to respond to call bells, care plans which were not consistently up to date or accurate and did not contain information to enable staff to deliver personalised care, ineffective monitoring and auditing systems, restrictive practices that had been implemented without lawful processes being adhered to and a failure to follow the principles laid down by the Mental Capacity Act (MCA).

At this comprehensive inspection we checked to see if the provider had made the improvements necessary to meet the breaches identified at the inspection in July 2017. We found improvements had been made in some of the areas of concern. Action taken to address other concerns had not been sufficient to meet the breaches of the Regulations. This is the third consecutive time the service has been rated Requires Improvement.

Applications for DoLS authorisations had been made for some people. Capacity assessments were not in place to evidence this was appropriate. Although improvements to auditing systems had been made there were still some areas where audits were ineffective or action to address areas for improvement had not been made.

Response times to call bells were being monitored and audited. However, people again raised concerns about the length of time staff took to respond to call bells. Records showed that, on average four times each day, staff took longer than 20 minutes to respond to a call bell. The provider had attempted to introduce new working practices to address this issue but they had proved unsuccessful. In response further changes to working practices were being considered but had either not yet been introduced or been in place long enough for us to be assured of the effectiveness of the systems. While we felt some improvements had been made in this area we found it was too early to be confident the systems were fully embedded and would be sustained.

Some people had been identified as being at risk due to their health conditions. Action to protect people from identified risk was not consistently sufficient across all areas.

At this inspection we found improvements had been made to auditing systems although these had failed to identify the problems highlighted at the inspection. We concluded a longer period was required to ensure that systems and processes had been embedded sufficiently to enable staff to provide consistently safe, effective and good quality care.

Care plans were in the process of being reviewed and updated. Many of these had been completed and the information and guidance was up to date, relevant and guided staff on the best way to support people at all times. Monitoring records were consistently completed and provided a record of the care people had received. We did not find any evidence of restrictive practices being implemented. People's right to privacy

was protected. We found the service was no longer in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Poldhu is a 'care home' that provides nursing care for up to a maximum of 63 predominately older people. 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. At the time of the inspection there were 43 people living at the service. Some of these people were living with dementia. The accommodation is arranged over three floors. Poldhu is part of the Swallowcourt group which has several nursing and residential homes in Cornwall.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the service in December 2017. Poldhu was being overseen by a manager with experience and knowledge of the service and Swallowcourt. They told us they were in the early stages of applying for the registered manager position.

At our previous inspection in July 2017 we identified issues in relation to the safety of the environment. Potentially hazardous substances were left unattended and we had concerns relating to infection control. At this inspection we found improvements had been made. All cleaning products were kept securely and keypad locks had been fitted to sluice rooms. Hand gel, gloves and aprons were easily available for staff. The deputy manager was acting as an infection control lead to help embed good working practices.

People told us they felt safe. Staff were knowledgeable about processes for reporting safeguarding concerns and believed these would be addressed. The induction process for new staff included information on equality and diversity and how to help ensure people's rights were protected. Staff training was regularly updated to enable them to keep up to date with any changes in legislation or working practices. There were robust recruitment processes in place. All staff were supported by an on-going programme of supervision and annual appraisals. There were enough staff on duty to meet people's needs.

There were safe arrangements were in place for the storing and administration of people's medicines. People received their medicine as prescribed. Medicine Administration Records were appropriately completed. Arrangements for the storage and administration of medicines which require stricter controls by law were robust.

People told us the food was good and we saw choices were offered to meet people's preferences. Kitchen staff were aware of people's dietary needs and preferences. The manager was working with the chef to find ways they could become more involved with the service and engage with people on a regular basis.

There were two activity co-ordinators in post who helped arrange activities for groups and individuals. External entertainers visited the service to provide additional entertainment. The atmosphere in the service was pleasant and people chatted together and with staff. There were plenty of visitors and they told us they were able to visit at any time.

Changes to the management team were seen as positive by people, relatives and staff. The manager was addressing areas of concern and had started to make changes to the way the service was organised. People and staff told us things were starting to improve and they had confidence in the management team. One member of staff commented; "We are asked about proposed changes. Any ideas are listened to, we did not

used to be heard."
You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely Safe. Although improvements had been made action to improve response times to call bells were not yet completely embedded.

There were enough staff available to meet people's needs in a timely manner.

Systems for the management and administration of medicines were robust.

Is the service effective?

Requires Improvement

The service was not entirely Effective. Capacity assessments had not been carried out before applications for DoLS authorisations were made.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support.

People were supported to have a balanced diet that supported their health and well being.

Is the service caring?

Good

The service was Caring. The atmosphere was pleasant and friendly.

People were supported to maintain their independence.

Information about people was kept securely and their confidentiality was protected.

Is the service responsive?

Good

The service was Responsive. Care plans and risk assessments were being reviewed and updated to help ensure they were an accurate reflection of people's needs.

People had opportunities to take part in a range of activities.

There was a system in place for receiving and investigating

complaints.

Is the service well-led?

Requires Improvement

The service was not entirely Well-Led. Auditing systems were not entirely effective.

Statutory notifications had not been submitted as required.

Changes to the management team were perceived as positive and staff morale had improved.

Poldhu

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 12 January 2018 and was unannounced. The inspection team included two adult social care inspectors, a specialist nurse advisor with experience in older person care 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.

Before the inspection we reviewed the 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. We also looked at the Provider Information Return (PIR). 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 spoke with the manager and the nominated individual for Swallowcourt. We also spoke with four relatives, five people who were living at Poldhu, an external healthcare professional and ten members of staff, including the chef, a trainer and an activities co-ordinator. Not everyone living at Poldhu was able to talk with us about their experience of living at the service. We observed people during the day as they spent time in shared areas, having lunch and interacting with staff and others.

We looked at four people's care plans in detail, medicine records, monitoring charts, three staff personnel files, staff training records, care bell audits and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our previous comprehensive inspections in February 2017 and July 2017 we had concerns relating to the length of time taken to respond to call bells. Following the inspection we received an action plan from the provider, detailing how the issues identified would be addressed. Information received by CQC from various sources following the last inspection stated call bells were still not being answered promptly. Some sources told us staff answered call bells in order to turn them off but did not always provide the care and support that was requested. Instead people were told to wait until staff were less busy.

At this inspection we found conflicting evidence in this respect. Call bell audits were carried out daily by the nominated individual. They were able to look at how long staff were taking to answer bells and identify if any individual was having to wait longer than others, or if responses were slower at any particular time. The audits for January 2018 showed that, on average, staff were taking 4.5 minutes to respond to call bells. There were some notable outliers to this with call bell response times of over 20 minutes being recorded on average four times every 24 hour period. Some people used their call bells more frequently than others and these people accounted for a significant percentage of calls. The nominated individual told us they would be reassessing these individuals to identify if there was anything further the service could be doing to meet their needs.

People told us they still had to wait for staff to respond when they rang for assistance. Comments included; "They [staff] tell me "don't keep pressing it." I try not to press it because they tell me not too and when they do come, they tell me again to "stop pressing the button"" and "If I press the alarm button, they come in and answer it, but they'll just say they'll "be back in a minute", but they don't come back, on average, for another 10-15 minutes. Other times, they will come immediately, but they don't attend to you." We discussed this with the manager who assured us they would look into the claim staff were telling people not to use the call bell. The nominated individual told us that, following the initial concerns raised at our previous inspection, they had introduced a system whereby a named member of staff had responsibility for checking call bells and then informing other staff which people to prioritise. This had meant some people were left to wait for support and the system had now been discontinued.

We found the work done to reduce how long people were left to wait for assistance had not yet been sufficiently embedded although there was evidence to suggest some improvements had been made. One person told us; "I have to say that they have improved since you [CQC] visited last time and they have done well on that. There are lots of changes with the senior staff and each one has tried to do something about it." Following the inspection the nominated individual contacted us to tell us about new plans to introduce a system used at another Swallowcourt service. In cases where it was identified an individual had waited an unacceptably long time for their call bell to be answered a member of the management team met with them to apologise and establish the reasons behind the event.

Some people required specialist mattresses to protect them from the risk of developing pressure damage to their skin. We checked the settings on mattresses and found they were not consistently set accurately according to people's weight. Some people had been identified as being at risk due to poor food and/or

fluid intake. Diet and fluid records were in place to record what they had eaten and drank during the day. These records were audited in order to highlight when people were not eating or drinking enough to keep them well. There was no indication of what subsequent action would be taken as a result of these findings. This meant, although people had been identified as being at risk, there was a failure to mitigate the risk.

We identified a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous comprehensive inspection in July 2017 we found people's health care needs were not always safely monitored. Forms used to document the care people had received were not consistently completed. We saw examples where people were not provided with the correct equipment for their needs.

At this inspection we found monitoring charts were completed appropriately. Information was detailed and provided staff with an overview of the care provided. Food and fluid charts were totalled at the end of each day to enable staff to have a meaningful understanding of what people had eaten and drank over the course of the day. Monitoring charts used to record when people had been repositioned were also completed appropriately.

At our previous comprehensive inspection in July 2017 we found some restrictive practices were in place. There was no evidence decisions to impose the restrictions had been taken in accordance with guidance laid down by the Mental Capacity Act (MCA). This meant people were at risk of having their right to privacy infringed.

At this inspection we did not see any evidence of people being restricted in a way which impacted on their privacy. Care plans had been updated and the guidance previously seen which directed staff to keep one person in 'line of sight' when they were with their relative had been removed. People told us they were able to meet visitors in private if they wished. People were able to choose where they spent their time and with whom. We saw people moving throughout the building during the day.

At our previous comprehensive inspection in July 2017 we had some concerns relating to the safety of the environment. Potentially hazardous substances were left unattended in shared bathrooms and corridors.

At this inspection we found changes had been made to improve the safety of the environment. All sluice rooms had been fitted with keypads to prevent people accessing them. Corridors and shared bathrooms were clear from clutter. The manager and deputy manager had identified the need to improve infection control processes. The deputy manager had taken the role of 'infection control lead'. Anti-bacterial hand gel and personal protective equipment (PPE) such as gloves and aprons was available in shared areas.

People and relatives told us they believed Poldhu was a safe environment. Comments included; "They treat us very well" and "They are wonderful here, it feels like home."

Care plans contained risk assessments for a wide range of areas. For example, falls, mobility, skin integrity and hydration. The risk assessments identified the area of concern and guided staff on the action they should take to protect people and minimise the risk.

There was a safeguarding policy in place which was updated regularly. Staff were required to read this when they first started working at the service. Information on how to raise safeguarding concerns was available to people, visitors and staff. Staff were able to describe how they would report suspected abuse. They were confident any concerns would be taken seriously and acted on.

Equipment owned or used by the registered provider, such as specialist chairs, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

Before the inspection we had received concerns about staffing levels, particularly at night. The manager told us they had been low on staff but this had been addressed. At the time of the inspection a recruitment drive was being carried out to fill the remaining two vacancies. Interviews were being held the following week. Any gaps in the rota could be filled by agency staff if necessary. The manager told us this occurred much less frequently than in the recent past. There were several unused rooms at the service which meant there was a high ratio of staff to people. Rotas for the two weeks preceding the inspection showed there had been two occasions when staffing numbers had dropped due to unexpected sickness. The manager told us both they and the deputy manager had been on duty at the time and were able to support with care if needed. On the day of the inspection there were enough staff on duty to meet people's needs. Although staff were busy throughout the day they were not rushed in their approach and people's needs were met quickly. The service also employed cleaning, kitchen, laundry, maintenance and administrative staff to help ensure the service ran effectively.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. The manager told us that any potential employees were shown around the service. This gave them an opportunity to observe how candidates responded to people.

Staff received effective training in safety systems, processes and practices such as in moving and handling, fire safety and infection control. Personal emergency evacuation plans (PEEPS) had been developed to describe the support individuals would need to exit the building in an emergency.

The service had suitable arrangements for the ordering, storage, administration and disposal of medicines. Nurses and specialist healthcare assistants were responsible for the administration of medicines. Specialist healthcare assistants had completed additional training to enable them to support nursing staff in this area. Some medicines were being used that required cold storage, there was a medicine refrigerator at the service and the temperature was monitored. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines which required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicines which needed to be taken at specific times were administered appropriately.

Medicine Administration Records (MAR) were completed appropriately. Any handwritten entries were double signed to help prevent any errors. The MARs were audited daily by nursing staff. This was supported by a further weekly and monthly checks. There were clear protocols in place to follow if any medicine errors occurred and staff were able to describe this to us. People told us they were supported safely with their medicines. One person told us; "I take painkillers for my back and staff give me them when I need them."

Accident and incident forms were completed to document when untoward events had occurred. This gave management an opportunity to learn from events and identify any need to change working practices. We found one example where a person had fallen and this had been recorded in their daily notes. However, there was no corresponding record of the event in the accident analysis form. It is important all incidents and accidents are included in analysis reports in order to enable management to have an accurate overview and highlight any patterns or trends.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. At our previous comprehensive inspection in July 2017 we found capacity assessments did not reflect people's current needs. One person was receiving medicines covertly (disguised in food or drink). There was no capacity assessment in place and no evidence the best interest process had been followed when deciding to administer medicines in this way. This was contrary to Swallowcourt's policies and procedures.

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). At our previous comprehensive inspection in July 2017 we found DoLS applications had been submitted to the local authority as required. However, information on the applications did not consistently reflect the restrictive practices put in place.

At our previous comprehensive inspection in July 2017 we found care plans where family members had consented to aspects of people's care on their behalf although they had no legal authority do so. Staff did not routinely ask people if they consented to receiving support and assistance.

At this inspection we found some improvements had been made but not enough had been done to meet the requirements of the regulations. The action plan received by CQC following our previous inspection had stated all care plans were to be reviewed; "with a focus on ensuring that MCA and DoLS documentation is accurate and up to date." We found applications for DoLS authorisations had been submitted for some people. However, there was no evidence to show capacity assessments had been completed before the applications were submitted. We identified two people for who DoLS applications had been made where it seemed possible they did have capacity to make decisions about their care for themselves. As no formal assessments had been completed it was not clear what had prompted the applications. Some people's records showed they had been asked to consent to their plan of care although applications for DoLS authorisations had been made in respect of this decision. The submission of applications indicated that the people concerned were unable to give consent to their plan of care. Some consent forms in people's care plans had been signed by relatives on behalf of their family member. It was not always clear from looking at people's care plans whether relatives had the legal authority to consent on people's behalf. This meant staff might have incorrectly assumed relatives had this right.

We identified a repeat breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

No-one was receiving medicine covertly and this was reflected in care plans. The manager told us that, if people's needs changed resulting in more restrictive practices being introduced, they were aware of the

need to update DoLS applications accordingly. Meetings involving families had been held to help ensure decisions taken on people's behalf were in their best interest.

Staff had received training in MCA and DoLS and demonstrated an understanding of the principles of the legislation. People were asked for their consent before care was delivered. Staff informed people of what they were doing and asked permission before giving personal care. Care plans emphasised the need for staff to gain consent before delivering care. The manager had identified that DoLS applications had been made for some people who were likely to have capacity to make decisions about their care. They told us they were intending to review their care plans in light of this with a view to withdrawing the applications.

Before moving into the service people had their needs assessed across a wide range of areas to help ensure people were protected from discrimination on the grounds of their gender, race, sexuality, disability or age. Copies of pre admission assessments on people's files were comprehensive and identified expected outcomes for people. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

There was some use of technology and equipment to assist with the delivery of effective care, and promote people's independence. There was a call bell system which people could use to alert staff in emergency. One person had motion sensor lights in their room which were triggered when they moved around. They told us this helped keep them safe.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. New employees completed a comprehensive induction programme. This consisted of a mix of training and shadowing as well as an introduction to organisational policies and procedures. Training was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector.

Records showed staff received comprehensive training which enabled them to carry out their roles. For example, care staff received training in first aid, fire safety, infection control, moving and handling and safeguarding. Nursing staff and specialist care workers received additional training to meet people's specific needs. For example, training in areas such as oxygen therapy and PEG feeding and care. One member of staff told us; "There are good opportunities for training and study days." Results from a recent staff survey showed staff were positive about the training provided.

Some staff had not had a supervision meeting for several months. We discussed this with the manager who told us they were in the process of ensuring all staff received supervision. Records showed several supervision meetings had taken place in November and December 2017. Staff told us they felt supported by the deputy manager and manager.

People were supported to have a balanced diet that supported their health and well being. Some people had been identified as being at risk due to swallowing difficulties. Kitchen staff had access to up to date records to inform them of anyone who needed a liquid or pureed diet. Care plans contained guidance for staff on how to support people to eat enough and information about people's preferences. The manager and chef had developed ideas to enable the chef to have more opportunities to hear people's feedback about the meals provided. A chefs tea party was planned when the chef would sit and eat with people to discuss their likes and dislikes and hear any suggestions about new items to include on the menu.

We observed people at lunch time and saw it was a relaxed and chatty occasion. People were able to take their time eating. Some people required assistance and this was done patiently and with kindness. We heard

one person ask for a particular flavour of ice cream and this was provided for them. People told us they enjoyed the food. Comments included; "The food is very good. We have a good chef. There's always a choice of two meals, a starter and a main, dessert and a cup of coffee, it's always nice food, no faults", "Breakfast and lunch are very good and they give us a menu each morning to choose what we want" and "I will say one thing, they provide you with a generous amount of fresh fruit."

People's day to day health needs were dealt with by nurses and care staff at Poldhu. Where necessary, referrals were made to external agencies for additional support. One person told us; "Staff will ring the GP if I need to see one."

The accommodation was based over three floors and there was a working lift. Improvements had been made to the environment to help people living with dementia to orientate themselves around the building independently. For example, toilets and bathrooms were clearly marked and colours had been used in corridors to help people recognise where they were. There was access to secure, level outdoor spaces with seating.

Good

Is the service caring?

Our findings

People told us staff were caring and friendly. Comments included, "Very helpful and very nice, they are always nice to me anyway. They respect me and look after me very well" and "I think we are very well cared for here. I feel that I have a free and easy life and am looked after very well." A relative told us; "The staff even apply [relative's] makeup each day, they record all their fluids and [relative's] skin always looks good. The staff are always very nice, there is nothing negative, I have no problems at all." Results from a residents survey showed people had confidence in the staff team.

On the day of the inspection there was a friendly and happy atmosphere in the service. We observed staff interacting with people in a caring and compassionate manner. During the lunch period we saw staff were patient and attentive when supporting and encouraging people to eat. People joked with each other and with staff. For example, we saw one person teasing a member of staff and then turning to another person and remarking light heartedly; "I think he's learning!"

People were supported to remain independent as much as possible. One person told us; "They tell me that they don't need to assist me as they say I'm capable of doing things myself and I am really." The manager and deputy manager had identified that some people were being given incontinence equipment to use which had not been prescribed for them and they did not need. This meant they were not being encouraged and supported to use the bathroom independently. The deputy manager had addressed the situation ensuring that only those people who had been prescribed aids were using it. People had their prescribed items in their rooms to ensure it was the correct size for their needs. The manager told us; "We have worked with staff on the need to support people to the bathroom when they [people] want. We need to keep embedding the importance, I say to them, "Think how you would feel"."

People and their relatives told us staff respected people's privacy and dignity. Information about people was kept securely and their confidentiality was protected. Care plans and other records were locked away when not in use. Care plans contained information about people's likes and dislikes, backgrounds and personal histories. This is important as this kind of information can help staff gain an understanding of people which can support meaningful conversation. The information was sufficiently detailed. For example, one care plan stated the person liked; "Music but not too heavy" and disliked jazz.

Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Many bedrooms had spectacular views of the coastline. In one bedroom a large mirror had been positioned to help the person using the room to make the most of the view.

People's cultural and spiritual needs were respected. Church services were held regularly. Comments included; "I used to go to the Methodist Chapel on a Sunday and I sang in the choir. A minister comes here most weeks" and "I do use the Church facilities here. I have Holy Communion every week, a Clergyman visits three out of four Sundays each month, he's a very pleasant chap."

People were largely encouraged to make day to day decisions. For example, what they wanted to eat, when

they got up and went to bed and how and where they wanted to spend their time. One person told us they had not always been supported to go to bed when they wanted to in the past but this had improved recently. Some people mentioned that staff did not always fully involve them in decisions about their care or allow them independence at all times. For example, one person told us; "I do complain sometimes when they call me back from my walk outside, I think I must be getting to close to the 'border' and they think I'll escape!" One person told us they liked to help another by getting them a drink but staff had told them not to do this. They did not understand why they were not allowed to help their friend in this way. Someone else told us a prescribed powder had been changed to a cream without this being discussed with them. They told us they preferred the medicine in powder form and added; "They tell you you have personal choice here but you don't." We discussed this with the manager who said they would talk with staff about the need to keep people informed about, and involved in decisions regarding their care.

People told us their relatives could visit the service at any time. Nobody mentioned any restrictions on visiting times. Comments included; "Family can visit whenever they like. All visitors have to do is sign in at the door. I'm happy sat in the lounge with them, but I can see them where I like and anytime", "My sister visits sometimes from Manchester and I have friends who visit; they come whenever they like" and "I have a daughter and family who visit most weeks and they can come anytime and as often as they are able."

People and their families had the opportunity to be involved in, and informed about, the running of the service. There were regular meetings for people and their families, which meant they could share their views about the service.

Good

Is the service responsive?

Our findings

At our previous comprehensive inspections in July 2017 we had concerns relating to people's care records. People's needs were not accurately documented and care plans lacked guidance to help staff manage identified risks. Some risk assessments were out of date and no longer reflected people's needs.

At this inspection we found improvements had been made in this area. Care plans and risk assessments were being reviewed and updated to help ensure they were an accurate reflection of people's needs. The manager told us nearly all care plans had been updated.

Care plans covered a range of areas including mobility, communication and nutrition and hydration. They were individualised with information about people's likes and dislikes. This meant staff had the information necessary to enable them to provide care and treatment according to people's personal preferences. Where people's health needs meant they sometimes need reassurance from staff this was recorded and the guidance was detailed and informative. For example, one care plan read; "Allow [person's name] time to express herself. She loves talking about her family. She also loves singing, this may reduce anxiety." Relevant staff received training in effective care planning.

Pro-formas for end of life care plans were available to record people's wishes and choices for their end of life care. We found these had not been completed for in all cases. We discussed this with the manager who told us that, due to the sensitivity of the subject, they liked to pick the time carefully when this could be discussed with people in order not to cause unnecessary upset. It is important people's needs and wishes in this area are explored in a timely manner to avoid the risk of hurried decisions being made at times of crisis.

People had opportunities to take part in a range of activities. Two activity co-ordinators were employed at the service. They organised group and one to one activities themselves as well as arranging for outside entertainers and groups to visit the service. One person commented; "I enjoy the quizzes and the children visiting us from the school, they sing to us and then they mix in with us. There's always something laid on for us." A relative told us; "There is a list of all the activities on the Activities Board and if relatives want to, they can join in. [Relative] enjoys the singing and the dancers and they made Christmas Cakes at Christmas."

There were limited opportunities for people to take part in activities outside of the service. For example, one person told us they had only been on one trip out since they moved into Poldhu 18 months previously. We discussed this with the nominated individual who said this was an area they were looking to develop in the future.

The manager had recently reintroduced residents meetings to give people an opportunity to voice any concerns or suggestions. These had been scheduled to take place each month throughout the coming year.

Any communication needs were identified at assessment before people moved into the service. These were recorded in care plans so staff had information about people's needs. Some people found written information difficult to understand for various reasons such as poor vision or difficulty reading. Staff worked

to identify ways to support people to have access to information. For example, kitchen staff were developing a bank of photographs of meals. These could be shown to people to help them make a meaningful choice about what they wanted to eat. Opticians visited the service regularly and some people had been prescribed glasses for reading.

There was a system in place for receiving and investigating complaints. People and relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. One person's daily notes showed they had raised a complaint. This had not been documented anywhere else or officially logged as a complaint. This meant it had not been dealt with in line with the organisation's complaints policy. Other complaints had been dealt with appropriately and within the time scales outlined in the policy.

Requires Improvement

Is the service well-led?

Our findings

At our previous comprehensive inspection in July 2017 we found audits to monitor the quality of the service were not effective. Where audits had highlighted areas for improvement no action had been taken to address this.

At this inspection we found improvements had been made although there remained some deficiencies in the auditing systems. We concluded a longer period was required to ensure that systems and processes had been embedded sufficiently to enable staff to provide consistently safe, effective and good quality care.

Pressure mattress checks were being carried out daily but this had failed to identify the problem described in the 'safe' section of this report. Although no-one's health had deteriorated as a result of this we were concerned the systems in place were not adequate.

Diet and fluid audits highlighted when people were not receiving adequate food and/or fluids to stay healthy. There was no record of any follow up action in light of these findings.

Staff recorded on monitoring records when people had received care. Several of these charts showed some people were regularly declining assistance with oral care. No action had been taken to address this. There was no evidence staff had tried to find out why people were declining care in this particular area. When we brought this to the attention of the manager they were unaware of this pattern. They assured us they would look into this as a priority.

Accidents and incidents were recorded. However, as outlined in the 'safe' section of this report not all accidents had been included on the analysis form.

We concluded there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other audits had been effective in identifying where there was room for improvement and action had been taken to address this. For example, audits in December 2017 had found tissue viability care plans were inconsistent in quality and subsequently these had been reviewed and updated.

Records showed a safeguarding alert had been made to the local authority following an event at the service. CQC had not been informed of this as is required.

We identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

Since our inspection in July 2017 the registered manager had left the organisation after holding the position for only a short time. The day to day running of the service was being overseen by a manager with the support of a deputy manager and Swallowcourt's nominated individual. The new manager was intending to apply to CQC for the registered manager role although this was still in the early stages. A visiting external

healthcare professional told us communication had improved following the changes in management and said things were; "Much better."

The manager and deputy manager were both experienced nurses with a good working knowledge of the service. The manager had worked for the organisation for some time as a deputy manager and, more recently, as the clinical lead for Swallowcourt. In our conversations with the manager and deputy manager they displayed a pro-active approach to the running of the service. They told us of areas for improvement they had identified and the subsequent action they had taken to address shortcomings. For example, the approach to continence management described in the 'caring' section of this report. There were plans to introduce lead roles for some areas including diet and nutrition and tissue viability. This would mean a named member of staff having oversight of a particular area of care. The manager told us; "It's work in progress, there's a lot to be done." A member of staff commented; "[The manager and deputy manager] are finally beginning to change things."

When staff performance did not meet the standards expected by the management team action was taken to address this. As both the manager and deputy were highly visible in the service on a daily basis they were aware of staff culture and working practices.

People, relatives and staff were positive about the changes to management and optimistic that improvements had been made and would be sustained. A survey completed in November 2017 had found staff morale to be low. However, during the inspection staff told us they were happier and recognised that improvements had been made. One commented; "It's a great team, morale is better."

Staff meetings were held regularly for all staff groups. These were an opportunity for staff to air any concerns and ideas as well as receive information about the development of the service. The manager told us they had encouraged staff to be open and raise any concerns to them directly. They commented; "I'm always available to staff, I listen to them." Staff confirmed they were able to approach the management team for advice and support. One told us; "We are asked about proposed changes. Any ideas are listened to, we did not used to be heard."

There were plans in place to improve and develop the service. The nominated individual was keen to make better use of technology to enable them to have an effective overview of the service and improve the way in which care was delivered. For example, they were able to access call bell records remotely so they could audit them daily without visiting the service. They told us they were keen to introduce electronic care planning systems in the future.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. There was a HR department within the organisation which helped ensure staff legal rights were protected. If staff needed any support to help them do their job this was provided. For example, if staff had specific learning needs associated with their ability to complete the Care Certificate and other training they were given additional support.

Health and safety checks were completed by the maintenance team and external contractors to help ensure the environment was safe and free from hazards. These included checks of gas and electrical appliances, fire equipment, asbestos and Legionella checks.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified CQC of incidents which had taken place in the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person was not acting in accordance with the provisions of the Mental Capacity Act 2005. Regulation 11(3)(4)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess monitor and improve the quality and safety of the services provided. Systems and processes were not established or operated effectively to assess monitor and mitigate the risks relating to the health safety and welfare of service users. Regulation 17 (1)(2)(a)(b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not consistently provided in a safe way. The provider was not doing all that was reasonably practicable to mitigate against identified risk. Regulation 12 (1)(2)(b)

The enforcement action we took:

We issued a warning notice.