

Cornwall Care Limited

The Green

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this unannounced inspection of The Green on 12 July 2016. The Green is a care home that provides residential care for up to 42 people. On the day of the inspection there were 41 people using the service. The previous comprehensive inspection in May 2015 found there was a breach of regulation. This was because of the excessive use of pressure mats to monitor people's movement. This was carried out without their mental capacity being assessed to justify the use of pressure mats.

We also made two recommendations because there were some gaps in medicine administration records which meant it was difficult to identify if people had received their medicines as prescribed. Also, the way staff were deployed meant there were times when people were not supervised. At this inspection we found improvements had been made in these areas and the service was now meeting the relevant requirements' of the regulations.

The service had a registered manager in post. 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.

This inspection showed mental capacity reviews had taken place resulting in a reduction of the number of pressure mats being used to monitor people's movement. Where pressure mats were required there was evidence that mental capacity assessments and best interest meetings had taken place. This was to ensure they were being used within the requirements of the law.

Staff supported people to be involved in and make decisions about their daily lives. If people did not have the capacity to make certain decisions the service had systems in place to act in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This helped to protect people and uphold their rights.

The registered manager had reminded all staff that medicine records must be accurate at all times. This had been further reinforced by carrying out regular audits, to ensure medicine records were being completed to show that people received their medicines as prescribed.

The way staff were deployed around the service had been reviewed to ensure staff were available to support people when they needed it. A staff member told us, "There are staff that can be used where people need more support."

On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People told us they felt safe and trusted the staff. Relatives said, "They [staff] couldn't do more they are very good and always have the time to have a chat with me when I visit" and "I am so glad we found this for

(relatives name). They (staff) know what they are doing and I can feel confident (person's name) is being well cared for when I walk out of the door."

There were safe recruitment procedures to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The recruitment process identified applicants had the appropriate skills and knowledge needed to provide care to meet people's needs.

Supervision and appraisals of staff skills were undertaken to enable their individual performance to be monitored and help them to develop their careers.

People told us they liked the food and their nutritional status was monitored to ensure risks from malnourishment and dehydration were acted on with involvement of specialist health care professionals.

People were protected from the risk of abuse. Staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff accurately described the correct sequence of actions and outlined the different types of abuse. Staff told us they supported people in a way that helped keep people safe.

The environment mainly supported people living with dementia. For example people had space to move around. There was a safe and secure courtyard which people were using in good weather. Signage to help people with dementia identify what rooms were for were limited. For example bathrooms and toilets did not have additional pictorial signs. Some people's rooms had their name on the door. We discussed the use of pictorial signage to support people to identify their own rooms, bathrooms and toilets. The registered manager acknowledged it would support people's awareness of where they were in the service and that they would act on this. An activity board was pictorial to support people and the daily menu board showed pictures of the food available each day.

People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

People's health and social care was assessed and personalised plans of support were developed to help staff meet people's individual wishes and needs.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Staff said, "I love working here, we all get on and get the support we need" and "If I was concerned about anything I would go straight to the manager. I have every confidence in them".

There were a variety of methods in use to assess and monitor the quality of the service. These included a satisfaction surveys for people using the service and their relatives as well as the staff team.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Management were visible in the service and regularly observed and spoke with people, to check if they were happy and safe living at The Green.

Equipment and supply services including electricity, fire systems and gas were being maintained.

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 management, storage and administration of medicines were safe.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused

Is the service effective?

Good ●

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

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

Is the service responsive?

Good ●

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

People were able to take part in a range of group and individual

activities of their choice.

Information about how to complain was readily available

Is the service well-led?

Good ●

The service was well led. The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

The Green

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 12 July 2016. The inspection team consisted of one inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information 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.

Not everyone we met who was living at The Green was able to give us their verbal views of the care and support they received due to their health needs. During the inspection we spoke with two people who were able to express their views and four visiting relatives. We spoke with the registered manager, deputy manager and eight staff members. Prior to and during the inspection we asked five professionals for their view of the service.

We looked around the service and observed care and support being provided by staff. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

Family member's told us they their relatives were safe living at The Green and with the staff who supported them. Comments included, "I am confident (person's name) gets well cared for and is very safe living here", and "We have been very happy with (relatives name) progress since they came to live at The Green. It gives us peace of mind knowing they are being well looked after."

Following the inspection in May 2015 we made a recommendation for the service to review how staff were deployed around the service as there were gaps in staff being available to people at certain times of the day. During this inspection there were staff available in all areas of the service at all times. Staffing rosters showed there were enough skilled and experienced staff on duty to keep people safe and meet their needs. People were receiving care and support in a timely manner and staff were not rushed. Staff told us, "There have been changes in how we work in the home. It means there is always someone around to help residents" and "I really do like working here and we are a good staff team. We work well together and support each other."

Following the inspection in May 2015 we made a recommendation to ensure medicine records were accurate and complete. The registered manager had taken action by reminding staff who were responsible for administering medicines and by carrying out regular audits. In addition to this the supplying pharmacist had also reviewed the service medicines and how they were being managed. During this inspection we found all records associated with medicines were accurate and up to date.

Medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Staff had received appropriate training in administering and managing medicines. Some people were prescribed creams. Prescribed creams had been dated upon opening. This meant staff were advised when the cream would not be safe to use and need to be disposed of as expired.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure damage. The assessments were specific to the care needs of the person. Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example, one person's health needs had changed. Staff were being supported with advice from health professionals to ensure the persons medical and care needs were being managed safely.

Incidents and accidents were recorded in the service. Records demonstrated appropriate action had been

taken and where necessary changes made to learn from the events. Events were audited by the organisation and the registered manager. This helped the service to determine the level of impact and to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and there was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when necessary. For example one area had new carpets and furniture. A person told us, "Just look at this furniture we all love it." Records showed that manual handling equipment, including hoists had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills. A recent fire service report required work to be carried out. This had been completed and the service had notified the fire service it had been completed.

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the care and support they received. Visiting relatives told us that staff kept them informed about concerns or changes in their member of family's condition. People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where. One person told us, "I like to spend a lot of time in my room but then go and see what's going on in the lounge."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection in May 2015 we found there was excessive use of pressure mats to monitor people's movement. In most instances there was no evidence of mental capacity assessments being carried out to justify why people were being deprived of their liberty to move around freely. At this inspection we found the registered manager had taken action to review the people who had a pressure mat. There were now twelve people who had a pressure mat in place. Those people had gone through a best interest meeting and had an application for authorisation for a Deprivation of Liberty Safeguard (DoLS).

People's personal care files contained assessments and care plans based on their individual health and social care needs, together with evidence of on-going monitoring and involvement from a range of health professionals. This included GPs and district nurses when required.

During the inspection visit staff were available to support people with their needs. Staff were chatting with people about their interests and how they would like to spend their time. For example one person liked to go into the courtyard area. A member of staff supported them to do this. Another person liked gardening and was encouraged by staff to look after a range of plants in some of the lounges.

When we arrived at the service there was a breakfast club taking place. This happened weekly and encouraged people to come together for breakfast. A staff member was cooking breakfasts to order in a small kitchen area which also had a dining table. It encouraged conversation between people and other staff members. Some people were having eggs and bacon, others toast. The registered manager and chef told us there were plans to introduce a luncheon club so that people in other areas of the service could come together for a more social event.

People told us the quality of the food was good and they were able to choose from a range of alternatives if

they did not want to choose from the daily menu. We observed a variety of nourishing meals were provided, there was also a picture board showing what meals were available. There were kitchen areas in the four separate wings of the service. Staff were able to make drinks and snacks for people when they wanted it. One person told us, "I have put on weight since moving in here. It's easy to do because I don't have to make it for myself." We observed that staff were available to provide assistance to people requiring support and sat down with them and talked through what food was being served. People's personal care files included nutritional assessments. There was regular monitoring and recording of their weight, together with involvement from community professionals, such as speech and language therapists and dieticians when required. The chef and other kitchen staff had a board identifying people who required special diets. Staff told us this helped them to make sure people were getting the meals they needed to meet their individual health needs. Where people needed a soft diet the chef had a system of preparing individual portions so the food looked attractive on the plate. The service had been awarded a five star rating in January 2015, from the local Food Standards Agency for the high standards of cleanliness in the kitchen.

Staff had regular access to a variety of training to aid their development and to equip them with the skills needed to carry out their roles. Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff training was monitored by the organisations training department which reminded staff of training available and to ensure it was regularly updated. A staff member told us, "Training is really good and we get reminders. I have just updated my moving and handling and I am updating my safeguarding soon."

Staff received regular supervision and annual appraisal. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people. It also enabled staff to discuss their role, responsibilities and future development opportunities.

The environment was clean and tidy. There was a refurbishment programme taking place. To date there had been a new carpet and furniture in one of the areas of the service. Two kitchenettes had been refurbished and there were plans for another two to be refurbished in September. Signage was limited to help people with dementia identify what rooms were for. For example, bathrooms and toilets did not have pictorial signage. Some people's rooms had their name on the door. We discussed the use of pictorial signage to support people to identify their own rooms, bathrooms and toilets. The registered manager acknowledged it would support people and the service would act on this

Is the service caring?

Our findings

Family members told us they were happy with the care their relative received at The Green. They told us, "Staff are very caring. I see it whenever I visit" and "Staff show a lot of patience. I don't know how they manage sometimes, but they do." Two people living at the service told us, "I love living here. They (staff) are very kind to me" and "There is always something going on. The (staff names) always have time to stop and have a chat with me." They found it to be a good place to live where staff knew what people's needs were and responded to them in a kind and caring way. They told us, "I feel very well cared for" and "(Staff names) are always there for me. (Staff name) sits with me every day and we have a good natter".

People were cared for by attentive and respectful staff. Staff were observed to show patience and provided encouragement when supporting people. During the day people moved freely around the service with limited restriction. Staff were available to support people when they needed it. Two people required support in their rooms as their healthcare needs confined them to bed. Staff regularly checked on their welfare and delivered care and support in a sensitive and respectful way. A staff member said, "We take time caring for people and it's important we have the time to do this. I get a lot of job satisfaction working here and that's because we all want to do a good job."

We spent time in the communal areas of the service during our inspection. Throughout the inspection visit people were comfortable in their surroundings. Where a person became agitated staff responded in a calm and caring way, which the person responded to in a positive way and it diffused the situation. Staff were respectful and spoke with people considerately. Relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. People's dignity and privacy was respected. For example, staff made sure doors and curtains were closed when personal care was being delivered.

Interactions between staff and people at the service were caring with conversations being held in a gentle and understanding way. Staff always engaged with people at eye level, for example kneeling next to the person if they were sitting down. Staff knew the backgrounds of the people they cared for and we noted the staff used this information when they were with them in relevant conversations. For example, talking with a person who enjoyed discussing gardening and plants.

Bedrooms were furnished to reflect people's personal tastes. People were encouraged to bring personal possessions in to the service to give their room a familiar feel. For example one person had been involved in farming and their family had brought in a collage of photographs to remind the person of events during their life.

Visitors told us they visited regularly at different times and were always greeted by staff that were able to speak with them about their family member knowledgeably. Relatives told us they knew about their family members care plans and had been involved in reviews. A relative told us, "(The registered manager) lets us know what's going on and if there are any changes. I have been to a few meetings but it depends if I am available."

Some people had limited mobility but staff encouraged them to move around with the use of personalised walking aids. This showed people's independence was supported. Some people used the lounges and dining areas, others chose to spend time in their own rooms. One person told us, "I like to get around and often make myself a cup of tea. I also like to stay in my room sometimes. It's not a problem and (staff names) check on me all the time."

Is the service responsive?

Our findings

There was evidence a personalised service was provided. One person visiting said they were very happy with the care that was provided to their member of family. They told us their relative was "Always clean and looked well cared for." The visitor told us they were confident that action would be taken in relation to any concerns they may have. They told us, "I am very confident that if I was not happy about something they (staff) would sort it out straight away." One person living at the service told us, "I'm very happy here, I can do what I want. When I want to go out the staff come with me." People were supported to maintain contact with friends and family. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably with them about their family member.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information where possible. This helped staff to gain a more in-depth understanding of the person. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support. Where people required additional support from specialists including dentist and consultants, referrals had been made and responded to.

Most people living at The Green were living with dementia or limited memory and their ability to make daily decisions could vary. Staff had a good understanding of people's needs and used this knowledge to help people to make their own decisions about their daily lives wherever possible. For example, one person liked to read a daily newspaper and this was provided each day. Another person repeatedly wanted to move from chair to chair. Staff responded by supporting them to do this but also spent time chatting with them. The person responded positively to this approach.

People said they were happy living at the service and were able to spend the days doing what they chose to. People had a choice as to whether to take part in activities. There was an activity coordinator in post who delivered a range of activities in groups and individually. For example there were craft sessions going on during the day of the inspection. Afternoon tea sessions took place regularly and the service had access to transport which was used regularly to take people out into the community. Some people liked reading and watching television either in lounge areas or their individual rooms. The previous Saturday a fete had been held. It had been very successful with visitors and staff telling us it had raised a substantial amount of funds to be used for the benefit of people using the service. There were times during the week when staff supported people to carry out exercises designed for people with limited mobility so they could carry them out from their own chair. Some families took their relatives out when they visited.

Staff responded to individual needs based upon information in the care planning and risk records. Risks associated with people's individual needs were being recorded and regularly reviewed in order to respond to changes. Risk planning covered areas including falls, communication, mental capacity and responding to hydration and nutritional risk.

Where possible people or their relatives had been involved in the care planning and review process. One relative told us the manager and staff members frequently kept them informed of any changes of care and support for their relative. A care plan showed where a relative had been involved in a recent review and had signed to say they had agreed to the information recorded.

The service had not received any complaints since the previous inspection. People and families were provided with information on how to raise any concerns they may have. Information was provided when they were admitted to the service and 'talk to us' cards were in the entrance area of the service. People told us they had not had any reason to complain but were confident their concerns would be listened to and actioned.

Is the service well-led?

Our findings

Some people who used the The Green and their visiting relatives told us they had confidence in the service and were happy with the level of provision that was delivered. One person said, "(Registered manager) is very nice and often stops for a chat with me." Relatives told us, "I have full confidence in the way the home is managed. There is always someone senior to speak with if I need to" and "(Registered manager) goes that extra mile." People told us they were consulted and kept informed about developments in the service. For example when activities including the recent fete were being arranged and when there were changes taking place to the environment.

The registered manager demonstrated they had a range of knowledge and experience in social care services and took their role very seriously. The registered manager maintained an open door policy and welcomed feedback about the service. Relatives told us the registered manager encouraged them to share their thoughts about the service. The registered manager was being provided with the necessary resources to ensure the service operated effectively. The provider supported the registered manager through meetings with an operational manager and with managers from other services in the organisation.

There were systems and procedures in place to enable the quality of the service to be monitored and assessed by the registered manager and provider. These included the use of surveys and initiatives involving staff, people who used the service and their relatives. The surveys focussed on different elements of the service delivered, such as meals, entertainments on offer and the environment. There were no formal resident meetings but relatives were regularly engaged with by members of the management team and staff to talk about the service generally. This meant that people had an opportunity to participate and influence the way the service was operating.

There were regular audits of care plans, medicines management, accident and incidents and the environment and we observed action plans that had been developed to address identified shortfalls. For example refurbishment plans identified during a maintenance audit.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. Regular meetings gave an opportunity for staff to voice their opinions or concerns regarding any changes. Everybody we spoke with told us that the registered manager promoted an open dialogue. Staff said the registered manager was approachable and they felt supported by the management team.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Staff worked in partnership with other organisations such as the local authority, which also carried out quality assurance inspections of the service. The service also shared information and good practice between the homes within the organisation.

Staff told us the philosophy of the service was to make it as homely for people as possible. One staff member said, "It's important to make the home feel warm and comfortable. I think we do a good job of

that". This was reflected when speaking with staff throughout the inspection.

Staff said that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. Comments included, "We work really well as a team and support each other. The manager makes us feel valued and that's important."

The maintenance of the building was being kept under review. Any defects were reported and addressed where required by either the providers own contractors or specialist contractors where necessary. There were regular checks of equipment used at the service including wheelchairs and hoists. Service certificates were available for fire systems. Gas and electrical equipment had the necessary safety certificates in place.