Cornwall Care Limited

Blackwood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Blackwood is a care home which offers care and support for up to 47 predominately older people. At the time of the inspection there were 44 people living at the service. Some of these people were living with dementia.

We carried out this comprehensive inspection on 13 and 15 March 2017. The service was last inspected in October 2016. At that time we identified concerns in relation to risk management, staffing levels, the provision of meaningful activities for people and the effectiveness of the systems in place to monitor the quality of the service provided. The service was in breach of the regulations. Following the inspection the provider sent us an action plan outlining how they would address the issues highlighted in the inspection report.

The service is required to have a registered manager and at the time of our inspection there was no 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 and associated Regulations about how the service is run. The service was being overseen by Cornwall Care's peripatetic manager who was applying to be the permanent registered manager at Blackwood. They had a good understanding of the service and people, relatives and staff told us the way Blackwood was managed was "much improved."

The service was arranged over two floors. Each floor had a dining and lounge area and access to kitchen areas where drinks could be prepared. A large kitchen on the ground floor was used to prepare meals. Checks of the environment were carried out regularly and the premises were in a good state of repair.

Arrangements for the management, storage, administration and recording of medicines were not robust. Medicine Administration Records (MAR) were not consistently completed. One person was frequently asleep when staff attempted to support them to take a prescribed medicine used to help prevent infections. No action had been taken to change the time the medicine was prescribed in order to help ensure the person was protected from an identified risk to their health.

Some people had been identified as being at risk of poor nutrition. One person had been prescribed a food supplement to protect them from this. The type of supplement provided had been changed to one which was lower in calorific value. No adjustment to the amount given had been made to ensure the person received the recommended calorie intake. Monitoring records in respect of people's weight were not consistently completed. Some people were not being weighed as often as directed in their care plan. This meant people were not protected from the risks associated with poor nutrition.

There were sufficient staff to provide care and support effectively and in line with people's needs. Staff were deployed effectively throughout the premises. People's needs were met promptly and staff were caring,

patient and compassionate in their approach to people. Staff responded quickly to any requests for support or when they heard people becoming anxious.

New staff completed an induction before starting to work directly with people delivering personal care. Recruitment checks were carried out to help ensure new staff were suitable to work in the care sector. Two members of staff only had one reference on record. This was contradictory to Cornwall Care's policy and meant people may not have been protected from the risk of being supported by staff who were unsuitable for the role.

Training was updated and refreshed regularly. Staff told us the training they received was good and equipped them to carry out their roles effectively. Staff had received safeguarding training and knew how to recognise and report the signs of abuse. They were confident any concerns would be dealt with.

People were assessed in line with the Mental Capacity Act (2005) where relevant and the manager followed the legislation to help ensure people's human rights were protected. Best interest meetings were held when people had been assessed as not having capacity to make specific decisions. These involved other professional and family members to help make sure people's voices were heard.

Care plans contained information on how to support people across a range of areas including mobility, communication and nutrition. Information about people's personal backgrounds and histories was limited. We have made a recommendation about this in the report.

People had access to activities which were organised by care staff. There were plans in place to develop staff skills in providing activities to make them more meaningful for people. Staff recorded when people had taken part in any activities and whether they had enjoyed the experience. This meant staff were able to learn what worked well for people.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff told us they felt well supported and had confidence in the management team and the higher organisation.

People and their families were given information about how to complain. There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. However, these had not highlighted the issues raised in this report.

We identified breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

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. Systems for the management of medicines were not robust.

Action was not always taken to protect people from identified risk.

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

Recruitment processes to ensure new employees were suitable for the role were not consistently followed.

Staff knew how to recognise and report the signs of abuse.

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.

Families were positive about the support their family member received.

People were able to make day to day choices about how and where they spent their time.

Is the service responsive?

Requires Improvement

The service was not entirely responsive. Monitoring records in respect of people's weight were not consistently completed.

People had access to group activities and there were plans to develop this area of the service.

Systems to keep staff updated about people's changing needs were effective.

Is the service well-led?

Requires Improvement

The service was not entirely well-led. Audits had failed to identify the concerns around medicines and monitoring records.

The manager provided staff with appropriate leadership and support.

There was a positive culture within the staff team.

Blackwood

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 13 and 15 March 2017. The inspection was conducted by one adult social care inspector, a pharmacist inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service and any notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed the action plan sent to us following our previous inspection.

During the inspection we spoke with seventeen people who were living at Blackwood. We looked around the premises and observed care practices on the day of our visit. We spoke with the manager, an assistant director of operations, fourteen members of staff and four relatives who were visiting the service.

We looked at five records relating to people's individual care. We also looked at four staff files, staff duty rotas, staff training records and other records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

During our inspection, we looked at the systems in place for managing medicines. We spoke to staff involved in the governance and administration of medicines, observed medicine administration for eight people, examined 25 medicines administration records (MARs), two staff handover records about medicines and four care plans.

Staff managed medicines in a way that did not always keep people safe. Staff monitored and recorded the temperature of medicines storage areas daily. Records showed that the temperature of the medicines refrigerator had been above the maximum recommended temperature since 11 February 2017 and no action had been taken to rectify this. Not storing medicines at the correct temperature might mean they are not safe or effective.

At the last inspection we observed that staff carrying out medicines administration, were frequently called away from their duties. At this inspection the manager told us that they had increased the number of staff administering medicines in the morning and lunchtime to two, in order to reduce the number of interruptions and the length of time it took to administer medicines. However we saw that one staff member was interrupted whilst giving medicines at lunchtime. This can increase the risk that a medicines error is made. Staff did not protect the confidentiality of medicines administration records (MARs) whilst administering medicines.

Staff gave medicines in a caring manner and recorded when medicines had been given on a MAR. However, we saw that several MARs contained gaps where it was not possible to tell if a person had received the medicine or not. In eight of the MARs checked, we found one or more gaps in records where it was not possible to be sure whether medicines had been given as prescribed. One person was prescribed a regular medicine to prevent infections but they were often asleep when staff tried to administer. Three doses had been given in a nine day period in March and staff had not contacted the GP to make adjustments to the time of administration. This person was suspected of having an infection and a urine sample was requested.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A medicine audit had recently been completed by the community pharmacy although the report had not been received. There were no internal audits of medicines processes which may have identified some of the concerns such as gaps on MARs and refrigerator temperatures.

There were suitable storage arrangements and records for some medicines that required additional secure storage. Regular checks were made of these medicines, and there were suitable arrangements for destruction and disposal of medicines. Policies and procedures were available to guide staff. There was a reporting system in place for any errors or incidents. Errors were reported and dealt with appropriately, and any learning addressed to help make sure these incidents didn't happen again. Staff had received

appropriate training and were assessed as competent to administer medicines.

At our last comprehensive inspection in October 2016 we had concerns in relation to the management of identified risk. Guidance contained in risk assessments did not always reflect the actions being taken to protect people.

Some people had been identified as being at risk of poor nutrition. Systems to protect people from this identified risk were not robust. In January 2017, staff raised concerns about weight loss for one person with their GP. Their weight had reduced by 4.1kg over a seven week period. On 27 January 2017 the GP prescribed a nutritional supplement to be taken three times a day, to help increase this person's calorie intake. This was recorded in the persons care plan. However the latest MAR, starting on 6 February 2017, showed that the type of supplement prescribed had been changed and staff were now giving it once a day. This meant the person was receiving a lower calorie intake than had been previously recommended by the GP. The supplement had been supplied without written instructions. Staff had not sought clarification as to how frequently it should be given.

This contributed to the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had completed a recruitment process to help ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained recruitment checks to show they were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Recruitment checks were carried out by Cornwall Care's head office and the information was mostly held centrally. Some staff files contained copies of references received. Two members of staff only had one reference on their file and we asked for the missing information to be sent from head office. They were unable to locate this and confirmed the references had not been received contrary to Cornwall Care policy. This meant recruitment processes were not effectively operated. The provider did not have satisfactory evidence of staffs conduct in previous employment as specified in Schedule 3(7) of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The assistant operations director told us they would make an immediate request for the references to be followed up.

At our last comprehensive inspection in October 2016 we had concerns in relation to staffing levels and found the service was in breach of the regulations.

At this inspection the manager told us they had increased the number of senior carers on duty in the morning from one to two. Staffing levels for other carers fluctuated between nine and ten during the day according to the number of people living at the service and their needs. A care worker told us; "You used to have to do a lap of the building to find one [a senior care worker]. It's a lot easier now." The care staff team were supported by a team of domestic and kitchen staff, a caretaker and administrative assistant.

At our last comprehensive inspection in October 2016 we found people and staff sometimes felt unsafe. At this inspection people told us they were happy with the care they received and believed they were safe at Blackwood. Comments included; "Nothing is too much trouble, I would rather be at home but I am safer here" and "I feel safe, I like it here it isn't crowded." The atmosphere was calm and relaxed. People were able

to move around the premises freely and choose where they spent their time.

Care files included risk assessments which identified risks and the control measures in place to minimise risk. These covered issues such as the risk of falls, poor nutrition and hydration and skin integrity. Risk assessments were developed to enable people to maintain their independence while staying safe. One person had recently become less steady on their feet. Information in their care plan stated staff should ensure the person had their walking aid with them at all times to allow them to mobilise independently. It then stated the person may need assistance with certain tasks such as when getting up from a sitting position. We observed staff supporting the person in line with the guidance.

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 induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures within the service. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Information regarding the local protocols for reporting concerns was easily available to staff.

Staff had been suitably trained in safe moving and handling procedures. Staff assisted people to move around using the correct handling techniques and aids. We observed staff supporting people to move using the appropriate equipment. They spoke to people throughout the process, continually explaining what they were doing and offering gentle reassurance.

A caretaker was employed full time at the service and they carried out daily checks to help ensure any defects were attended to. Staff told us they reported any faults to the caretaker and these were addressed promptly. The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

Good

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. A relative told us; "The staff are fantastic, all the time. I don't know where they find them." Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the organisation's policies and procedures and staff completely new to care were required to complete the Care Certificate. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. A recent employee told us the induction; "Helped make me feel more able to cope with the job."

Training in areas identified as necessary for the service was updated and refreshed regularly. There was also training in place to help staff meet people's specific needs. A member of staff told us; "I have just done my up-date for moving and handling and dementia awareness".

Staff told us they felt well supported by the manager. Some had received formal supervisions recently and there was a schedule in place to provide supervision for the rest of the staff team. This would give them an opportunity to discuss any working practices and highlight any training or support needs. Care workers said they were able to ask senior carers for advice as well as the manager and there was "always someone on hand."

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). 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. Applications for DoLS authorisations had been made to the local authority appropriately.

At our last inspection we found one person was receiving medicines covertly or without their knowledge. The correct processes had not been followed in line with the MCA when deciding to administer the medicine in this way. At this inspection no-one was having their medicines administered covertly. There was a clear policy in place outlining the process to follow should the need arise.

Where appropriate mental capacity assessments had been carried out. Best interest meetings were held when people were found to be lacking capacity to make certain decisions. Relevant professionals and family members were involved in the process. This helped ensure people's human rights were protected.

The premises had been arranged to meet people's needs. There were various areas in the building for

people to spend their time including some quiet areas. There was a large garden to the rear of the property which staff told us was used regularly in the warmer weather.

People's bedrooms had their names and pictures which were meaningful to them on the doors. This helped people to find their own rooms without support from staff. Bedrooms were decorated to reflect people's personal tastes and preferences.

We observed the lunch time period and saw people had a choice of meals. Staff assisted and encouraged people to eat as necessary. We observed one person who was seated for lunch leave the table three times. Each time a care worker quietly guided them back to their seat, and encouraged them to eat their lunch. During the lunch period a member of staff was vacuuming the corridor immediately outside one of the dining rooms. This did not contribute positively to the lunch time experience for people.

Drinks were provided with lunch and throughout the day. The main meal had recently been moved from lunch time to early evening. The manager told us previously people had been waking up hungry during the night. Since the change people's sleep patterns had improved, there had been a decrease in the number of falls at night time and people were gaining weight. The change of timing had been successful and was due to be rolled out at other Cornwall Care services. People commented; "I really enjoy my evening meal, all the food is excellent" and "I like my dinner in the evening, I always enjoy that." This demonstrated action was taken to drive improvement within the service.

People told us they enjoyed the food, comments included; "I love the food I can have a hot meal or cake and sandwiches" and "They always cut up my food for me. I look forward to all my meals." Some people had specific dietary requirements and kitchen staff had a good knowledge of people's needs and likes and dislikes. For example, the cook told us one person did not like cheese. The kitchen staff prepared a separate quiche for them to accommodate their preference.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. On the day of the inspection we heard staff remind one person about an appointment they had later in the day and what they needed to do to prepare for it. One person told us; "I tell them if I am not feeling well. I told them a couple of weeks ago and the doctor came to see me."

Good

Is the service caring?

Our findings

People and relatives were positive about the care and support provided at Blackwood. Comments included; "This is my home. I like somebody looking after me", "He is well cared for here" and "The carers are always kind [carer's name] is especially good." A visitor told us; "It's such a lovely friendly atmosphere." A thank you card read; "The support we received was second to none."

During the inspection visit we found the service had a friendly and warm atmosphere. When people asked for assistance the response from staff was kind and attentive. Care staff were unobtrusive and discreet when offering to support people with personal care. We heard one person say to a care worker; "It was a good shave this morning." The staff member replied; "I'm glad you liked it." We observed one person who sounded distressed in the corridor. A member of staff immediately left the lounge area to check on the person's well-being and offer some reassurance.

Relatives told us they were able to visit whenever they liked and were familiar with staff and the manager. We observed staff chatting with relatives and greeting them as they arrived. Relatives comments included; "I can come any day I like. My brother comes to visit as well. I can stay for lunch if I ask" and "I usually sit in the lounge with him but I can go and sit in his room with him if I like."

People were supported to make day to day choices about where they spent their time, what they ate and when they got up and went to bed. Staff worked with people, and their relatives if appropriate, to support them to make decisions about where they lived or undergoing any invasive medical treatment. If people lacked the capacity to make specific decisions, arrangements were made for them to have access to Independent Mental Capacity Advocates (IMCA's). This was especially important for those people who had no family and did not receive visitors.

At our previous inspection in October 2016 we were told people's clothing often went missing or was returned from the laundry to the wrong person. At this inspection people told us they did not have any problems with their laundry. One commented; "They change my clothes. I have my name on my clothes. They don't mix them up."

We observed the laundry worker delivering clean and freshly ironed clothes to people's rooms. The clothes were neatly hung and care had evidently been taken to make sure they were given back to people in a nice condition. We observed items of clothing left outside a room hanging on the door handle. The laundry worker told us the resident liked to lock their door and she had told him that his clothes were on his door ready for him to take into his room. She commented; "That is what he likes us to do".

People's privacy and dignity was respected. For example, one person had agreed to have their weight monitored and recorded but had asked the information was not put in their daily notes as they disliked all staff being aware of their weight. The manager had established a relationship with the person and was able to discuss the person's weight privately with them. Another person only wanted to receive care from staff of a particular gender. This was recorded in their care plan and respected.

Some people chose to spend much of their time in their rooms. Staff were all aware of who these people were and made sure they visited them regularly. This meant people were protected from the risk of social isolation.
Staff worked to help ensure people's interests and needs did not impact negatively on each other. For example one person told us; "I like to have the radio on all day. The man opposite didn't like it, so I was asked if I would like to move to another room where he wouldn't be bothered by the radio. I am in this room now. I like to stay in my room. I have visitors any time they want to come."

Some people could become anxious and required a lot of reassurance during the day. One person repeatedly asked staff the same question. Staff were patient in their response and always answered with kindness. The person's care plan stated staff should; "Take time to sit with [person's name] and provide any reassurance necessary or try to offer distraction through conversation." We observed staff supported the person in line with this guidance.

Care plans contained descriptions of people's communication needs and emphasised the importance of allowing people time to process information. There was also information about people's personal histories and backgrounds. This is important as it helps staff understand the events which have contributed to who the person is today. It can also support meaningful engagement and conversation between care workers and people. We reported at our last inspection that some of this information was limited and this was still the case. The manager told us they were continuing to work with families to expand on people's life stories.

We recommend that the service seek advice and guidance from a reputable source, about supporting people and families to be involved in the development of individualised care plans.

Requires Improvement

Is the service responsive?

Our findings

Care plans contained information on a range of aspects of people's support needs including mobility, communication and nutrition and hydration. Staff told us the information in care plans was up to date and relevant. Care plans were reviewed monthly to help ensure they reflected people's current needs. We found one care plan had not been reviewed since July 2016. The registered manager assured us this would be updated immediately.

Monitoring records were inconsistent in their reliability and the way in which they were recorded, particularly in relation to people's weight. One person had been identified as being at risk of poor nutrition. Records in their care plan showed staff had been monitoring and recording their weight regularly during January 2017 but that this had not been recorded since 9 February 2017. The nutritional care plan and a screening tool used to identify malnutrition (MUST) had not been updated since 16 September 2016. Another person's care plan stated they should be weighed monthly but this had not been recorded as done in October, November or December 2016.

This contributed to the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had been weighed on admission at the beginning of March 2017 and this was recorded in their daily notes. It had not been recorded anywhere else in the care plan or marked on the graph used to monitor the person's weight. This meant staff might not have been able to locate the information and identify if the person was starting to lose weight.

We discussed the problems with monitoring records with the manager. They told us they would arrange for staff to receive training in care plan recording to help ensure they were skilled and informed about the details and levels of information required.

At our previous inspection in October 2016 we found people had limited opportunities to take part in meaningful activities. At this inspection we were told there was no dedicated activities co-ordinator employed at the service and activities were organised by staff. Themed days had been introduced on a daily basis to help guide staff when considering how to support people in activities. These covered areas such as pampering, gardening and cooking days. A care worker explained to us what happened on cooking days. They told us; "We bring food like vegetables, carrots and peas for preparation for the evening meal, they like that and enjoy it."

Meeting minutes showed staff were encouraged to help people take part in activities whenever possible and document this accurately. Daily notes showed people had taken part in some activities, staff also recorded if people had enjoyed a particular activity. For example; "[Person's name] enjoyed playing games in the lounge." Care plans contained information about people's hobbies and interests. In one we saw recorded that the person; "Was an engineer. Has a love of model making and traction engines." On the second day of the inspection a pampering session was organised and people were having hand massages and manicures.

The assistant operations director told us Cornwall Care subscribed to an organisation offering training in enhancing the physical, mental and emotional wellbeing of older adults. One care worker had been identified who would oversee this initiative. This meant staff would be better equipped to offer activities that met people's needs, including those living with dementia. However, this had not yet been introduced at the service.

Although improvements had been made and plans were in place to further develop activities, we still had concerns that activities were largely aimed at groups and not designed to meet people's individual preferences. We will check this at our next inspection.

Daily handovers took place to help keep staff informed if people's needs changed and provide them with clear information. Staff kept daily records detailing the care and support provided each day and how people had spent their time. Staff told us the addition of a senior carer on the morning and early afternoon shift had resulted in communication improving and they were aware when people's needs changed.

People and their families were given information about how to complain. There were no complaints on-going at the time of the inspection.

Requires Improvement

Is the service well-led?

Our findings

As identified earlier in the report two members of staff had only one reference on their files. This was contrary to Cornwall Care's recruitment policy. The manager did not have oversight of the recruitment process and had been unaware the references had not been received. The systems in place to enable the manager to effectively monitor staff recruitment were not robust.

Auditing systems were in place to monitor the quality of the service. These covered areas such as care plans, equipment checks and environmental checks. These had not identified the inconsistencies in monitoring systems. There were no internal audits of medicines processes which may have identified some of the concerns identified in this report.

The service is required to have a registered manager and, at the time of the inspection no registered manager was in post. The service was being overseen by Cornwall Care's peripatetic manager who was applying to be the permanent registered manager at Blackwood. They had a good understanding of the service and people, relatives and staff told us the way Blackwood was managed was "much improved." One commented; "Since the new manager came, there has definitely been big improvements." A relative said; "It's like a new place."

Staff were positive about their work and the service. They told us morale had improved in recent months and there was a friendly positive atmosphere. They said the manager was approachable and supportive. Comments included; "We always have a thank you from the manager at the end of the day. That is really good" and "Things are pulling together and families seem happier."

There had been changes at senior management level at Cornwall Care. The manager told us they were well supported by the organisation and they viewed the changes as positive. They were in regular contact with the assistant operations director with responsibility for the area.

The manager was supported by a team of senior care assistants who had responsibility for leading shifts and administering medicines. There were plans to introduce additional support for the manager. A key worker system had recently been introduced whereby senior carers had oversight of named individual's care planning and led on communication with other healthcare professionals and families where appropriate. Senior carers delivered supervisions and staff support to defined groups of care workers. The caretaker was responsible for supervising the domestic staff team. This demonstrated there were clear lines of responsibility in place.

Staff meetings were held regularly and these gave staff an opportunity to share any concerns and receive any organisational or sector updates. Monthly manager meetings were held. As well as allowing managers to share examples of good working practice Cornwall Care arranged for speakers to attend these meetings.

The manager met regularly with other healthcare professionals to discuss any issues concerning individuals or working practices. This included district nurses, the community matron and the local dementia nurse.

They also had monthly meetings with Cornwall Cares clinical lead to discuss individuals and highlight any increase in people's needs. The manager told us they were constantly assessing people's needs to help ensure they could continue to meet them at the service.

There were effective systems in place to help ensure the environment was safe and well maintained. Staff recorded any faults or defects in a maintenance log and these were addressed by the caretaker in a timely manner. Where they were unable to carry out the work themselves the fault was reported to head office. Regular checks of all fire-fighting equipment, water temperatures and beds including bed rails and mattresses were completed.

Incidents and accidents were reported to Cornwall Care's head office where they were signposted to the relevant departmental lead. These were analysed regularly so any patterns or trends could be highlighted quickly and actions be put in place to protect people from any identified risk.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not consistently planned in a safe way. Risks to the health and safety of service users was not consistently assessed or action taken to mitigate any such risks. Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established or operated effectively. Regulation 19(2)