

Cornwall Old People'S Housing Society

Perran Bay Care Home

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 an unannounced inspection of Perran Bay Care Home on 9 August 2018. Perran Bay is a care home which provides care and support for up to 42 predominantly older people. At the time of this inspection there were 34 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is on three floors with access to the upper floors via stairs, chair lift or a passenger lift. Some rooms have en-suite facilities and there are shared bathrooms, shower facilities and toilets. Shared living areas include two lounges, an open plan dining room with seating areas, garden and patio seating area at the front and rear of the service.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of this comprehensive inspection we checked to see if the provider had made the required improvements identified at the inspection of 24 April 2017. In April 2017 we found some people did not have a current accurate accessible care plan or risk assessment in place to guide and direct staff on how to meet people's needs. Some specific guidance in people's care plans was not being followed by staff. Some people had been assessed as being at risk from pressure damage to their skin and the service had provided pressure relieving mattresses for them. However, the correct settings for these mattresses were not being effectively monitored. The risk associated with accidents and incidents were not robustly managed. The processes for managing medicines were not robust. The management team were not able to easily access electronically held information relating to people's care needs. Quality assurance systems were not satisfactory. The service was not regularly auditing areas such as care plans and medicines management therefore had not identified the areas of concern found at this inspection.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection and is now rated as Good.

Since the last inspection the registered manager had ensured all care plans had been reviewed and reflected the current needs of people using the service. Risk assessments were regularly reviewed with evidence of changes in people's needs and how staff should respond to them.

The electronic care planning system was fully operational and all staff were using this system effectively. Where people's risks involved the need for pressure relieving mattresses they were being checked regularly to ensure they were accurate.

Auditing procedures took account of all areas of operation within the service to ensure systems were effective. Accidents and incidents were being reported and recorded as they occurred. These were audited to ensure any trends or patterns were evident and the service learned from them to make changes to mitigate risks to people.

Medicine procedures had been reviewed with changes made to some of the processes. For example, consent and risk assessment for people choosing to self-administer their medicines. Medicine audits were identifying where errors had occurred and stock control of medicines had been reviewed. There were no medicines or creams which were out of date. This meant the service was meeting the requirements of regulations.

People received care and support that was responsive to their needs because staff had the information to support them. Staff supported people to access healthcare services. These included, social workers, psychiatrists, general practitioners (GP) and speech and language therapists (SALT).

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. There was a wide range of training available to all staff which met the diverse needs of people being supported.

Staff were supported through formal and informal group supervision.

The atmosphere in the service on the day of the inspection was relaxed, friendly and calm. Staff responded promptly when people asked for help and support was provided at a relaxed pace. Throughout our inspection we observed staff providing support with respect and kindness. People told us they felt safe and comfortable living at Perran Bay Care Home. Comments included, "Overall the move to the care home has been a great success and the biggest thing is it's a very safe place for them to be" and "All the staff are lovely. They check I'm okay and ask if I need help with anything. Nothing is too much trouble for them."

People's legal rights were protected because management understood the legal requirements of the Deprivation of Liberty Safeguards (DoLS). Nobody living at the service had any current restrictive practices or continuous supervisions required to protect them from the risk of harm and keep them safe. The registered manager was aware of the requirements for assessing people who would need their human rights protected. This was through an assessment process to decide if it was necessary to make a DoLS applications to the local authority, in order to seek the legally required authorisation to have these restrictions in place.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

The provider had systems in place to monitor the quality and safety of the service.

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

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained. Risks were identified and appropriately managed.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

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

Care plans gave direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in a wide range of activities.

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

Is the service well-led?

Good ●

The management provided staff with appropriate leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were approachable and they were included in decisions about the

running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Perran Bay Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 9 August 2018. The inspection was carried out by one adult social care inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, deputy manager, two directors from the organisation. Seven staff members, two visiting professionals and ten people who lived at the service. We spoke with two visiting relatives. We inspected the premises and observed care practices on the day of our visit.

We looked at four records relating to the care of people, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

At the last inspection in April 2017 the service was in the process of introducing an electronic care planning system to replace the paper format. It was found the transition was not complete. Some people did not have the detailed records identifying how their risks and care needs would be met. We checked the action taken by the provider since the last inspection. The registered manager had ensured the electronic care planning system was completed to ensure all care planning and risk management records were in place and staff were using the system in the way it was designed for. At this inspection we reviewed this system and sampled four care plans. They were all accurate with information relating to managing risks complete. For example, one person's mobility needs had gradually deteriorated. It was clear from the records that senior staff had regularly reviewed the persons risks with referrals made to other professionals to support the persons mobility needs. One person required a pressure relief mattress. The pressure for this mattress was being monitored and adjusted as required to ensure the risk of skin damage was being managed safely. A visiting professional told us, that where the service supported people who required care to manage their skin integrity they worked closely with health professionals to mitigate risks.

At this inspection we found medicine procedures had been reviewed and changes made to some of the processes. For example in regard to consent and risk assessment for people choosing to self-administer their medicines. One person who was managing their own medicines had a risk assessment in place which was reviewed weekly. Medicine audits were identifying where errors had occurred and stock control of medicines had been reviewed.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held medicines that required cold storage and there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. There were auditing systems in place to carry out weekly and monthly checks of medicines. Staff responsible for medicines had the knowledge and skills to manage them safely and there were regular updates in medicines training.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Since the last inspection an audit system had been put in place to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

We found the service was now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

We observed the service was being staffed in numbers which met people's individual needs. Call bells were responded to quickly. Without exception comments were positive and included, "This is a very safe place and I love living here. I sleep well at night and it is so quiet and peaceful. If I have an accident or there is something I need help with, I can always call someone to do whatever is necessary. Someone comes straight away if I use my call bell," "The staff make sure that there is security, but I am free to come and go as

I please. I'm independent and mobile but I don't go very far nowadays. At night I know that somebody will be here and the staff notice what's going on, so I always feel very safe here. It's very reassuring for me," and "Accessibility in a large, self-propelled wheelchair is fine and the new lift will be a further improvement in case of emergency evacuation or to allow someone to leave from the upper floors to go to hospital." A relative said, "[My relative] came here four years ago in their 90s, having previously lived alone with visitors calling in to assist on a daily basis. Towards the end, their safety became a serious worry and a small kitchen fire was the final straw. Overall the move to the carer home has been a great success and the biggest thing is it's a very safe place for them to be."

The level of support that each person required was assessed and used to determine staffing levels. The staffing rota showed there was a skills mix on each shift so that senior staff worked alongside care, domestic housekeeping and catering staff. A staff member told us, "We are a strong team and work well together. If there are gaps we usually manage to fill them with our own staff." This helped ensure consistency of care.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to meet people's care 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.

Staff said they felt confident that people were always treated well and that they did everything to ensure their safety and wellbeing. Staff understood what abuse meant and what action they should take if they suspected it. Staff had received training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns. Contact details were visible on the service's notice board so people could refer to the safeguarding team independently.

The environment was clean, tidy and maintained. One staff member said, "We take a pride in making sure the home is always clean." There were designated staff for the cleaning of the premises. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. Any soiled laundry was washed at the required temperature to ensure it was clean and hygienic. Clinical waste was being disposed of in accordance with current legislation and staff spoken with were fully aware of good practices in order to reduce the possibility of cross infection.

Each person had information held at the service which identified the action to be taken for them in the event of an emergency evacuation of the premises. The services fire systems had been regularly checked to confirm they were working effectively. Records were available confirming appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment to support people's movement was regularly serviced in accordance with health and safety requirements.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People using the service and a relative told us they were confident that staff knew them well and understood how to meet their needs. One person told us, "If I need to see a doctor or optician or something like that, my niece usually arranges it but if she can't or it's something urgent I just ask the staff and they can make an appointment or whatever. They will take me to the surgery as well, but usually my niece will do that as she likes to know what is said and help me remember everything." A relative said, "We [family] have every confidence in the staff. They all seem very competent in what they do and how they go about it."

We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us. This helped us to observe and record the day-to-day activity within the home and helped us to look at the interactions between staff and those who lived at Perran Bay Care Home. We observed staff continuously engaged with people. For example, some people chose to sit alone or did not engage with those around them. Staff always took time to stop and speak with the person to ask if they were comfortable or wanted something. In all instances we found staff positively engaged with people.

People were observed to respond well with staff and looked comfortable in the presence of staff members.

People's needs and choices were assessed prior to moving to Perran Bay Care Home. Where possible people could visit before moving into the service. This helped to ensure their needs and expectations could be met by the service. People were asked about their lives in order to help staff understand more about them, what was important to them and how they would like their care to be provided as. Some people chose not to share this information and this was respected by staff.

At the inspection in April 2017 we recommended the service followed its own policy in supporting staff with training in on the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS) legislation to all staff. The registered manager had acted on this to make sure all staff had access to this training and updates where required. The current training matrix showed all staff were included on this record which reminded the registered manager when training was required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We observed people were not deprived of their liberty or restricted.

Staff were aware of the importance that people who lived at Perran Bay Care Home were given the opportunity to consent to receive care and support. Where people did not have the mental capacity to agree to consent their legal representative, where possible acted on their behalf.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected. For example, a staff member told us how they had supported a person with hearing loss to develop their confidence and communication by using flash cards [an aid to learning] to develop their speech. This had resulted in the person being confident enough in the community to order their own drinks. The staff member told us, "It's wonderful to be able to support [person's name] because they just lacked confidence in the community and were very vulnerable to discrimination." People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

People's healthcare needs were being monitored and discussed with the person or relatives as part of the care planning process. Care records showed visits from health professionals including general practitioners (GP's) and a range of other health professionals were involved with people when necessary. They included social workers and dieticians amongst others. Comments from two visiting professionals were positive. They said, "The staff are always friendly and supportive whenever I visit" and "I have a lot of confidence in the staff team. They respond very well to any advice I might provide and they are capable in what they do."

Staff told us they felt supported by managers and they received annual appraisals. They had regular supervisions in the form of meetings with senior staff. There were daily shift handovers attended and delivered by senior staff to the following staff team. This made sure all staff coming on duty had current details for the people they would be supporting and caring for. Staff also said there were regular staff meetings which gave them the chance to meet as a staff team and discuss people's needs and any new developments for the service. The registered manager encouraged staff development and staff were able to gain qualifications. As well as a full and diverse training programme some care staff had either attained or were working towards a Diploma in Health and Social Care.

New staff completed an induction which included familiarising themselves with the service's policies and procedures and working practices. The induction also consisted of a period working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Staff new to care also completed the Care Certificate which is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

People told us they enjoyed the meals at Perran Bay Care Home. Comments included, "I have always liked my food and have a good appetite still. What they serve here is excellent. I never have any complaints at all about the food. I love it," "The cooks ask us to choose in the morning and I'm always able to choose something I like, usually the main choice but sometimes the alternative. Even if I don't want to choose either the kitchen can always find something I'll like" and "Recently [my relative] has not had a great appetite, but that's down to how they are health-wise. It's not a reflection on the quality of the food. Whenever we visit we are asked if we'd like to eat. When we have accepted a meal, it has been very nice." Breakfasts were being served throughout the morning in people's own rooms or the dining room to suit people's choices. The lunchtime meal was served in the dining room although some people chose to eat their meals in their own room and this was respected. It was a social occasion with people gathering together for their meal and sharing conversation. Staff engaged throughout and people's choices were respected. Drinks were served throughout. Tables were decorated with flowers and seasoning was available for people who wanted it. Snacks and drinks were always available to people outside of mealtimes.

There was a dedicated catering team who took on individual roles and responsibilities. People frequently told us how lovely the cakes were. Kitchen staff told us they used fresh vegetables and regularly produced homemade cakes and pies. On the day of the inspection visit the cook had baked cakes and puddings. Staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet. The menu was on display for people to look at. The menu was varied and balanced with plenty of fruit, vegetables and meat as well as alternatives such as vegetarian options. There were two hot choices available every day.

The design, layout and decoration of the service met people's individual needs. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises. A new sixteen-person lift was almost complete. This would support people at the various levels of the service to access the ground floor and their rooms more easily than the current lift which was small.

People were encouraged to personalise their rooms with personal items from their own homes or things that were important to the person. One person told us, "I like having my own bits and pieces especially the photos of my family. I love showing them off to the staff." Each room had a call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility needs.

Is the service caring?

Our findings

Throughout the inspection we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who lived at the home received care that was meeting their individual needs. We found many examples of staff being kind and sensitive towards people in their care. One staff member told us, "We are all encouraged to sit with residents and talk with them. It's not frowned on for doing that but encouraged." People told us, "All the staff are so kind and take time to sit and chat with me," "I couldn't live in a better place. The staff here make up for not having my family close," and "Staff are talkative and interested in me. They get on with their jobs, but always find a moment to show they care. Everyone knows everyone, and the care staff always chat or at least say hello and ask how I am."

Staff demonstrated they knew and understood people's life history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience. A staff member told us the use of life books had really helped them get to understand the person they were caring for and the life experiences they had gone through. They told us, "Not everyone has one and not everyone wants to share certain things but we [staff] find its useful to give us a starting point."

Staff members and people who lived at Perran Bay Care Home were observed throughout the inspection to have easy and friendly relationships. People told us that staff listened to them, respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could clearly understand them. Staff took time to talk with people and put them at ease if they appeared anyway confused or distressed. On the day of inspection, the weather was hot and staff were frequently asking people if they would like drinks and encouraging them to wear hats or sit under a sun shade if they chose to sit on the patio.

People could make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they could get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

The registered manager and staff had a good understanding of protecting and respecting people's human rights. For example, there were lounges and private spaces in which families could sit with their relatives for a private discussion as an alternative to bedrooms. This demonstrated how the home met article 8 'right to respect for private and family life of the Human Rights Act 1998. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of

promoting each person as an individual.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Is the service responsive?

Our findings

During the inspection in April 2017 we found the service was moving from a paper care management system to an electronic care management system. It was found that not all the paper based information had been transferred and there were gaps in some people's records. Records to report on the risk management of skin integrity were not always in place. Reviews were not always reporting changes in people's risk levels. This meant there was potential for people to be at risk of skin damage.

At this inspection we found the registered manager had ensured all paper based information had been transferred to the electronic care management system. The registered manager also demonstrated they regularly accessed the electronic information along with the deputy manager in order to ensure all records were up to date and reflected the current needs of people.

Risk assessment records were being reviewed and changes reported so staff had the current information they required to respond to people's needs.

The registered manager had reviewed and ensured people who required additional support to manage their skin integrity had records in place to support staff to manage this. A visiting health professional told us the registered manager, deputy manager and care staff work closely with them and respond to any advice or requests from the district nursing service. A visiting GP also confirmed this.

We found the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

Before somebody moved into the service, wherever, the registered manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. This contributed to people receiving care and support that was responsive to their needs. Staff were aware of people's needs and spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. The care plans were detailed and included information about people's care needs as well as their emotional and social support needs and how they would be met. For example, end of life care and what activities they enjoyed. Where necessary this information was shared with other relevant health professionals, with consent to ensure they had information about people's individual needs.

Feedback we received told us people were satisfied with the level of care and support they or their relative were receiving at Perran Bay Care Home. A relative said, "Whilst living here [my relative] has always been treated as an individual who can make up their own mind and ask for what they need, or say what they don't want or like. Staff try to help them achieve what they want to achieve on their own terms, not do what everyone else does." A person using the service told us, "I just love living here. I have all my needs met by

staff who are totally committed".

The service had a broad range of activities which people could take part in. For those who chose not to take part this was respected. One person told us they liked to sit quietly in the lounge or their room. They said, "I like to be quiet and I'm a bit of a loner sometimes. It's just how I am. Nobody minds. I have joined in some of the trips out, but I told the staff I am happier staying here and so that's what I do." They told us staff knew this was what they liked to do and respected it. There were two activity coordinators who worked closely and shared information. They provided group activities as well as supporting people in one to one support, either in the service or community. For example, a person with limited communication enjoyed going out for walks. One had taken place that morning in a county park close by. The activity coordinator told us this time gives the person more opportunity to engage with them and improve their communication skills.

A visiting faith group visited annually. The marquee and activities were based at the front of the service which led out onto a green leading to the beach. They were there during the inspection and people told us how they were enjoying the daily activities. One person said, "The swing band yesterday was just wonderful. Everyone enjoyed it." People were supported to attend community activities including a local memory café. A staff member told us, "It has been really popular, they [people using the service] get a lot out of it." One person told us they liked the range of activities they said, "The social activities are always going on and I love to join in because of the chat and the friendship. I enjoy other activities, but the singing and the children's visits are the best as far as I'm concerned."

There were an extensive number of volunteers registered with the service to support people in the community. The number of volunteers had helped to support approximately sixteen people to take part in the local carnival. A local business had also supported people with mobility scooters so it made it possible for people with limited mobility to take part.

A local primary school visited the service and attended events. A senior school had participated in a 'pen pal' session where they wrote to a person living at the service and they wrote back. A staff member said it had promoted a lot of interest and it was nice to see the generations communicating. Some staff told us of weekly belly dancing classes which are also attended by staff as well as people using the service. A staff member said, "It creates so much laughter everybody likes it."

The service responded to people needs as they were entering the final stages of their life. Supporting people and their families through end of life was an essential and continuing part of care by the service. The service had arranged for medicines to be used if necessary to keep people comfortable.

The service had a complaints procedure which was available to people.

Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

Is the service well-led?

Our findings

During the previous inspection we identified the registered manager and deputy manager were not aware of the issues identified at that inspection due to lack of auditing and knowledge a recently introduced electronic care system. The action taken by the registered manager included, a full review of the systems in place which did not meet the requirements of regulations and reported on in this report. During this inspection we found the registered manager worked closely with the deputy manager, each had distinctive roles and responsibilities in respect of ensuring the operation of the service was being monitored and reported on.

There was clear oversight of the service including monthly unannounced quality assurance visits made by rotating members of the charity board. Reports seen showed they commented on the homes environment, staff interaction with people and each other. In October they had commented on the need to update the complaints procedure and checked this had occurred on the following visit. This demonstrated there were clear governance systems in place which also supported the registered manager.

We found the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

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. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example the management had made appropriate adjustments for people requiring additional support.

The management team now had a range of audits in place to continually monitor and improve the standard of the home. These covered, for example, medication, the environment, care files and infection control. All audits included dates of when completed, any identified issues, actions to be undertaken, due date for completion and signed off when achieved. This demonstrated the registered manager had good systems to maintain everyone's welfare.

The service had a positive culture that was person-centred, open, inclusive and empowering. The management team acted as role models for staff about the standards of care and attitudes they expected, and monitored and supported staff in their practice.

There were clear lines of accountability and responsibility both within the service and at provider level. The management team consisted of a registered manager and deputy manager, as well as senior care staff. Many staff had been working at Perran Bay Care Home for many years. One said, " It's a great team very supportive at all levels." Another staff member told us they felt valued and that there had been a recent barbecue put on by the service for staff and families. They said, "It was a lovely evening and well attended so that says something." Staff told us that what they did was valued by the management team. This demonstrated the provider's commitment to supporting the staff team.

There were systems in place to support all staff. There was constant daily communication between the registered manager and staff as well as regular staff meetings. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The registered manager and deputy manager worked in the service every day supporting staff; this meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two-way communications between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of everyone. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

There was evidence of people's views being taken into account through daily communication and through resident meetings. There were systems in place to gain the views of people using the service and for families and professionals to make comments. The last review had just taken place and information was still being collected. It was subsequently planned to analyse it and identify any trends or themes. Comments included, "Staff always respectful when we visit," "Love everything about living here." Staff commented it was a great place to work and "We support each other." A professional commented, "Impressed by attitude of staff and staffing levels." People using the service received regular newsletters to inform them of things going on at Perran Bay Care Home.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including General Practitioners and District Nurses.

The service had the latest CQC rating on display where people could see it.