

Cornwall Care Limited

Penberthy

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

Penberthy is a 'care home' that provides accommodation for a maximum of 35 adults, of all ages with a range of health care needs and physical disabilities. At the time of the inspection there were 33 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.

Penberthy is situated in the town of Newquay. It is a purpose built three storey building with a range of aids and adaptations in place to meet the needs of people living there. There were people living at the service who were living with dementia and were independently mobile. On the ground floor there is a main lounge/dining area. There are smaller quieter areas for people to use if they wish. Bedrooms are located on the three floors, some have en suite facilities and others share bathroom facilities. Two bedrooms were being used for couples. There is a lift to allow people access throughout the home. There was a garden which people could use.

This unannounced comprehensive inspection took place on 3 November 2018. At the last inspection, in June 2016 the service was rated Good. The safe section of the report was rated Requires Improvement as there were concerns about the management of medicines. At this inspection we found medicines systems were safe. Therefore, the service has been rated Good in all areas with an overall rating of Good.

The management team at Penberthy had changed significantly in the last year with the recruitment of a registered, deputy and regional manager and administrator. The registered manager was also registered to manage the providers domiciliary care service, plus was providing temporary management support, for another care home. This meant that there was an impact on the amount of time she was able to spend at Penberthy. Staff told us they felt, "Staff morale is low". However, they also told us they enjoyed working at the service and that, "Teamwork between the care staff is fantastic." Staff felt there was a divide between the management team and staff. We received a mixed response from staff when we asked if they could approach the management team with suggestions or concerns. Some staff did not think the management team were approachable. The registered manager acknowledged the difficulties and stated they would meet with the team to look at how relationships could be improved.

The senior managers met regularly and had redesigned their performance management system in order to improve reflective practice, increase sharing and improve communication across the organisation. The management team were keen to implement changes that would improve the quality of people's care and assist staff. For example, the décor of the home had been improved to make it feel more appealing for people.

On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People told us they were happy with the care they received and believed it was a safe environment. We spent time in the communal areas of

the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect.

The service was comfortable and appeared clean. People's bedrooms were personalised to reflect their individual tastes. Toilet facilities were not easily accessible for people who used a wheelchair independently. The registered manager had highlighted to the provider that a bath on the ground floor needed resituating as there was no room for a care worker to get to the side of the bath to help the person using it. We have made a recommendation about this in the report.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this and what to do when incidents occurred.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Information about people's care would be shared at daily handovers, and consistency of care practice could then be maintained. This meant that there were clearly defined expectations for staff to complete during each shift.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards (DoLS) were understood and applied correctly.

People were protected from abuse and harm because staff understood their safeguarding responsibilities and were able to assess and mitigate any individual risk to a person's safety.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. People told us, "Food is nice here and we do get a choice. If I don't like what they have they will give me something else".

People commented the activities provided by the service were enjoyable but limited. The service had just employed an activity coordinator and it was hoped that the level of activities would increase. Staff ensured people kept in touch with family and friends.

Staff were supported by a system of induction training, supervision and appraisals. Staff were recruited in a safe way. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. The rota showed that agency staff were used regularly due to staffing vacancies in the service. They used the same agency staff to provide consistent support to people. The registered manager was actively recruiting to these posts.

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

identified and addressed. Audits were also in place to monitor the standards of the care provided. Audits were carried out regularly by both the manager and members of the senior management team.

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 had improved from Requires Improvement to Good..

People told us they felt safe living at the service. 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.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed

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 remains Good

Is the service well-led?

Good ●

The service remains Good.

Penberthy

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 comprehensive inspection took place on 3 November 2018. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or of caring for a person who has used this type of 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 eight people who were able to express their views of living at the service. Not everyone we met who was living at Penberthy was able to give us their verbal views of the care and support they received due to their health needs. We also spoke with a visitor, staff, the registered and deputy manager, Interim Operational Director and the Regional Manager. We used pathway tracking (reading people's care plans, and other records kept about them), carried out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises and observed care practices on the day of our visit. Following the inspection, we spoke with more staff to gain their views of the service. Overall, we spoke with 14 care staff.

We looked at care documentation for four people living at the service, medicines records, two staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

At the previous inspection we had identified concerns in the management of medicines. Therefore, the safe section of this report was rated as requires improvement at that time.

We reviewed the actions taken since the last inspection. We found there were safe arrangements in place for the administration of medicines. Regular internal audits helped ensure the medicines management was safe and effective. The service had an external pharmacy audit completed recently and found the medicine system to be meeting pharmaceutical guidelines.

People were supported to take their medicines at the right time by staff who had been appropriately trained. Each person had a Medication Administration Record (MAR) sheet. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly. Some people had medicine prescribed to be 'taken as required.' Guidance was provided to staff for when this medicine should be considered for the person and how it was to be administered.

The service were not administering medicines covertly. Staff were aware of the action they would need to take if this was needed. There was a medicine refrigerator at the service but no medicine required cold storage.

Due to the action taken by the provider, as outlined above, we concluded that the rating of the safe section had improved to Good.

People told us they felt safe at Penberthy. Comments included "I feel very safe here the staff are kind and if I am worried I can generally talk to one of the staff", "I haven't been here long but I do feel safe here" and "So far I have been looked after properly so it seems safe to me."

People and their relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. Staffing arrangements met people's needs in a safe way. The manager reviewed people's needs regularly. This helped ensure there was sufficient skilled and experienced staff on duty to meet people's needs.

We visited the service on a Saturday and saw the staffing levels were adhered to as shown on the rota. A senior carer and six care staff were on duty along with catering and domestic staff, to meet the needs of 33

people. During the week the service also employed an administrator, activity coordinator, housekeeping, ancillary and maintenance staff. At night three carers were on duty from 10pm to 8am. A manager was always present in the service during the day and was on call overnight. The rota showed that agency staff were used regularly due to staffing vacancies in the service. They used the same agency staff to provide consistent support to people. The registered manager was actively recruiting to these posts.

People were protected from abuse and harm because staff knew how to respond to any concerns. All staff had received safeguarding training. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Safeguarding concerns were handled correctly in line with good practice and local protocols.

There were systems in place to support people to manage their finances. Some people living at the service managed their own money with support from the manager. Advocates were appointed for some people. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. However, the monies were pooled into one bank account and did not adhere to the principles of person centred care. We raised this with the operational manager and agreed we would discuss this practice with the provider at our next provider meeting.

Risk assessments were in place so staff were aware of any identified risk and had clear guidance on how to support people safely. Risk assessments were regularly reviewed and updated as necessary. They were individualised and specific to people's needs.

Some people, when anxious or distressed, could behave in a way which might put themselves or others at risk. Staff told us they were confident supporting people at these times and did not need to restrain people. Information in care plans clearly described how to recognise when people were becoming distressed and the actions to take to alleviate this.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced. For example, liaison with health professionals had occurred as a person had experienced falls. This demonstrated actions were taken to help reduce risks in the future.

The service held a policy on equality and diversity. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.

Equipment owned or used by the service, such as mobility aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked.

We looked around the building and found the environment was clean. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and the registered manager monitored infection control audits. Staff received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff could access aprons, hand gel and gloves and these were used appropriately throughout the

inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five-star rating.

Recruitment systems were satisfactory and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references. This helped to protect people from being cared for by unsuitable staff.

Is the service effective?

Our findings

People told us they were confident that staff knew them well and understood how to meet their needs. People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. Copies of pre-admission assessments on people's files were comprehensive. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

The service worked closely with a wide range of professionals such as district nurses, social workers and general practitioners to ensure people lived comfortably at the service. People told us they were able to see doctors when needed and external appointments such as dentists, opticians and hospital specialists were facilitated.

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and found they were being met. There were restrictions in place including a locked entrance and exit doors with key pad codes and the use of pressure mats to monitor movement. In all instances best interest meetings had taken place to check the restrictions were proportionate and necessary. Authorisations were being monitored and reviewed as required.

Staff told us they always assumed people had mental capacity to make their own decisions. We observed staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their lives and spend their time.

Where people were unable to consent themselves due to their healthcare needs, appropriate people were asked to sign on their behalf. The registered manager was aware of which people living at Penberthy had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves.

There was some use of assistive technology to support people. This included pressure mats to alert staff

when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment.

Staff were supported by the registered manager to have the appropriate support to carry out their role effectively. This included a comprehensive induction at the organisation's head office and once in post there was continuous training and support. The induction was in line with the Care Certificate which is designed to help ensure staff that are new to working in care had initial training that gave them a satisfactory understanding of good working practice within the care sector. Staff were positive that they were supported appropriately.

Staff told us they received one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Training identified as necessary for the service was provided and updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling. Further training in areas specific to the needs of the people using the service was provided. For example, some people had particular health conditions and specific training in respect of this condition was provided. This showed staff had the training and support they required to help ensure they were able to meet people's current needs.

We observed the support people received during the lunchtime period. The majority of people had their lunch in the dining area. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Staff asked people if they had enough to eat and if they wanted 'seconds' this was provided. Where people needed assistance with eating and drinking, staff provided support appropriate to meet each individual person's assessed needs. If a person wished to have their meal in their own bedroom this was respected and facilitated.

People told us, "Food is nice here and we do get a choice. If I don't like what they have they will give me something else" and "We do have a choice of what to eat. They are very good at asking one if they want their meal later rather than at the same time as the majority. I like this option especially when I have visitors."

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. The menu had recently been reviewed and they were waiting for feedback from people to be certain that the meals provided were to their liking. Where possible they tried to cater for individuals' specific preferences. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate to help the meal look appealing and people were able to see what they were eating.

Staff regularly monitored people's food and drink intake to ensure everyone received sufficient each day. Staff also monitored people's weight regularly to ensure they maintained a healthy weight and acted where any concerns were identified. For example, where a person's weight records showed they had lost weight a food and fluid chart was implemented.

A continual redecoration programme of the premises was in progress at Penberthy and some bedrooms and communal areas had recently been decorated and refurbished. The decoration was designed to support people with dementia to move around the service and be able to identify different areas and rooms. The organisation had a maintenance team to address general maintenance with contractors undertaking any specialist work.

Toilets on the ground floor were not easily wheelchair accessible. We noted that if a person wished to transfer from their chair to the toilet this was not possible in some bathrooms. For example, none had left hand access which meant people paralysed down the right-hand side would be unable to transfer independently. Upstairs there was just one bathroom that was wheelchair accessible but the paper hand towel dispenser was situated too high for a person in a sitting position to reach. No toilets were raised to make a level access transfer from wheelchair to the toilet possible although raised seats were available. The registered manager had highlighted to the provider that a bath on the ground floor needed resituating as there was no room for a carer to get to the side of the bath to help the person using it.

We recommend that the service seek advice and guidance from a reputable source, about improving access for people with a disability.

Is the service caring?

Our findings

People were supported to understand that Penberthy was their home and the staff were there to support them in running their home. On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a kind, caring and compassionate manner. People had developed positive and caring relationships with the staff that supported them.

People were complimentary about the caring approach from staff. People were positive about the attitudes of the staff and management towards them and told us they were treated with respect and listened to. Comments included "This is a good old place here. As I get to know more of the staff I find I can talk to them. Once they get to know you and your likes and dislikes they are respectful of those choices" and "I find the staff very helpful in fact very kind to me. No one says you can't do this or that. I can do what I like."

We observed staffs caring approach throughout the inspection. For example, when a person became anxious staff sat with the person, and provided appropriate comfort. We heard laughter and humour shared between people and staff.

Staff were proud to work at Penberthy and told us, "I love working here, the people, the staff" and "We are a great team."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing.

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

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

People and their families were involved in decisions about the running of the service as well as their care. People's care plans recorded their choices and preferred routines. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Some people's ability to be involved in decisions was limited. In these cases the service consulted with people's representatives such as their relatives to try and establish what people's wishes would be..

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example, if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

People's confidential information was protected appropriately in accordance with the new general data protection regulations.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Where necessary, people had access to advocacy services which provided independent advice and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Each person had a care plan that was tailored to reflect their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

The service had in the last two months commenced an electronic care documentation programme. Peoples care records were now on this new system. Staff had hand held monitors to input all contact they had with the person that day. When a person's care need was due, for example timing of medicines, monitoring checks and dietary information, if the staff member had not already completed it an alert was sent to the staff members hand held device to remind them this task needed to be completed. Staff were still getting used to the new system, and thought in the main it worked well. We reviewed daily records and found that only tasks completed were recorded. Staff acknowledged that they had not been writing details of people's emotional well-being during the day, which meant the records were not person centred. We discussed this with the management team who stated they would provide training around this.

We found that care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

The service held handover meetings, which occurred at each shift change. This was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

We observed call bells were answered quickly and people did not have to wait long for a response. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses and cushions were provided. Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were reviewed and shared with relevant professionals where appropriate to ensure people's health needs were being met.

People told us there were limited activities provided by the service. Comments included "Apart from the two

activities there is nothing else to do" and "I am not sure we have any activities." One person did comment that "They have singing here and I love it as I use to be in a choir years ago." People said they enjoyed the singer and the drummer who came to visit but these were the only activities provided. The registered manger acknowledged that activities were limited and they had just recruited an activity coordinator. The registered manager had recognised this as an area for improvement and had recently recruited an activities coordinator. They said this additional role would help ensure activities were provided more frequently. All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and hearing aids and any support they might need to understand information. Some people had limited communication skills and there was guidance for staff on how to support people.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. There were no complaints being investigated at the time of this inspection. People said if they had any concerns or complaints, they would discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The manager said if a person they cared for was nearing the end of their lives they would support them to have a comfortable, dignified and pain free death "in their home." The service had previously worked with relevant health professionals to ensure appropriate treatment was in place to keep people comfortable.

Is the service well-led?

Our findings

A registered manager was 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 management team at Penberthy had changed significantly in the last year with the recruitment of a registered, deputy and regional manager and administrator. The registered manager was also registered to manage the providers domiciliary care service, plus was providing temporary management support, for another care home. Staff told us they felt the registered manager had "Too many hats" and that this impacted on how she had to divide her time between different services. This meant that there was an impact on the amount of time she was able to spend at Penberthy. A manager had been appointed during this inspection process for the domiciliary care agency, and a recruitment process was in place for a manager at the other location. Once all were in post this would mean the registered manager would be able to dedicate all their management time to Penberthy. We will continue to monitor this situation.

Staff told us they felt, "Staff morale is low". However, they also told us they enjoyed working at the service and that, "Teamwork between the care staff is fantastic." The majority of staff felt there was a divide between the management team and staff, reporting it as a "upstairs downstairs relationship". The manager's office was located upstairs and staff felt they were therefore not as approachable.

We received a mixed response from staff in if they could approach the management team with suggestions or concerns. Some stated they did not feel this was possible. Others said, "Support is constructive" and "Managers are supportive, carers are supportive. It's a happy home." We discussed this with the registered manager and she was aware that due to her other managerial responsibilities this had impacted on her time at the service. Plus, there were a relatively new management team who had needed to introduce a lot of changes when they commenced post. Some staff acknowledged that they had "struggled" with the changes but were starting to see the benefits of the changes made. For example, shift allocation so all staff knew what was expected of them on shift. The registered manager acknowledged the difficulties and stated they would meet with the team to look at how relationships could be improved.

The registered and deputy manager demonstrated a sound understanding of each individual's needs in their conversations with us. It was clear they were committed to helping to ensure people had a good quality of life. People told us they were happy at the service and felt able to talk to staff about any issues. Some could recognise who the managers were. One commented "I don't know their names but I think I could talk to them. The managers that is." The registered manager acknowledged that a formal relatives meeting had not occurred since January 2018 but said that she was available to meet with relatives at any time. We saw compliment cards from relatives to the registered manager and staff team thanking them for their support for their family and the relative concerned.

The senior managers met regularly and had redesigned their performance management system in order to

improve reflective practice, increase sharing and improve communication across the organisation. This was shared with us and it evidenced that the audit tool was specific to the issues within Penberthy, for example how to make the environment more appealing to people.

The regional manager visited the service monthly and produced a report which evidenced that they had an overview of the service and completed audits of the service. For example, reviewing people's care records, staff records and the environment. The registered and deputy manager worked in the service every day. Senior staff had an on-call rota so that they could support staff when they were not present.

The registered persons understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. The registered manager said if she had concerns about people's welfare she liaised with external professionals as necessary, and had submitted safeguarding referrals when she felt it was appropriate.

There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice. For example, checking records demonstrated people had regular food and drinks; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system; infection control procedures and checking the property was maintained to a good standard.

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.

Records were stored securely to help ensure confidential information was kept private. The records were up to date, accurate and complete. All care staff had access to care records so they could be aware of people's needs. The service informed CQC of any significant events. CQC ratings from the last inspection report were displayed at the service.