

Mrs Keshwaree Ramana

Coralyn House

Inspection report

12 Glebe Avenue
Hunstanton
Norfolk
PE36 6BS

Tel: 01485535999

Date of inspection visit:
22 January 2020

Date of publication:
13 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Coralyn House is a residential care home providing accommodation and personal care to four people with a learning disability at the time of the inspection. The service can support up to five people in one residential property.

People's experience of using this service and what we found

People were not protected in a safe environment. We identified risks in the environment which had not been recognised or addressed by staff or the provider. Staff had not all been recruited in line with regulations. There were enough staff on duty to meet people's needs. Improvements had been made to meet the needs of people whose behaviour may challenge. Staff knew how to report any safeguarding concerns and had completed training in this. People received their medicines as the prescriber intended, robust systems supported this. Improvements needed to be made to the condition of surfaces in the kitchen to promote better infection prevention and control.

The environment of the home needed improving, redecoration of the home since our previous inspection where we identified this had been very limited. People had enough to eat and drink, where people were at risk of not maintaining healthy nutrition, staff worked with professionals to improve this. The registered manager ensured people had access to health professionals when required. Staff told us they received training in essential areas such as health and safety, but we found that part time staff had not undertaken adequate training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and encouraged people to promote their independence. Staff were respectful and courteous in their interactions with people, although residents' meetings needed to be more respectful and focussed on the views and needs of people.

People were able to undertake activities of their choice and use facilities in the community. Improvements had been made in ensuring the accessible information's standards were followed. Staff were working with

people to explore any wishes or preferences they wanted considered at the end of their lives.

The service didn't consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The provider did not fully understand these principles and had not undertaken additional training to further develop their knowledge to ensure they followed best practice guidance in supporting people with a learning disability.

There was a lack of clear governance in the service and the provider did not have effective systems in place to consistently assess, monitor and improve the quality of care. This meant safety issues were not identified and rectified by the provider. The service has not sufficiently improved since our last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was requires improvement (published 23 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, sufficient improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, fit and proper persons employed, premises and equipment, and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Coralyn House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Coralyn House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection was unannounced.

What we did before the inspection

We reviewed information we received from the service by way of notifications. Notifications are required by law and identify incidents that had happened in the service and the actions taken in response, including safeguarding and serious injury.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We carried out observations of how people received their care and support as well as staff interactions. We spoke with the registered manager who is also the registered provider, a senior support worker and a support worker.

We reviewed a range of records. This included two people's care records and medicine records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with one professional who had been recently involved with the service. We continued to seek confirmation and clarification from the provider to validate evidence found.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was in relation to the assessment of risks relating to people eating and drinking, premises and infection prevention and control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At this inspection we found that the provider had not identified risks to people from hot water taps. Taps in people's bedroom did not have temperature control valves fitted to reduce the risk of scalding. Water coming from these taps was excessively hot and could cause skin burns. These taps had not been checked by the provider.
- The provider had not carried out suitable checks of water temperatures. Temperatures had been taken in one bathroom only and was completed while the mixer tap was in a central position rather than at its hottest. The provider had not used a suitable thermometer for this purpose.
- We found two bedrooms on the first floor did not have restrictors fitted to large windows which posed a risk to people as the opened to a point where a person could fall through.
- We found in three bedrooms that wardrobes had not been fixed to the wall and were unstable with heavy loads on top.
- We found the home to be cleaned regularly, however surfaces in the kitchen had become very worn and cracked which prohibited them from being cleaned properly and reduce the risk of the spread of infection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions were now completed and suitable checks of the environment were in place.

- We found improvements had been made to the assessment of risks to people from eating and drinking. Staff were aware of what precautions to take for people, and care plans clearly identified these.
- Risks to people when accessing the community and enjoying their daily lives had been assessed and identified. Staff were familiar with these and took action to mitigate them.
- There were checks to fire alarms, water, gas and equipment within the service.

Staffing and recruitment

- Recruitment records we reviewed showed that a member of staff recruited as a flexible worker had not undertaken a recent Disclosure and Barring Service (DBS) check. These checks help ensure that suitable people are employed to work with vulnerable people. The provider had used a DBS check completed by a previous employer. DBS checks are not portable, and a new check should be undertaken at the commencement of employment.
- We spoke to the provider about their understanding of the regulations and requirements regarding the employment of staff. Their understanding was limited in the requirements relating to part time or 'bank' workers. They did not ensure that these workers undertook the same recruitment checks as permanent staff.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was enough staff deployed to support people in order to keep them safe. We reviewed rotas that confirmed this.
- Staff told us they did not work excessive hours and felt they were able to meet people's needs in a timely way.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse.
- Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities.

Using medicines safely

- People's medicines were managed safely. We saw that medicine administration was completed in accordance with good practice.
- Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. Staff could describe to us how they would assess when people needed these medicines. This helped to ensure that people received their medicines as prescribed.
- Medicines were reviewed as necessary with the GP and specialist nurses.

Learning lessons when things go wrong

- Risk assessments and care plans were updated after accidents and incidents to ensure that measures in place were effective and enhanced people's well-being.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to ensure that the decoration of the service was maintained and met people's preferences and needs. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The provider had begun a programme of redecoration. This had been limited to communal areas only due to the disruption caused to people living in the home, so progress had been limited. The provider informed us that decoration of individual rooms would take place when people had chosen colour schemes and were away on holiday.
- Areas of the home's decoration required modernisation to meet the needs of people living at the home.
- The kitchen area did not contain any adaptations to aid people's independence. The kitchen area had also become overly worn in places and requires updating. The lino flooring in the conservatory area had lifted from the floor and required replacement.

Staff support: induction, training, skills and experience

- Staff who worked full time had completed regular training, however, one staff member recruited as a bank worker had not completed any training since being employed at Coralyn House. Although they had completed training in social care for another employer, this had not been updated for more than five years.
- The staff we spoke with told us they completed an induction process when they commenced employment. However, for one member of bank staff, there were no records to confirm that this had been completed.
- At our last inspection, we found that staff required further training in supporting people with behaviours that challenge others. Staff confirmed that this had taken place and that they found this had improved their

skills and knowledge.

- Staff told us they felt supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- All of the people living at Coralyn House had resided there for several years. Care plans had been regularly reviewed since then to ensure any changes in need were identified.
- Care plans were detailed for each identified need a person had. Staff had clear guidance on how to meet those needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a choice of food and drinks provided. Specialist diets, such as soft textures, were catered for.
- Staff monitored people's intake where required. People identified as at risk of malnutrition or dehydration were referred to their GP or dietician. We saw records that showed staff had proactively supported one person who had experienced weight loss.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff working at Coralyn House were long standing and knew people well. Staff could promptly identify when people`s needs changed and sought professional advice.
- Detailed records and monitoring of people's welfare were used to inform community healthcare professionals so timely and effective action could be taken.
- We spoke with one community professional who told us staff were following the guidance they had provided in relation to managing their welfare.
- We saw a testimony provided by a local GP to the service through a professional's survey which stated they felt people at Coralyn House were well cared for and staff were responsive.

Ensuring consent to care and treatment in line with law and guidance

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. 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 were being met.

- Mental capacity assessments were carried out where needed to establish if people had capacity to make decisions affecting their lives. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans.
- We saw staff asking for people`s consent before providing them with support. People were offered

choices and encouraged to express their wishes.

- Staff had received training regarding obtaining people's consent and the principles of the MCA and could demonstrate to us that they understood this and applied it to their work when supporting people.
- The registered manager ensured that applications to deprive a person of their liberty had been made where required, and that staff worked in accordance with any conditions.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Most people were able to express their views to staff individually and at residents' meetings. However, we saw from records of these meetings that they were also used to tell people day to day observances of staff, such as keeping bedrooms tidy. The tone recorded in the notes was parental rather than supportive. We discussed this with the provider, who told us that they would ensure this did not occur in future meetings.
- Where people were not able to express their views and could not be involved in decisions about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- The provider sought the views of people through a satisfaction survey. Since our last inspection, improvements had been made to ensure the questionnaire was provided in an accessible format that suited the needs of people living at Coralyn House. We saw the results of this survey were positive.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- At our last inspection we found that people were not always treated with respect because of the language staff used. Staff did not always give people the opportunity to be involved and promote independence.
- At this inspection we found staff did not use condescending terms when talking to people, instead referring to people using their preferred names. Staff were respectful and patient when interacting with people.
- We saw that staff offered people opportunities to be involved in their daily lives, for example being able to make a sandwich at lunch time, where previously people were not allowed access to the kitchen.
- Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- We observed caring interactions between care staff and people. Staff greeted people when they saw them, offering support and reassurance where necessary.

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs and preferences. We observed that staff knew people well and how a person wished to receive interaction.
- People's care plans were detailed and contained clear information about their specific needs, their personal preferences, routines, likes, dislikes and what was important to the person. Each person's care and support plans were regularly reviewed and updated to reflect their changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Improvements had been made to people's care plans since our last inspection to meet the requirements of the Accessible Information Standards (AIS). This included the use of symbol-based languages and pictorial signs.
- A community professional we spoke with told us staff were making improvements in communicating with people with a learning disability, however staff still required further training and development. They had noted that staff did not always give people the time they needed to process information and respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to access their community and use its resources. The provider told us that some people living at the home did not always want to do this, and motivating people to do so was a constant challenge. We saw staff give people opportunities but were respectful when people declined these.
- Care plans we reviewed detailed people's interests, hobbies and cultural wishes. These plans clearly identified the ways in which the staff could support people to engage in them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. This had been developed with the people in mind that were using the service, to support them to make a complaint should the need arise. We saw that no complaints had been received since our last inspection.

End of life care and support

- At our last inspection we identified that the provider had not worked with people, their relatives, or social care professionals to identify any preferences they may have in relation to the end of their lives. At this inspection, we found that the provider had begun work with people and those important to them to identify these preferences if they wished.



Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure monitoring and auditing systems were effective in identifying improvements needed. The registered manager had not kept up to date with best practice guidance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- During our inspection we found multiple environmental safety risks to people that had not been identified by the provider. Checks to the home's environment were not robust or in-depth.
- The provider did not follow best practice guidance to identify risks to people, for example in checking the temperature of hot water checks. Their knowledge of this guidance was limited.
- At our last inspection we identified that the provider had limited knowledge of best practice guidance in supporting people with a learning disability. The provider had not yet engaged in any further training or development for themselves or their staff team in this area. They did not attend any networks or forums which could enhance their knowledge as a registered manager or provider of services to people with a learning disability.
- At our last inspection we made a recommendation that the provider familiarised themselves with the principles that underpin Registering the Right Support guidance for people with a learning disability living in care homes and implement this through the service. The provider told us that they had read this guidance, however could not demonstrate to us how this had been implemented through the service. Staff we spoke

with were not aware of this guidance.

- The provider still did not have a formal development plan to address the issues identified at the previous inspection.
- Improvement work to the home's environment had been very limited, with no dates set for the future work. The provider told us this had been impacted by the effect the works had on people living at the home and would take place whilst people were on holiday. However, there were no arrangements yet in place for this.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People could access the latest CQC inspection report and the rating was displayed in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had made themselves familiar with the requirements of the accessible information's standards since our last inspection and amended documentation in light of this.
- Surveys were sent to people to measure their satisfaction, this had been provided in a format which was more user friendly to a person with a learning disability. We saw the response to this from people living at Coralyn House was positive. Relatives and professionals were also asked for their views.
- Staff told us that the provider was approachable and involved in the running of the home. Staff felt well supported by the provider.

Working in partnership with others

- A community professional we spoke with told us the provider and staff were willing and motivated to work with other professionals involved in people's support.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with the environment or their individual needs. Regulation 12 (2) (a) (b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance Systems for monitoring and improving the quality and safety of the service were not operating effectively. 1, 2 (a), (b), (c) (d) (f)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA RA Regulation 2014 Fit and proper persons employed. Systems to check</p>

that suitable people very employed were not robust, audits or recruitment records did not identify shortfalls in records. 2 (a) 3 (a) (b)