

# Maria Mallaband 17 Limited

## Corinthian House

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This comprehensive unannounced inspection took place on 27 November and 10 December 2018.

Corinthian House is a 'care home'. 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. Corinthian House provides nursing and personal care for a maximum of 70 older people, some of whom are living with dementia. There were 67 people using the service at the time of this inspection.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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.

At our last inspection in September 2017, we rated the service Requires Improvement. We found at that time, improvements had been made to the service following our previous inspection when we identified several concerns. We used this current comprehensive inspection to check whether the improvements had been sustained. Although some improvements were still needed; we found there had been sufficient progress and the service has now been rated as Good.

A range of audit processes were in place to measure the overall quality of the service provided. However, records did not always show issues identified were acted on and lessons were learnt when shortfalls were identified. The registered manager took action during the inspection to introduce new documentation and systems to ensure this in the future.

People told us they were safe and well supported by staff who knew them well. Overall, people said there were sufficient staff and our observations confirmed this. People's needs were assessed and their care planned to ensure they received the support they needed. Care plans and risk assessments were reviewed regularly and staff had access to up to date information about people's care requirements. Medicines were managed safely.

Staff were trained to recognise potential abuse or discrimination and they knew how to manage and report such concerns. Recruitment was managed safely. Staff felt well supported and received appropriate training which was updated when needed. Staff said they enjoyed working for the service and felt valued.

People lived in an environment that was clean and homely. The home and equipment were maintained to minimise the risk of cross infection. Health and safety checks were undertaken and there were appropriate procedures in place in the event of an emergency.

People told us they enjoyed the food at the service. They received support to maintain their nutritional

wellbeing and had a choice in what they ate and drank. There was a varied menu available to people and specialist diets were catered for. People were supported to maintain their health and had access to health professionals as required.

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

People had opportunities to take part in social activities which they told us they enjoyed. People were treated equally and their diversity understood and supported.

Privacy and dignity was protected and staff were kind to people. People told us they were happy with the care they received and were complimentary about the staff who supported them. Overall, we saw individualised caring interactions between staff and people who used the service.

People understood how to complain or raise concerns and these were responded to. People, their relatives and staff all spoke highly about the way the service was managed.

Further information is in the detailed findings below.

## 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.

People were cared for by sufficient staff who knew them and their needs well. Safe recruitment procedures were in place.

Systems to ensure the safe administration of medicines were effective.

People were protected from abuse and told us they felt safe using the service.

### Is the service effective?

Good ●

The service was effective.

People's rights were protected under the Mental Capacity Act.

Staff told us they received good training and support to carry out their role. Records we looked at confirmed this.

People were supported to maintain their health and wellbeing and their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and supported them with dignity.

Staff were committed to promoting people's independence and supporting them to make choices.

People's equality, diversity and human rights needs were met

### Is the service responsive?

Good ●

The service was responsive.

Improvements had been made since the last inspection.

People and relatives were involved in decisions about their care and support needs.

People had access to activities they enjoyed.

People knew how to complain and felt comfortable doing so.

### **Is the service well-led?**

The service was not always well led.

Systems and processes for assessing and monitoring the quality of the provision were in place. However, these were not fully embedded and lacked recorded evidence that identified actions were always completed.

The management team were approachable and highly regarded by staff, people and relatives.

The registered manager and staff worked in partnership with other services to help ensure people received effective care.

**Requires Improvement** 

# Corinthian House

## 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 inspection took place on 27 November and 10 December 2018 and was unannounced.

On day one, two inspectors, a specialist advisor in governance and two experts-by-experience carried out the inspection visit. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, two inspectors continued the inspection.

Before the inspection, we reviewed all the information we held about the service including statutory notifications. Statutory notifications, which are a legal requirement, provide the Care Quality Commission (CQC) with information about changes, events or incidents so we have an overview of what is happening at the service. We contacted relevant agencies such as the local authority and clinical commissioning groups, safeguarding and local Healthwatch England. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in June 2017. 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. Because the form was completed before the last inspection we have not considered the information as part of this inspection.

During the visits we looked around the service, spent time in communal areas and observed how people were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with twenty people who used the service and seven relatives. We spoke with seven members of staff, the registered manager, regional manager, deputy manager and activities co-ordinator.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at six people's care plans and six people's medicines records.

## Is the service safe?

### Our findings

People or their relatives thought the service was a safe place to live. People's comments included; "Oh yes, I feel safe" and "The staff are very good here; I feel very safe, the staff have a chat with you." One person's relative described the service as 'life-saving' and told us their family member had been neglected in a previous placement. One person told us of an incident that had occurred where they did not feel safe. We reported this to the registered manager and they made immediate arrangements to review this with the person concerned and took action to prevent any re-occurrence of the incident.

Staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's care plans included risk assessments. These told the staff about the current risks for each person and how to manage and minimise these risks. For example, we saw a person was assessed at risk from falls. The service had obtained a pressure mat which would activate if the person put any weight on it. Another person had been assessed as being at risk from developing pressure ulcers. The person had been referred to the tissue viability nurse (TVN) and had an airflow mattress to help prevent pressure to areas of their body. We saw turn charts were being completed which confirmed the person was repositioned regularly.

There were mixed views from people who used the service and their relatives as to whether there were always enough staff. However, people told us their or their family member's needs were met and requests for assistance were responded to promptly. Our observations showed there were enough staff to support people and communal areas were supervised at all times. We saw call bells were answered in a timely manner. The provider's dependency tool showed they had assessed there to be sufficient staff for the number of people at the service. Staff told us there were enough staff to meet people's needs and rotas indicated staffing was provided according to people's assessed dependency.

There were systems to manage individual accidents and incidents and to learn from them, so they were less likely to happen again. The registered manager also completed a monthly analysis of accidents and incidents. This recorded the numbers of accidents or incidents but did not show how any themes or trends were identified. The registered manager was aware the analysis needed to improve and had plans in place to introduce a new system which would provide this overview.

The premises were overall safe, clean and well maintained. We found some window frames in the service had drafts coming through them. However, there was a programme of window frame renewal in place and the registered manager made arrangements to have the defective windows assessed to see if draft excluders could be fitted. We saw catering staff had identified a risk to their safety when using the dishwasher. Risk management plans were in place to manage the risk; however, these were not specific to the risk identified. The registered manager updated the plan during the inspection and contacted the provider to request a piece of equipment to reduce the risk. There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had a personal emergency evacuation plan in place.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. Staff demonstrated their understanding of safeguarding procedures to ensure people were protected from any harm. Staff told us they would have no hesitation in reporting safeguarding concerns and they described the process to follow.

Medicines were managed safely and people received their medicines as prescribed. People told us they received their medicines on time and were given pain relief if they needed it. The system used was a computerised system (eMAR). We looked at electronic medication administration records (eMARs) for people. These were clear and accurate and showed medicines had been given to people at the right times and the right dose. Medicines were stored securely and appropriately. This included the controlled drugs (CD's) held for five people who used the service. CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage.

We observed the medicines being administered. Staff administered medicines to people and accurately recorded when they had been taken. Regular auditing of medicine procedures had taken place. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Some people had 'as and when required' (PRN) medicines. Guidance was in place for staff to follow which included the dosage, frequency and purpose of the medicine and ensured these were given appropriately. Staff responsible for administering medication had received training and a competency assessment which ensured they were working to the provider's policies and procedures in relation to the safe management of medicines.

## Is the service effective?

### Our findings

People had enough to eat and drink and maintain a well-balanced diet. People's weights were monitored and action was taken if people were losing weight or nutritionally at risk. We saw food and fluid charts were completed for people who were nutritionally at risk. We found some people's fluid charts stopped at 8pm, although the registered manager said people would be given drinks if awake. They were able to show us some records which showed evidence to confirm drinks were given throughout the night.

Menus showed a variety of food was on offer to people. Regular snacks and drinks were available and people could request alternatives to what was on the menu if they wished. People were positive and complimentary about the food. Comments we received included; "The food is good, there is enough; not too much" and "The food is great here; nice amount."

We observed the lunch time meal on four occasions in three separate dining areas. On the first day of our visit we saw the mealtime experience was not positive in one of the dining rooms. People were rushed, staff were disorganised and people did not always get dignified support with their meals. We discussed this with the registered manager who said they would take action to ensure meal time experiences were improved for everyone. On the second day of our visit we saw a much better approach from staff and people received the support they required.

Staff received the training and support they needed to carry out their jobs effectively. People told us staff carried out their role well. One person said, "They are very confident; the time allocated is spent on you, they go above and beyond." New members of staff were required to go through an induction and records showed they had their competency assessed before starting to work independently. Training was regularly updated and covered a wide range of subjects which included; moving and handling, safeguarding, first aid and dementia care. Nursing staff completed specialist training such as wound management and blood glucose checking to ensure their clinical skills were up to date. The staff we spoke with were aware of their roles and the needs of people they were supporting.

Staff received regular supervision through an annual learning and development plan. Staff were given the opportunity to identify any gaps in training as well as discussing working practices and any individual concerns. Staff told us they were well supported.

People's care records showed their day to day health needs were being met. People had access to their own GP and other healthcare professionals such as speech and language therapists, district nurses, chiropodists and opticians. People told us the staff were prompt in getting health support for them if they needed this. One person said, "If I need to see a doctor they are very much on the ball here." A person's relative told us, "They get the doctor out quickly when [family member] needs to see one."

Staff sought consent from people before providing care and support and people were supported to make their own decisions and choices. 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 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 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. The registered manager showed us a record of the DoLS that had been applied for which included people who had authorised DoLS. Other people were awaiting decisions to be made by the supervisory body. We saw one person's DoLS had three conditions that must be complied with to meet the legal requirements of the DoLS. We saw the conditions were being met. We saw mental capacity assessments had taken place for people who lacked capacity to make some decisions. These were supported by best interest decision making which involved people's families or other relevant people.

People had choices about where they spent their time. There was enough communal space available for people to be able to sit quietly or join in activities. Bedrooms had en-suite facilities and there were sufficient shared bathrooms for people to use. Bedrooms had been furnished to reflect people's personal tastes and preferences. Some signage was in place to assist people to find their way around and there were resting areas available in corridors if people liked to walk around. The corridors in the home were bright and colourful with items of interest for people to interact with. Lounges were homely and contained items of memorabilia that people could access if they wished. There was a garden area which we were told was well used in good weather.

## Is the service caring?

### Our findings

People told us the staff were caring and helpful and support was always there for them. Comments we received included; "They show compassion to me" and "Staff help me when I am not sure." Relatives also spoke highly of the caring nature of staff. One told us how happy their family member was at the service and described the staff as 'first rate'. People looked comfortable engaging with the staff.

There was a pleasant atmosphere at the service and staff's interactions with people were, overall good. Some people were living with dementia and became confused at times. Staff were patient in their responses and clearly aware of how to respond appropriately to each person to decrease any anxieties. However, on one occasion a staff member used an undignified gesture when speaking to us about people living with dementia. We also saw a person who said they were in pain when being assisted to stand was not responded to by the staff member helping them. We reported these incidents to the registered manager who took immediate action and we saw records to support this.

People looked well cared for, which is achieved through good standards of care. Staff were positive about their roles and told us they enjoyed their work and were committed to providing good care for people. Staff spoke warmly about people who used the service; it was clear they had developed good relationships with people and valued them as individuals. One staff member said, "I love helping and caring for people and seeing them do well." We saw staff enabled people to be as independent as possible while providing support and assistance where required. Staff showed a good understanding of the importance of encouraging people's independence. One staff member said, "Independence makes people feel proud of themselves."

Staff told us people made day to day choices and had control over their routines. They said people could choose what time to get up, go to bed or where to spend their time. Staff said they respected people's choices if they wished to stay in their rooms rather than the communal areas. Staff showed a good understanding of the people they cared for, their personalities, interests and their preferred routines. One staff member said, "I want people to feel as good as they can; feel comfortable in their home and be treated as genuine individuals." Care plans seen were detailed and supported what staff had told us about people's preferences.

People confirmed their privacy and dignity was respected by the staff. One person said, "I get treated with respect; they knock on the door even when it is open before they come in to see me." Another person said, "I can't fault any of them, even the cleaners. They all knock on the doors and treat us with respect." We saw staff knocked on people's doors before entering and asked their permission before entering their rooms.

Staff were aware of equality and diversity and said they would support people to challenge any discrimination. People told us they felt listened to and involved in planning their care. People were supported to maintain relationships with family and could have visitors when they wanted to. Relatives told us they felt welcomed by the staff and were always offered refreshments when they visited.

The registered manager was aware of how to assist people to obtain the services of an advocate to represent them if needed. We also saw there was information on display in the home regarding local advocacy services that people could access.

## Is the service responsive?

### Our findings

At the last inspection in September 2017 we rated this key question as Requires Improvement. We recommended that the provider sought guidance in relation to best practice for involving people and their relatives in decisions about their care and support. At this inspection we found improvements had been made; people spoke of their involvement in planning their or their family members care and support. One person said, "My family are fully involved, they come to see me most days and they can come when they want. I have no problems here." A relative told us, "They have reviewed [family member's] care with me as they want me involved. They took on board our wishes. That was very good and we are very engaged with it."

Records showed people had their needs assessed before they moved into the service. This ensured the service could meet the needs of people they were planning to admit. People's computerised records included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and on-going needs. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review to ensure they were current.

Some people had end of life care plans in place so staff could support people in their final days and their preferences would be respected. Staff spoke with sensitivity when speaking about end of life care.

People were supported to take part in various activities. There were two activities coordinators who ensured a daily programme of activities was available to people. These included external singers and entertainers, light exercise classes, pamper sessions and games. We observed some activities taking place and saw people were encouraged to participate and there was a lively atmosphere generated by the staff taking part. People told us they enjoyed the activities. One person said, "There's plenty of activities; skittles, play your cards right, singers, really good. I've made a lot of friends here." Another person said, "It's good and they are all lovely people. They have concerts, I enjoy them." Some people told us they preferred their own company or that of a small group of friends they had made. They told us their choice to not participate in activities was respected.

People told us that special events such as birthdays were celebrated with cakes and parties if they wanted them. One person told us they had recently got engaged and the staff had helped them organise the party to celebrate this at the service. They said, "It was brilliant; we had the time of our lives. Absolutely lovely party."

The provider had policies in place in relation to protected characteristics under the Equality Act 2010. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. The registered manager was aware of the Accessible Information Standard. This

is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives understood how to make a complaint and raise concerns. On the first day of our inspection a relative told us they had expressed concerns as the staff were unable to locate the hoist slings needed to get their family member out of bed. This had resulted in the person waiting until the afternoon to get up. The registered manager responded to the concerns and a search was conducted to locate the slings. On the second day of our inspection the registered manager told us all slings had been found and they had also ordered another spare sling to avoid any re-occurrence of this concern.

A person who used the service told us of their experience when they had raised concerns in the past. They said they felt a staff member had not treated them well and they had reported this to the registered manager. They said they were satisfied with the outcome. Records we looked at showed this had been addressed.

There was a complaints policy in place and we saw where complaints had been received these had been investigated and a response provided in line with the policy. Records did not show a clear lesson learned approach to complaints. The registered manager introduced reflective practice documents during our inspection to show how learning was identified from complaints to prevent re-occurrence. Staff told us they were kept informed of important issues that affected the service and if improvements to practice were needed. One staff member told us; "[Name of registered manager] absolutely keeps us informed, wants everything to be right for people here."

## Is the service well-led?

### Our findings

At the last inspection in September 2017 we rated this key question as Requires Improvement. We did not identify any breach of regulation but noted some improvements were needed to ensure monitoring systems were robust, medicines records were maintained accurately and further involvement of people who used the service was developed. At this inspection, we found some improvements had been made. However, these still needed to be strengthened and fully embedded in the service.

Arrangements were in place to monitor the quality and safety of the service. Audits were completed by the registered manager or deputy manager on a regular basis, including health and safety, care records and medicines management. The registered manager was clear about their role and responsibility in relation to quality performance and managing risks. However, some improvements were required to the provider's quality monitoring processes to ensure all necessary improvements were supported by an action plan to ensure improvements were made and sustained. For example, a statement within an audit noted there had been poor wound care documentation for a person and this needed to 'improve by December'. There was no action plan to show how this would be done. During our inspection, new documentation was introduced to ensure action plans were monitored for completion and any lessons learned, patterns and trends were identified. Audits were also completed by the provider's regional and quality managers. These audits showed actions were monitored through to completion.

A 'resident at risk' tool was used to identify and manage risks such as infections, weight and safeguarding. The registered manager was aware of risks to people but had not fully utilised this tool to identify or analyse patterns and trends for people. The tool was about to be introduced as an electronic system and the registered manager said this would give easier overview to enable them to do this. The registered manager was aware they needed to improve their analysis of risk and accidents or incidents.

Staff said they felt well supported within their roles and said the management team were approachable. They described a positive and open culture in the service. Staff told us they felt confident to make suggestions, were listened to and felt valued. We saw regular staff meetings took place. However, the minutes of these meetings were very informal and did not record any actions. The notes did not show there was any debate or input from staff and were on occasions sharp and unsupportive in their tone. The registered manager acknowledged the minutes had not been proof read or approved by them and in future they would make sure a more professional record was produced.

People who used the service and relatives were asked to provide feedback on the service in surveys. We looked at the results of the most recent surveys undertaken in June 2018 and saw people had asked for improvements that included being treated as an individual, better laundry systems and having their privacy respected more. Action plans had been developed to ensure any suggested improvements were addressed. However, these had not, yet, been shared with people who used the service or relatives. There were no formal systems in place to ensure people were told of actions taken in response to their concerns or suggestions. The registered manager told us they were planning to introduce a notice board display to reflect this.

The provider expected 'Relative's and resident's meetings' to be held every other month. However, the registered manager told us there was a lack of interest in these meetings with no attendance despite advertising and promoting them. No other forms of communication, such as newsletters or information bulletins had been developed. The registered manager said they advocated an 'open door' policy and made sure they made themselves available to speak with people often.

People who used the service and their relatives told us the service was well-managed. One person said, "It's a good home here." We saw the registered manager frequently made time to speak with people in the service and it was clear people recognised them and felt able to approach them. One person said, "The manager is very good and understanding, if there were any problems I would see her." A relative said, "We landed on our feet here." The registered manager was knowledgeable about the service they managed. They could answer questions on people's care and needs and it was clear they had made the time to get to know people.

The registered manager had notified the CQC of all incidents that affected the health, safety and welfare of people who used the service. Statutory notifications are information about specific important events the service is legally required to send to us. We use this information to monitor the service and to check how events have been managed.

There were arrangements in place to ensure partnership working with other agencies when required, for example healthcare professionals, the local authority and social workers. This helped people access and maintain the support they required.