

Amore Elderly Care Limited

Coundon Manor Care Home

Inspection report

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28 November 2022

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Coundon Manor is a care home and is registered to provide personal and nursing care for up to 74 older people including people living with dementia, physical disabilities and sensory impairments. At the time of our inspection 44 people lived at the home.

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

The management of risks associated with people's care and support had improved. Staff followed the individual instructions in risk assessments and care records to ensure safe care was provided in line with people's assessed needs. Further action was planned to ensure accurate records of the care and support provided to people were maintained. People felt safe living at Coundon Manor. Improvements had been made to ensure people's medicines were stored, administered and disposed of in line with the providers procedure and best practice guidance.

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.

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 21 October 2022) and there were breaches of regulation in relation to safety and governance of the service. We served a Warning Notice in relation to Safe care and treatment. At this inspection we found improvements had been made in this area and the provider is now meeting that regulation.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We use targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Coundon Manor on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement.

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Coundon Manor Care Home

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 Health and Social Care Act 2014.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, a specialist advisor and an Expert by Experience. Our specialist advisor was a registered nurse who had expertise in supporting older people and people living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Coundon Manor 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection and sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who lived at Coundon Manor and 2 people's relatives to find out what it was like to live at the home and to gather their experience of the care provided. We spoke with 12 members of staff including the managing director, the manager, the deputy manager, one of the providers quality improvement leads, nurses, senior care assistants, care assistants and a member of housekeeping staff. We observed some of the care and support provided in communal areas.

We reviewed 5 people's care records, 19 people's supplementary records and multiple medication records. We reviewed some of the provider's policies and procedures.

Is the service safe?

Our findings

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

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection we found medicines were not managed safely, risks associated with people's care and support needs were not well managed and some staff had not received the training they needed to ensure they provided safe care. This was a continued breach of Regulation 12 (Safe Care and Treatment) 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 12.

- The management of risks associated with people's care had improved since our last inspection. An effective system to monitor the blood sugar and ketone levels of people who were prescribed insulin to manage their diabetes had been implemented. Ketones are harmful substances that can build up in the body, if the body does not produce enough insulin.
- Most care records we reviewed demonstrated staff had followed instructions to prevent people developing sore skin. This included assisting people to change the position of their bodies to relieve the pressure on their skin. One staff member said, "We are doing the position changes. There are the odd times when we forget to write it down. That happens when its busy, but we do them." The management team were in the process of introducing further checks to ensure accurate records of the care and support provided were maintained.
- Previously, some staff had not received the training they needed to support people diagnosed with swallowing difficulties to eat and drink safely. Action taken had improved safety. One staff member told us, "Every single staff member, that's agency included have completed the dysphagia competency assessment and the new staff do it on their induction." Records confirmed this.
- People felt safe living at Coundon Manor and relatives spoke positively about their family members safety. One relative told us, "The care here has taken a weight off my shoulders because mum is safe here."

Using medicines safely; Lessons learnt

- Medicines management had improved. People received their medicines as prescribed from trained staff whose competencies were regularly checked. One person commented, "All ok with my tablets."
- Previously we had identified discrepancies between medication administration and physical stock

balance records. At this inspection those records had improved which meant the provider could assure themselves people had received their medicines as prescribed.

- People's prescribed medicines including insulin were stored safely and managed in line with the providers procedure and best practice guidance. For example, insulin in use during our visit had the date of opening recorded to ensure the insulin did not exceed it's 28-day shelf life and remained effective. This demonstrated lessons had been learnt.
- The management of prescribed creams had improved. Records showed creams and lotions had been applied to people's skin as prescribed.
- Where people were prescribed 'as required' medicines, information was available to inform staff why the medicines had been prescribed and when they should administer them in line with prescribing instructions.
- Processes were in place for the timely ordering, supply and safe disposal of medicines.

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 MCA 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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection including the cleanliness of premises

- We were somewhat assured that the provider was using PPE effectively and safely. Staff had access to enough PPE. However, staff were observed wearing their face masks below their noses which was unsafe practice. The managing director took immediate action to address this.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The providers policy reflected current guidance to support staff to follow safe infection control practice. However, the policy was not consistently followed by staff because we saw some of them wore nail varnish and jewellery. The managing director took immediate action to address this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- The provider facilitated visits in line with guidance. A relative confirmed they were able to visit their family member when they chose.