

# Corvan Limited

# Cordelia Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Cordelia Court is a care home registered to provide personal care and accommodation for up to 23 older people aged 65 and over who may live with dementia or a sensory impairment. At the time of our inspection visit, there were 21 people living at the home.

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

Risks associated with people's care had been identified but actions taken to manage risks were not always consistent. This included the risks linked to people's nutritional needs and risks related to people entering other people's room at night which increased some people's anxiety.

Cleaning in some areas of the home had not been maintained effectively to minimise the risk of the spread of infection.

Quality assurance systems were in place and had resulted in areas of improvement such as changes to the menu and an increase in the variety of activities. However, some improvements needed had not been acted upon in a timely way. For example, actions to maintain the décor of the home. This had been delayed due to extension works being completed.

People and their family members were aware of how to raise complaints and action had been taken in response to those received, to resolve them.

People told us they felt safe and well supported with the staff that supported them. Staff understood their responsibilities to report concerns to protect people from the potential risk of abuse. Accidents and incidents were recorded and reported as required and action had been taken to minimise re-occurrence.

People's needs were assessed and confirmed in their care plans. This included information about medicines people needed. Records confirmed people received their medicines when required but there were some actions needed to ensure medicines were managed safely and consistently.

People had access to health professionals when needed including GP's, opticians and district nurses to ensure they remained well. Staff and the registered manager also worked with local agencies to support people's needs.

There were enough staff on duty to keep people safe and meet their needs. Staff received ongoing training to maintain their knowledge and skills and they knew the importance of providing care in accordance with people's preferences. Staff spoke positively about working at the home and of the support they received by the registered manager and senior staff.

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.

There was an open culture, led by the registered manager who was described by staff and people as being approachable and supportive. People had opportunities to share their views of the home and make suggestions of what they felt could be done better. People's suggestions had been acted upon demonstrating their views were taken seriously.

People told us staff were kind and caring and treated them with dignity and respect. Staff interactions were respectful. Staff used people's care plans to ensure people needs, including their social care needs, were met. People had access to a range of social activities suited to their abilities and some outside visits had also taken place.

People had a choice of meals and drinks each day and were asked on a regular basis if they continued to be happy with the choices provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 3 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well led.

**Requires Improvement** ●

# Cordelia Court

## 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 one inspector and an expert by experience. 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

Cordelia Court 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.

This inspection was unannounced.

#### What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people and one relative about their experience of the care provided. We spoke with three staff members and with the registered manager following our visit. We reviewed a range of records. This included three peoples care records, multiple medicine records and accident and incident records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training records, quality assurance records, staff meeting notes, complaints, safeguarding records and quality monitoring records.

# Is the service safe?

## 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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

- Risks associated with people's care had been identified but some risks were not managed effectively.
- Health professionals had devised a list of foods for one person which they should not eat due to having a health condition and therefore could cause the person to become unwell. This list was in the person's care plan and within the kitchen. However, items on this list had been provided to, and consumed by, the person. We made the registered manager aware of this, and following our visit, they told us of actions taken to ensure this no longer happened.
- A walking frame used by one person had a worn ferrule (rubber foot) down to the metal increasing the risk of falls. This was addressed the following day of our visit.
- Arrangements to reduce the risk of people being woken at night from other people entering their rooms were not effective. This placed people at risk of anxiety due to the potential behaviours of others. The registered manager was aware of this and had taken some interim steps to address this. Further action was taken following our visit to help minimise this further.

### Using medicines safely

- Medicines were administered by suitably trained staff but some records in relation to administration were not clear.
- People told us they received their medicines when they needed them. However, one person had been prescribed a laxative medicine daily and this had not been administered as prescribed. Staff gave an explanation for this, but had not sought medical advice.
- Medicines were stored securely.

### Preventing and controlling infection

- Not all areas of the home were clean. There was a stained corridor carpet and surfaces in bedrooms (such as window recess areas) that were dusty. One of the baths was in need of cleaning although we were told this was not used. The registered manager told us of plans already in place to change the carpet.
- All staff had completed food hygiene training, so they knew how to handle foods safely.
- Staff wore protective clothing such as disposable aprons and gloves when supporting people with personal care to help prevent the spread of infection.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify signs of abuse and knew to report any concerns to their manager, so these could be followed up accordingly.

- Overall, people felt safe living at Cordelia Court. One person told us, "I feel safe it's the whole environment, staff are very careful with people."
- Safeguarding concerns had been recorded by the registered manager and referrals had been made to other agencies for further action when appropriate.

#### Staffing and recruitment

- There were sufficient numbers of staff available to meet people's needs.
- People and relatives said they could access staff when they needed them. One relative told us, "Always appears to be two or three staff in lounge when I visit, and staff notice if people need assistance."
- Staff said they worked together as a team to ensure people's needs were met and there were enough of them to meet people's needs safely and effectively.
- New staff confirmed the necessary recruitment checks had been completed prior to them starting work at the home.

#### Learning lessons when things go wrong

- Accident and incident records had been completed and actions had been taken in response to them. The registered manager monitored accidents and incidents, so any actions required to reduce the risk of them happening again could be identified.
- Lessons were learnt when complaints had been received about issues relating to care. Actions had been taken to help minimise the risk of them happening again.



# Is the service effective?

## 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 Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service to determine their level of need and the staff support required.
- Information collected at the initial assessment stage was used to develop care plans which staff used to ensure people's needs and choices were met.

Staff support: induction, training, skills and experience

- People felt staff had the skills needed to support their needs. We saw staff used distraction techniques if people became anxious demonstrating their learning in regards to dementia care.
- New staff completed an induction to the home and completed training considered essential to meet people's needs.
- Staff completed training on an ongoing basis to update their skills and knowledge. Staff felt the training was effective. One staff member told us, "Training helps us, and [Registered Manager] would put us on training if we needed more training."

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

- People told us they enjoyed the food and gave varied feedback regarding having a choice. One person said, "Meals very good, I can manage them, don't think we get a choice, have what they give you. At breakfast I don't like porridge so have cornflakes." Another said, "Meals are very good, .... usually porridge or toast for breakfast, egg sandwich today which I love, sometimes a choice at lunchtime." Discussions with the registered manager provided assurances that people were always provided with a choice of meals.
- Drinks were provided throughout the day but there were people who wanted a drink when they got up in the morning who were left waiting until the day staff came on duty. We made the registered manager aware of this, so this could be addressed.
- People's food and drink likes, and dislikes were recorded within their care plans to help staff know people's preferences.

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

- People told us they accessed health professionals when needed. One person said, "The doctor is called if needed." They went on to tell us they saw a chiropodist for foot care, their eyes had been tested resulting in two new pairs of glasses, and they had been involved in a continence assessment with a health professional.
- Care records showed health professionals were involved in people's care such as district nurses who

supported people with the management of diabetes. Staff had supported people to hospital appointments where this had been appropriate.

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

- At the time of our inspection, construction work was in progress to extend the communal lounge and dining area to improve these facilities for people. Further work was planned to the front of the home to extend the number of bedrooms.
- Picture signage was around the home to help guide people to toilets, bathrooms and communal areas. However, there were no nameplates, photographs or items on bedroom doors to help people locate their bedrooms. The registered manager told us of plans for this to be addressed following the building works but stated following our visit, temporary signage had been put in place.
- There was both a large lounge and a smaller quiet lounge with sensory aids, so people could choose where to spend their time.

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.

- The registered manager and staff worked within the principles of the MCA. People's mental capacity had been assessed and DoLS referrals had been made where appropriate.
- Where DoLS had been applied for, copies of the authorisations to deprive a person of their liberty were kept on individual care files. Authorisations had been applied for when they had expired if they were still needed.
- Staff understood the importance of seeking people's consent before providing care and we saw this happened.
- Staff knew if people refused support, they should respect the person's wishes and try again at a later time or with a different staff member. One staff member told us, "I try a few times, explain what I want to do, if they say 'no', I give them time and try once again or ask another member of staff to try."

# Is the service caring?

## 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 Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect and people spoke positively of the staff. One person told us, "Very good, very patient, I couldn't do their job, they are efficient, understanding, very approachable, very patient, very good at the job they do."
- We observed interactions with people which were kind, patient and sensitive. Reassurance and encouragement were given to people when needed. People's facial expressions and responses indicated they were very at ease with staff. Some staff had a laugh and a joke with people.
- One person whose first language was not English became anxious at times. One particular staff member made themselves available to the person on frequent occasions throughout the day to provide the person with reassurance.
- Staff told us how they enjoyed caring for people. One staff member said, "I enjoy care, I am bubbly and very caring and would go out of my way for residents and families."

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

- People told us they were involved in decisions about their care. One person said, "I get up more or less when I want." Another said, "I wake early about 06:00am and get myself up, it's okay, they let me stay in my room."
- Care plans showed people had been involved in decisions about their care and detailed people's personal preferences. One care plan stated a person liked to wear specific accessories each day as this was important to them and stated they liked to choose their own clothes. Staff told us about how important it was for another person to have their hair plaited.

Respecting and promoting people's privacy, dignity and independence

- People told us, and we saw, their privacy and dignity were respected. Staff assisted people to change their clothes when they became food stained. Staff knocked doors before entering bedrooms and respected people wishes to remain in their room.
- Care plans contained a form called, 'Things I can do for myself' to help staff support people's independence.
- Staff understood how important it was for people to maintain their independence. One person received regular support from an occupational therapist to help improve their mobility and was able to independently go out of the home.
- One person told us how they managed their own personal care but if they were "struggling" would ask staff or assistance.

# Is the service responsive?

## 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 Good. At this inspection this key question remained the same. 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 told us their care needs were met by staff who knew them well. One person told us, "Staff are lovely, they go out of their way to help us, kind, understanding people, staff find time to take me out."
- Care plans contained personalised details about people to support staff in meeting people's needs and preferences. For example, one care plan stated, "Likes lights left on in ensuite and her lamp on, makes her feel safe."
- Staff were responsive to people's needs. For example, where there were concerns regarding a person's anxiety, action had been taken to discuss these with the GP and changes in the medication had been made to help reduce this.
- People's care needs were regularly reviewed to ensure the care planned continued to meet their needs. One person told us, "They seem to know what I need, don't have to ask."

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.

- Consideration had been given to ensuring information was accessible to people demonstrating some understanding of the AIS standards. People's communication needs were assessed when they started to use the service.
- Picture cards were used to communicate with people who found it difficult to communicate their needs.
- Where people's first language was not English, there were staff employed at the home who could communicate with them or gestures were used by staff to ensure their needs were met.

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 maintain relationships with people important to them and visitors were made welcome at the home.
- People's social care needs were assessed using a recognised dementia care tool to help ensure activities people took part in, were suitable and based on their abilities.
- People had access to a range of activities within the home which included group activities they enjoyed. On the day of inspection most people in the main lounge chose to join in a word game which generated humorous answers and laughter. Some outside visits took place although two people said they would like

more opportunities for outside visits.

- Staff knew about people's hobbies and interests. One person enjoyed knitting and another reading newspapers which were delivered. There were events planned in respect of Diwali, Halloween, Remembrance Day and Christmas.

Improving care quality in response to complaints or concerns

- People and their family members knew how to raise concerns. People said they had no complaints. One person said, "No complaints, I would speak to [registered manager] or senior (carer) if any problems."
- Complaints investigated by the registered manager had resulted in actions to resolve them to ensure people's satisfaction. Outcomes included changes in practice and/or apologies where appropriate.

End of life care and support

- Each person had an end of life care plan which varied in detail dependent on what information the person had chosen to share. Care plans included information about people's preferences to remain at the home or go to hospital when at the end of their life.
- Staff had received positive feedback from relatives about the support and compassion staff had shown when family members had passed away at the home.

# Is the service well-led?

## 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 now 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

- Systems in place to regularly review the quality of care had not identified all areas which required improvement, although immediate actions were taken to resolve these issues.
- Risk associated with people's behaviours, medicine, equipment, nutrition and fire were not consistently managed. Some people entered other people's rooms at night making them feel anxious. Actions taken to minimise this and the impact on people, had not been fully effective. Following our visit, the registered manager told us of actions taken to address further address these risks to help prevent them from happening again.
- Areas of the home were in need of refurbishment and updating. This included chipped and scuffed paintwork and doors slamming shut (which could wake people at night). The registered manager told us following our visit the dates of some planned improvements would be brought forward.
- Fire doors within the home had been propped open which meant they would not automatically close in the event of a fire (these were later closed). The registered manager told us they were sourcing additional fire training for staff in addition to that already completed.
- Infection control checks had not ensured all areas of the home were kept clean.
- The registered manager understood their role and responsibilities.
- Staff attended regular meetings where they were reminded of their responsibilities and the provider's expectations in carrying out their role. These meetings also helped to support staff with continuous learning to help improve people's experiences of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People spoke positively of living at Cordelia Court and of the support they received. One person said they, "Can always say to staff anything you want done, they are very open. The atmosphere is very good, very relaxed, family are made welcome."
- Staff worked effectively in partnership with agencies such as health and social care professionals to ensure people's needs were met.
- Staff had received support from occupational therapists specialising in dementia care. Each person had a 'profile' detailing their interests, likes and dislikes to help staff deliver person centred care.
- The provider had signed up to various initiatives to improve people's experience of care. This included the 'Red bag' scheme where people's paperwork, medication etc was handed to ambulance crews to travel with

the person to hospital. Other initiatives were 'Say No to Infection' (to improve infection control) and 'React to Red' (to help improve staff responses to skin care issues).

- The registered manager was the chair of the Coventry Registered Manager's Network set up to provide local peer support and meet other registered managers to help drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 were provided with opportunities to share their views and make any suggestions through quality satisfaction surveys and 'resident' meetings. Suggestions people made had been acted upon.

- The service asked people about their sexuality, and where information had been shared, had ensured people were supported. For example, one person had been supported by staff to attend 'Coventry Pride' in accordance with their wishes. There was a 'personal and sexual relationship' policy in place which set out the values and principles of respecting diversity, equality, human rights and non-discrimination in line with current legislation.

- Improvements were needed in relation to the organisation and availability of records related to the management of the service to ensure these were accessible when needed in the absence of the registered manager.

- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so that we can take any follow up action that is needed. Records confirmed the provider had systems in place to ensure we were usually notified of these incidents.

- The provider was meeting the requirement to display their most recent CQC rating within the home but not on their website. The website has since been updated to show the rating.