Corvan Limited

Cordelia Court

Inspection report

182a Shakespeare Street
Coventry
West Midlands
CV2 4NF

Tel: 02476636868

Date of inspection visit:
31 January 2022

Date of publication:
16 March 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Cordelia Court is a residential care home providing accommodation and personal care to up to maximum of 34 people. The service provides support to people aged 65 and over who may live with dementia or a sensory impairment. At the time of our inspection visit, there were 26 people living at the home.

People's experience of using this service and what we found
Risk management associated with people's care needs and the environment needed improvement. Risks were not always identified, monitored or acted upon to ensure people's safety.

Staff understood their responsibility to report any concerns to protect people from the risk of abuse. There were enough staff on duty to support people, and people told us they felt safe living at the home. People's needs were assessed and reflected in individual care plans although the level of detail was not always consistent to support staff to meet people's needs safely. Medicine records also lacked detailed information to confirm safe management, but people told us they received their medicines.

Whilst there were systems and processes in place to monitor the quality of care and services provided. These had not been effective as they had not always identified areas needing improvement. Records were not always maintained to show incidents had been safely and effectively managed. Staff were positive in their comments of the registered manager and felt supported. The registered manager had identified a number of areas needing improvement on their return from a planned absence. Plans were in place to ensure the necessary improvements were made. People and relatives spoke positively of the registered manager and felt they were approachable and responsive to any issues raised with them.

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

Rating at last inspection
The last rating for this service was requires improvement (published 21 November 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We received concerns in relation to staffing arrangements, people's care and ineffective management of the home in the absence of the registered manager. As a result, we undertook a focused inspection to review the key questions of Safe and Well Led only.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this report.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cordelia Court on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection.

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 from 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 two inspectors who visited the home and an expert by experience who made telephone calls to people remotely. 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 a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and nine relatives about their experience of the care and support provided. We spoke with of six staff, including the registered manager, about their role and experiences of caring for people at the home. We reviewed a range of records. This included four peoples care records, multiple medicine records, training records, quality monitoring records, accident and incident records, and multiple records relating to the management of the home.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found.

Requires Improvement

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 we rated this key question Requires Improvement. At this inspection the rating for this key question has remained 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 were not always effectively managed and records were not always clear to support staff in managing risk. One person had a urinary catheter. A risk management plan was not in place to inform staff how to manage associated risks such as how to empty the catheter bag safely or how often the catheter bag needed to be replaced. However, a nurse was involved in this person's care to support staff in ensuring this was managed safely.
- Risks had not been effectively managed when the registered manager had taken a planned absence. For example, one person had missed three hospital appointments. This was actioned by the registered manager on their return.
- Staff were not always aware of people's risks to keep them safe. One person was diabetic which meant they needed to be monitored for any symptoms of concern associated with this health condition. Although a care plan was in place to manage the risks associated with their diabetes, two staff were not aware the person was diabetic.
- One person lived with dementia and on occasions became anxious and agitated. There was very limited guidance to help staff support the person at such times or reduce the persons levels of anxiety and maintain their wellbeing.
- Recruitment records for two staff members did not show all relevant checks has been completed such as an application form had been completed in line with the requirements for employers in health and social care. The registered manager stated the relevant checks had been completed by the provider and they had obtained these records following our visit.

Learning lessons when things go wrong

- Arrangements were not sufficiently robust to ensure lessons were always learned. This was acknowledged by the registered manager and there were plans for reviewing management processes and staffing arrangements to ensure this improved.

Preventing and controlling infection

- We were somewhat assured that the provider was meeting shielding and social distancing rules. At the time of our visit a person known to have Covid-19 was in isolation but was seen in the communal areas of the home. There was no risk assessment to show this risk had been identified and how it was to be managed. This has subsequently been completed. A staff member assisted the person back to their room and placed an alarm mat within their room to help manage this risk.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw PPE such as masks and aprons hanging over handrails around the home. The handwash sink in the laundry was covered with clothes restricting staff from using it. Some of the handrails were bare wood making them difficult to clean properly. The registered manager told us arrangements had already been made for the handrails to be painted as a priority and acknowledged actions needed to address PPE storage.
● We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were somewhat assured that the provider's infection prevention and control (IPC) policy was up to date. A relative gave an example of when IPC systems in place had not been followed in the absence of the registered manager, such as, waiting the allotted time for the lateral flow test results before entering the home. The registered manager told us of plans to be implemented to improve IPC practice.

Visiting in care homes
● The provider had a visiting policy in place and arrangements had been made to support people to receive visitors at the home. Essential care givers were being identified for people to support their visiting when they wished. A lounge near the entrance of the home had been identified as a visiting area.

Care homes (Vaccinations as Condition of Deployment)
From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse
● The registered manager was able to explain what safeguarding incidents there had been and how they had been managed although records were not always clearly completed. The registered manager advised they were in the process of updating the records regarding safeguarding incidents.
● People told us they felt safe at Cordelia Court. One person told us, "Yes, very because the staff make you feel safe" and added, "I am amazed how tolerant they are with people…. referring to behaviours of people). They deal with them in a very calm but direct way." Another person told us, "I haven't got any reason not to feel safe."
● Staff told us they were confident identifying and reporting safeguarding concerns to senior staff members or management. One staff member told us they would report any concerns to the registered manager. They explained, "I would chase it with the manager as well to ensure the safeguarding reports had been completed and action taken. If not, I would report it to safeguarding myself."

Staffing and recruitment
● At the time of our inspection visit there were enough staff on duty to keep people safe but essential staff training was still to be completed by some staff to help ensure they delivered safe care. There had been some delay with the training due to the COVID-19 pandemic.
● People told us staff were available when they needed them. One person told us, "There is always somebody there." Another person told us staff worked hard to cover any staff absence and explained, "Even when they are short staffed they (staff), always do the extra to make sure you don't lack anything so you are never aware they are lacking in staff when they are."

● Staff told us there were enough of them to meet people's needs without rushing. One staff member told us, "I think they (staffing levels) are quite good here when we look at the dependency of each resident and the care people require. I haven't felt rushed off my feet yet."

Using medicines safely

● Records we reviewed showed people had received their medicines as prescribed with the exception of one person where medicine records had not been completed clearly upon their hospital discharge. This was being addressed by the registered manager.

● Where people were prescribed 'as required' medicines such as pain relief, the guidance for staff was not clear. It did not include information such as to accurately record the time it had been given and the reason why it had been given. This helps to ensure people are not given too much of these medicines and ensure they are given consistently and in accordance with NICE (National Institute for Health and Care Excellence) guidelines.

● One relative told us, "I have no concerns, I've seen the meds rounds. The trolley is always locked when I've seen the meds round."

Requires Improvement

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. 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

- The quality and safety of the service continued to require improvement. Audit processes had failed to identify the areas needing improvement we had found. The provider failed to ensure they had consistent and effective oversight of the service to ensure actions taken to improve following the last inspection were maintained.
- Systems and processes the registered manager had implemented to manage risk, had not been maintained during their planned absence. For example, safeguarding referrals had not consistently been forwarded to CQC at the time the incidents had occurred.
- Environmental risks were not always identified to ensure they were managed safely. For example, the laundry store door had a notice on it 'Fire Door Keep Shut' but laundry items were hung over the door preventing it from closing. There were duvets draped around the boiler room which presented a fire hazard. Window restrictors on both the ground and first floor did not meet current health and safety standards. This was important as there were people living with dementia or confusion where their safety could be compromised should they attempt to leave the building unsupervised. The registered manager advised following our visit, action had been taken to ensure these issues were addressed.
- Records were not always completed accurately or clearly to demonstrate safe practice and enable effective monitoring to take place. This included people's food and fluid intake records were not consistently completed to show that people had received sufficient food and fluids to maintain their health. Two people who had lost weight were to have high calorie snacks to help increase their calorie intake. There were no entries on some of the charts to evidence these people had been offered, or had eaten the high calorie snacks in accordance with their care plan.
- People and relatives told us standards were not maintained when the registered manager was not there. One relative commented, "[Registered manager] has been off; I saw management and organisation drop." Another stated, "The home definitely changed whilst [registered manager] was away" referring to a change in staff attitude and lack of communication which they felt had impacted on peoples experience of care.

The failure to ensure there were effective systems and processes to identify areas of improvement in relation to the quality and safety of the service is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing arrangements had not been consistently safe. There were periods of time when there had been no

suitably trained night staff available to administer medicines when needed. This had however been recently addressed to ensure there were suitably trained night staff on duty.
● The registered manager had recently returned to the service after a period of absence. They identified care plans and risk assessments needed to be improved to help ensure people's needs were met. A new staff member had been recruited to support them to make the required improvements which they stated included making them "more thorough" in their detail.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Relatives told us communication around the government guidance regarding COVID-19 had not always been effective. For example, one relative told us they had not been informed about the role of essential care giver (ECG) and how this could facilitate visiting and supporting their family member. The registered manager told us they had made contact with people's families and contacts about this.
● One person told us they felt confident in the registered manager. They told us, "She is very good. She will come around and see us and if there is something you want to talk to her about, she will respond. The staff seem to like and respect her a lot as well." This person added, "If there is anything you feel unhappy about or you want to ask about, you can ask - you don't feel inhibited in anyway."
● One relative told us how the management of the service had improved under the current registered manager. They told us, "Management were very poor, but this has improved since [registered manager] took over."
● The registered manager had forwarded questionnaires to seek feedback from people and relatives regarding the home to help drive improvement. They acknowledged the need for further improvement of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People did not always feel engaged with the service and gave varying views of living at the home. One person told us, "It is very good, very nice but very boring." Another told us, "Sometimes I get a little bit frustrated but that is me and not them. They can't come and have a chat with you because they are busy, but they do their best."
● A relative told us, "The communication has been bad at times, but it is better when [registered manager] is around." Another told us, "I used to get videos and photos of activities [Name] was doing at the home but when [registered manager] left (planned absence) it seemed to stop. Other relatives spoke of the home phone not always being answered or being left waiting at the door to gain access to the home.
● People deemed to have capacity to make their own decisions described restrictions related to their care. For example, not leaving the home without a staff member and not having free access to their bank cards. Whilst we were advised this was for their safety, it was not evident these decisions were subject to ongoing review with people to ensure they were in their best interests and they continued to agree with them.

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
● The registered manager recognised the importance of being open and honest when things went wrong. Learning from incidents was used to educate staff to prevent reoccurrence.

Working in partnership with others
● Staff worked with other organisations including social workers and health professionals to support people's needs.

This section is primarily information for the provider

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure a robust approach to improving and maintaining the quality and safety of the service. Records were not always detailed, complete and contemporaneous to support people's, health safety and wellbeing. Regulation 17 (1)(2)