

Cornwallis Care Services Ltd

Hendra Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hendra Court is a residential care home providing personal and nursing care to up to 48 people. The service provides support to people living with mental health conditions and dementia. At the time of our inspection there were 45 people using the service.

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

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

Staff worked within the principles of the MCA and care plans guided staff to help build independence wherever possible.

People received their medicines in a safe and caring way.

The service was in a COVID-19 outbreak at the time of this inspection and staffing levels had been put under pressure at this time. However, the registered manager and clinical lead had managed to cover most shifts using agency staff.

There were enough staff to meet people's needs and ensure their safety.

The service had some vacant posts at this time. Recruitment of new staff was in progress. Processes in place helped ensure safe recruitment.

Risks were identified, assessed and monitored.

The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.

We looked at infection prevention and control and found we were mostly assured that the provider was protecting people, staff and visitors from the risk of infection. The storage of aprons was identified as inappropriate and was addressed during the inspection.

The registered manager and the clinical lead had effective oversight of the service and were very knowledgeable about the needs of people they supported. They were passionate and motivated to provide the best level of care possible.

Staff and most relatives told us they thought the service was well run and that both management and staff were approachable. One relative told us they felt that communication could be improved.

Feedback on the food was mixed. One relative told us that meals were not always hot when delivered. Another relative told us, "The food always looks good and (Persons' name) has a good appetite so likes a good plateful. They have put on weight since they moved there."

Relatives told us, "(Persons' name) used to be florist. The activity coordinator often sends me cards and photographs when (Persons' name) has taken part in flower arranging. It is lovely" and "There is always some activity or board game going on, it was one of the things that helped us decide on Hendra Court. People are not just left to sleep in chairs all day."

The registered manager understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs or incidents that occurred.

People had been asked for their views and experiences of the service provided. Response had been mainly positive. Where concerns were raised, the provider and registered manager took steps to help resolve the matter.

The registered manager and clinical lead worked together to keep up to date with developments in practice. All the staff team worked closely with local health and social care professionals.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating

Rating at last inspection was Good, published 23 July 2018. At this inspection the rating stayed the same.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

Recommendations

We have made recommendations in relation to the monitoring of potential fire and infection risks. We will check if the provider has acted on any recommendations at our next inspection.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Hendra 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 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 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

Hendra Court is a 'care home' with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 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 the last inspection. We also reviewed information that we held about the service such as notifications. We used information sent to us by the provider in their PIR. 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 the registered manager, the clinical lead, the administrator, six staff and seven relatives. We spoke with two people living at the service. 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 reviewed a range of records. We looked at three peoples care plans and the medicine records for 29 people. We looked at records in relation to staff training and Deprivation of Liberty Safeguards (DoLS). Also, a variety of records relating to the management of the service, including audits, and minutes of meetings were reviewed.

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 good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- During our tour of the service we identified some obstruction of fire exits with items such as a broken TV, a box of books, ladders and wheelchairs, which potentially would impede the safe exit of people in an emergency. We also found unnecessary clutter and discarded items such as a box of unsealed drinking straws, part used perfume bottles and empty cannisters, gathered on landings.
- Staff coats and bags were found where food and crockery were stored. This was a potential infection risk, especially as the service was in a COVID-19 outbreak at the time of this inspection. All these concerns were addressed immediately by the maintenance person.

We recommend that the management add regular checks of fire exits and landings to their regular walks around the service to reduce any obstructions and potential infection risks.

- Risks were identified, assessed and monitored. Staff were provided with guidance and direction to help them support people to reduce the risk of avoidable harm. For example, how to calm a person when they were exhibiting behaviours that could injure themselves or others.
- Emergency evacuation plans were in place outlining the support each person would need to evacuate the building in an emergency.

Systems and processes to safeguard people from the risk from abuse

- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.
- People and relatives told us they felt safe living at the service. Comments included, "It's all good here," "(Persons' name) is always clean and tidy and they are supported well to eat and drink" and "(Persons' name) is well cared for and staff always come quickly when needed."
- The provider had appropriately reported any safeguarding concerns to the local authority and CQC.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA

- Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance. Guidance in care plans guided staff to help build independence wherever possible.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- The service recorded when people had power of attorney arrangements in place.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principles. Where possible, friends and relatives who knew the person well, or had lasting power of attorney, were involved in the decision-making process.
- The registered manager and the clinical lead monitored any changes in restrictions that may be required to keep people safe.

Staffing and recruitment

- The service was in a COVID-19 outbreak at the time of this inspection and this had put pressure on staffing levels when staff had become unwell at short notice. There had been times when staffing levels had dropped below what was planned. However, the registered manager had managed to cover most shifts with regular agency staff.
- The service had sufficient staff to meet people's needs at the time of this inspection. There were vacant posts at the time of this inspection and applications from potential new staff were being processed.
- New staff had been recently recruited. Recruitment practices were safe. References had been obtained along with Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were suitable arrangements for ordering, and disposal of medicines, and for those needing extra security. The clinical lead carried out regular medicines audits and took action when issues were identified. For example, gaps in the temperature checks of the medicine fridge which had occurred on occasions when agency staff were covering gaps in the rota.
- Hendra Court staff used paper Medicine Administration Records (MAR) and staff were required to count tablets and measure liquids following each administration. This helped ensure any errors would be identified in a timely manner. We saw that staff had effectively recorded these totals following administration of a medicine.
- Medicines audits included a check on all handwritten entries on to the MAR and had not found any which had not been signed by two staff. This helps to ensure any errors were identified. However, we found some handwritten entries had not been signed by two staff, in accordance with the policy. This was addressed at the time of the inspection.
- When people were prescribed medicines 'when required', guidance was available for staff to ensure doses were given appropriately.
- Staff were trained in safe handling of medicines and had checks to make sure they gave medicines safely.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using 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. Staff had placed piles of single use PPE aprons over handrails and hangers in various areas of the service. Some aprons had slipped to the floor. These were removed by the clinical lead and staff were encouraged to use the wall mounted apron dispensers from bathrooms and in corridors.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

At the time of this inspection the service was in a COVID-19 outbreak. However, essential care givers were still able to visit people in their rooms to offer them support and company. Prior to this outbreak the service was ensuring visiting was unrestricted.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored for any patterns or trends. Action was taken to help ensure the risk or re-occurrence was reduced.
- External healthcare professionals were contacted for advice and guidance where appropriate.
- The registered manager and the clinical lead worked closely together to reflect on any adverse events to ensure any learning from the issue was identified and shared throughout the staff team.

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 good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and the clinical lead had effective oversight of the service and were very knowledgeable about the needs of people they supported.
- Management and staff were motivated and committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- Staff and most relatives told us they thought the service was well run and that both management and staff were approachable. However, one relative told us they felt that communication could be improved and that meals were not always hot when delivered. This concern was passed to the provider.
- Relatives told us, "(Persons' name) used to be florist. The activity coordinator often sends me cards and photographs when (Persons' name) has taken part in flower arranging. It is lovely" and "There is always some activity or board game going on, it was one of the things that helped us decide on Hendra Court. People are not just left to sleep in chairs all day."
- One person, who was living with dementia, had French as their first language and whilst they could speak and understand English, would revert to French in some circumstances. Staff used an application on a mobile device, placed near to the person, to translate, in real time, the spoken French in to English and then their English response back in to French to communicate with the person in their preferred language.

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 understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and responsibilities. There was a robust audit and quality assurance programme in place to measure the services' performance.
- The audit cycle had been effective in improving aspects of the service. For example, it had been identified

that the use of medicine pots to measure prescribed liquid medicines was inaccurate, so syringes were now used to accurately measure prescribed liquids.

- CQC had received required statutory notifications from the service when appropriate. The last rating of the service was displayed as required.
- Where people had been assessed as needing pressure relieving mattresses to protect their skin from pressure damage, these were provided. We checked they were set correctly for the person using them. We found they were all set appropriately and according to the persons' weight.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been asked for their views and experiences of the service provided. Responses had been mainly positive. Where concerns were raised, the provider and registered manager took steps to help resolve the matter.
- Staff felt they were listened to and heard at regular staff meetings. Staff felt well supported through regular training updates, supervision and appraisals.
- Many staff members had worked at Hendra Court for many years. One staff member who had previously worked as a carer, left to train as a nurse, then returned once qualified to work as a nurse at Hendra. They told us, "I just love it here."
- The registered manager had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably. For example, when planning staff shifts.
- Relatives told us, "I ring every day and they are good at keeping me up to date with how (Persons' name) is doing" and "Whenever we visit there is always someone around nearby to help if we need it. I have no concerns at all."

Continuous learning and improving care

- The registered manager and clinical lead worked together to keep up to dates with developments in practice. All the staff team worked closely with local health and social care professionals. One staff member told us, "I have personally seen many improvements over the years within the home, particularly staffing levels and the environment. There is now a better staff culture and staffing has improved."
- If any concerns arose action was taken to address these. For example, relatives and visitors had raised concerns about the doorbell not always being answered quickly. There was a plan to add the doorbell to the staff call bell system so that all staff would be made aware on their mobile devices when someone was at the front door.
- Views about the food provided at Hendra Court were mixed. Some people told us they enjoyed the food, other people and their relatives had raised concerns about soggy and cold food arriving in their rooms. Another relative told us, "The food always looks good and (Persons' name) has a good appetite so likes a good plateful. They have put on weight since they moved there."
This has been shared with the provider and the registered manager for investigation.
- The provider met with the registered manager regularly to support them. The provider shared any learning across the Cornwallis Group of care services.

Working in partnership with others

- The service supported people with very complex needs and were supported by the advice and guidance of many healthcare professionals. Care records documented their visits to people.
- Where people's needs changed referrals were made in a timely manner to external professionals, such as dementia liaison nurses and tissue viability teams.

