

Mrs Deborah Wallace and Mr John Wallace

# Corona House Residential Home

## 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?

Good ●

# Summary of findings

## Overall summary

Corona House Residential Home is registered to provide accommodation for up to 15 people who require accommodation and support with their personal care. The home is close to local shops and has good public transport links. At the time of our inspection six people lived at the home.

At the last inspection the service was rated good. At this inspection we found the service remained good.

We spoke with three people who lived in the home and a relative. They all gave positive feedback about the home and the staff who worked in it. It was clear from what people and the relative we spoke with said that the manager and staff team were highly thought of. They told us the manager and all of the staff were kind, caring and compassionate. They told us the support was good.

People's care records contained clear and easy to understand information about people's needs and risks and how to support them effectively. Care plans were person centred and gave staff information about the person's preferences and what was important to them. Staff spoken with had a good knowledge of people's needs and spoke with genuine affection about the people they supported. The atmosphere at the home was homely, relaxed and nurturing. It was clear that people felt relaxed and comfortable in the company of staff.

Staff recruitment was safe. The manager had ensured the service was staffed sufficiently at all times not only to ensure people's practical needs were met but also to ensure that staff had sufficient time to chat socially to people and build positive relationships. This was evident in their day to day interactions and by the conversations people had with staff which were spontaneous and natural.

Accidents and incidents and people's health needs were managed appropriately with support from a range of health and social care professionals. Medication was managed safely and people received enough to eat and drink. People told us the food was of a good quality and they had a good choice.

Staff received appropriate support and supervision in their job role. Some of the staff training was out of date and required refreshing but the manager had already picked this up and was in the process of addressing this. All of the staff spoken with knew people well and were able to tell us how they cared for people. People we spoke told us that the care provided was good and they felt safe at the home.

A diverse range of person centred activities were provided ranging from a knitting group, singing and poetry to trips out to the seaside and to local eateries for a drink and a slice of cake. This promoted people's social and emotional well-being.

There were a range of effective mechanisms in place to monitor the quality and safety of the service and the views of people and staff were regularly sought by the manager. This was good practice.

During our visit, we had no concerns about people's care or the service itself. We found the home to be well-run with a passionate and caring staff team.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Corona House Residential Home

## **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 checked 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.

The inspection took place on 5 January 2018 and was unannounced. The inspection was carried out by an adult social care inspector. Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection in 2015. We also contacted the Local Authority for their feedback on the home. They told us that they had no concerns about the service.

During the inspection we spoke with three people who lived at the home, a relative, the registered manager, the senior care assistant, a newly appointed care assistant and the activities co-ordinator. We looked at the communal areas that people shared in the home and visited a sample of their individual bedrooms. We looked at a range of records including two care records, medication records, two staff personnel files, other recruitment records, staff training records and records relating to the management of the service.

# Is the service safe?

## Our findings

All of the people we spoke with felt safe at the home. The relative we spoke with agreed with this. One person told us that the support was "Very good actually" and the relative told us "It's very good care".

Since our last inspection, no concerns had been reported about the service or the care people received. The feedback gained from the Local Authority prior to our visit was all positive and there had been no safeguarding incidents reported by either the Local Authority or the provider. During our inspection, we saw that staff supported people in a safe and appropriate manner and it was obvious people felt safe, comfortable and relaxed in the company of staff.

Records showed that staff had received training in how to protect vulnerable adults. We asked a staff member what action they would take if they felt a person was at risk of abuse. We found they had a good knowledge of what to do and how to protect people from potential harm.

People were supported by a consistent staff team, the majority of whom had worked at the home for some time. It was clear that the manager was committed to ensuring that people's social needs as well as practical needs were met as the home was well staffed to enable this to happen. This promoted people's well-being and made them feel safe and well cared for.

Two new members of staff had been employed at the service since our last inspection. We found that they were recruited safely with the relevant pre-employment checks undertaken prior to appointment. For example, criminal conviction checks, proof of personal identify and previous employer references.

Some of the criminal conviction checks undertaken with long standing staff were over ten years old. The manager had introduced an annual self- declaration form for staff to sign to confirm that they had no criminal convictions but not all of the staff team had signed this. The manager told us they would follow this up without delay.

Accident and incidents were properly recorded and managed well. Where people needed extra support with their mobility to prevent falls, they had been referred to the specialist falls team and mobility equipment had been provided to promote their safety.

Medicines were managed safely. We checked a sample of people's medicines and found the amount of medication left in the medication trolley matched what had been administered. A running count of 'as and when' required medication were kept and the carried forward amounts of other medications were documented from one medication cycle to another. This helped staff to account for the medication they administered. We found there was one medication that these checks were not in place for and we spoke with the manager about this and they told us they would rectify this without delay. After our inspection we received an email from the manager to confirm that this had been addressed.

We looked at people's risk assessments and saw that the risks in relation to people's care were clearly

documented and well managed. Risk assessments were regularly reviewed and accurately reflected people's needs.

The home was safe and well maintained with all relevant safety checks on the electrics, fire safety arrangements and the stair lift undertaken.

## Is the service effective?

### Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). None of the people who lived at the home had mental health conditions that impacted on their ability to make decisions and no-one was subject to a deprivation of liberty safeguard.

Records showed that people had been involved in discussing and planning their own care and chose how they lived their life at the home. People's preferences and wishes were documented for staff to be aware of. It was clear that people's health needs were promptly acted upon and that people were actively supported to attend medical appointments in respect of their physical and emotional well-being. The relative we spoke with told us that the staff had "Turned around" the health of their loved one by their diligence and compassion.

Staff had received the support they needed to do their job effectively. We saw that staff received training via an online training system. Training was provided in a range of topics such as health and safety, first aid, fire safety, mental capacity act, safeguarding and moving and handling. We reviewed the manager's records in relation to this and saw that some staff needed to update their knowledge of safe moving and handling techniques, fire and first aid. We spoke with the manager about this and they showed us evidence of a recent training check they had undertaken. This had helped the manager to identify which staff members had training that was overdue. They told us that they had plans in place to ensure this training was completed without further delay. After our inspection we received an email from the manager to confirm that all outstanding fire and moving and handling training had been completed.

Staff we spoke with were knowledgeable about people's needs and knew how to care for them effectively. People we spoke with confirmed this. One person told us they had come to live at the home after a period of being seriously unwell. They told us that the support provided to them since their admission had been "Great". They said they had put on weight and that their health had improved due to the support provided by the service.

People we spoke with told us that they got plenty to eat and drink and they had a good choice. One person told us the "Food is very good. I get more than enough and I get a choice".



## Is the service caring?

### Our findings

Everyone we spoke with said staff were kind and caring. Our observations of care confirmed this. One person said the home had "Really caring staff" and told us "I love it here". Another said that it was like "Home from home". The relative we spoke with said the staff were "Lovely" and looked after them as well as their loved one.

During our visit, we found the manager to be passionate about the home and clearly committed to providing good care. The registered manager led by example to make sure people received kind and compassionate care and all of the staff we observed were warm and genuine in their interactions with people. It was clear that the manager was a visible presence within the home as they were pleasantly greeted by people who lived at the home and staff. The manager and staff chatted to people socially. Conversations were light hearted, spontaneous and natural which demonstrated that the manager and staff knew people well. It was clear from our discussions with staff and our observations of their care that they really cared for the people they looked after. The manager told us that all staff had recently received Dignity Champion status which meant they had demonstrated they knew how to treat people with dignity and respect.

We saw that the service supported and encouraged people to make and maintain friendships and at lunch time and during the day we saw people sat together happily chatting with each other or in quiet companionship. One person prior to coming to live at the home had the help of a befriending service and we saw that on admission to the home, the manager had ensured that access to this service was maintained as an important part of the person's social network.

The home held regular meetings for people who lived at the home to enable them make decisions about how the home was run. We saw that these meetings enabled people to voice their opinions and suggestions on such things as activities, social outings and menu planning. The manager told us that people had asked to group together as a choir and the manager had organised for their partner who was also joint provider of the service to come in to help by playing their ukulele. The manager told us that staff regularly fundraised to raise money for the activities provided and the activities co-ordinator told the manager gave them whatever monies they needed to support the home's activity programme.

The manager told us that the senior care assistant was due to leave the home in September to start a nursing course. They said that when the senior care assistant had told people at the home that they were leaving, one person had asked for a photograph of the staff member for them to remember them by. In response to this, the staff member had looked at all of the photographs taken at the home and provided each person with a personalised photograph of them with the person. This showed that this staff member cared about people's feelings and had ensured that people had a memento of their time together.

## Is the service responsive?

### Our findings

All of the people we spoke with told us the support provided by the service was good. One person told us that the district nurses visited them every week and that staff supported them to maintain their independence. Another person told us about how staff had "Really spoilt them this morning" as they had felt unwell. They told us the staff had brought them a breakfast in bed consisting of porridge, prunes and toast they felt ready and able to get up.

A relative we spoke with spoke highly of the support provided. They told us that the person "Loves all the girls and has a very good and caring relationship with them". They went onto to say that staff "Always ring the GP surgery and us (the family) if they have any concerns" and that any issues with the person's care are "Sorted straightaway".

The feedback from people and their relatives demonstrated that the service provided was responsive to people's needs.

We looked at two people's care files and saw that they contained an assessment of the person's needs and risk including guidance and information about the person and how to support them. The information provided was person centred information and had been regularly reviewed to reflect changes in the person's health and well-being. This was good practice and enabled staff to have up to date and clear information on any changes in the person's support requirements.

We saw that staff at the home had been accredited by the NHS for the Six Steps to Success End of Life Care Programme. This meant that staff had the skills and knowledge to ensure people received good quality care at the end of their lives.

There was a varied and person centred activities available for everyone who lived at the home. An activities co-ordinator was employed by the provider and they worked hard to ensure that the activities provided reflected people's preferences. It was clear people had an active say in what activities and trips out were organised.

We spoke with the activities co-ordinator and they told us about the various activities that people enjoyed. There was a knitting group who were working together to knit a blanket, a group crossword took place each day and at Christmas people at the home had enjoyed a visit from the bell ringers from a local chapel, a local church group and a ukulele band. People's faith and religious needs were supported with regular visits from the local Methodist Church and Holy Communion given by the local Catholic church. Singing and poetry was facilitated by a local chapel group and regular trips out were organised. The activities co-ordinator with the help of a care assistant took one or two people out in their own car each week for a drink and a slice of cake and in the warmer months, people had enjoyed a picnic on the promenade in New Brighton and an ice cream. One person liked to reminisce and the activities co-ordinator told us that the person enjoyed a drive out to where they used to live so this is what they did together.

We saw that there was a complaints procedure in place and complaint forms available in the entrance area of the home. No-one we spoke with had any complaints. There had only been one complaint received since the last inspection and this complaint had been responded to appropriately by the manager.

## Is the service well-led?

### Our findings

Everyone we spoke with was complimentary about the manager and the staff at the home. People were more than happy with their care and spoke positively and with warmth about the staff members that cared for them. The atmosphere at the home was homely and relaxed. The manager clearly cared about all of the people who lived at the home and was committed to ensuring everyone felt not only well looked after but cared for and important. This was evident during our conversations with the manager and the staff team. We found the focus of the manager and the staff team was very much about people and their needs, and how they could provide the best support.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, accident and incidents, medications, infection control and fire safety arrangements. These checks were carried out regularly and any actions identified had been acted upon. This mitigated the risks to people's health, safety and welfare.

At the time of our inspection, there were no systems in place to monitor the risk of Legionella in the home's water supply. The manager told us and we saw evidence that the manager was in the process of organising for a risk assessment to be completed in order to inform the checks to be put into place. After our inspection, the manager emailed us to confirm that they had contacted Environmental Health for advice on the checks required for Legionella. The risk assessment was completed and the required checks put into place.

During our inspection we had no concerns with regards to the safety of the premises, fire safety, medicines administration, infection control, the management of accidents and incidents or the day to day delivery of people's care. This showed that the manager's oversight of the service was effective and ensured people experienced a high quality service.

We saw that there were appropriate mechanisms in place for people to feedback their views and suggestions about the running of the home. There were documented residents meetings and people's views and opinions had been surveyed in October 2017 with positive results. The views of staff had also been sought and again were all positive. This showed that there were systems in place to assist the manager to come to an informed view of people's views and experiences of the service provided.