Mrs Deborah Wallace and Mr John Wallace

Corona House Residential Home

Inspection report

1 Osmaston Road
Prenton
Birkenhead
Merseyside
CH42 8PY
Tel: 0151 608 3536

Date of inspection visit: 5 November 2015
Date of publication: 31/12/2015

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?	Requires improvement

Overall summary

We undertook this comprehensive inspection on the 5 November 2015, this was an unannounced visit.

Corona House is registered to provide personal care and accommodation for up to 15 people. The home is situated in Prenton, Wirral. It is within walking distance of local shops and has good transport links. There is a small car park and garden available within the grounds. A stair lift enables access to the bedrooms located on the first floor for people with mobility issues. Communal bathrooms with specialised bathing facilities are available on each floor. On the ground floor, there is a communal lounge, conservatory and dining room for people to use. The home is decorated to a good standard throughout.

On the day of our visit, there was a registered manager in post. The registered manager was also the owner

Summary of findings

(provider) of the care home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home were happy there and held the staff in high regard. They said they were well looked after. People who lived at the home were supported to maintain their independence and were treated with dignity and respect at all times. People were provided with a range of activities and there was a social and relaxed atmosphere throughout. From our observations it was clear that staff genuinely cared for the people they looked after and knew them well.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime. People's special dietary requirements were also catered for.

The home had the majority of medication supplied in monitored dosage packs from their local pharmacy. Records relating to these monitored dosage medications were accurate. There were minor discrepancies with boxed medication which we spoke to the registered manager about. All medication records were completely legibly and properly signed for. All staff giving out medication were medication trained. We observed a medication round and saw that medicines were administered safely.

Staff were recruited safely and there were sufficient staff were on duty to meet people's needs. Staff had received the training they needed to do their jobs safely and were appropriately supported in the workplace.

People told us they felt safe at the home and had no worries or concerns. Staff we spoke with were knowledgeable about types of abuse and what to do if they suspected abuse had occurred.

We reviewed three care records. Care plans provided sufficient information on people's needs and risks and guidance to staff on how to meet them. We saw that people's preferences and wishes in the delivery of care had been listened to and care had been designed so that these preferences and wishes were respected.

Regular reviews of care plans took place to monitor any changes to the support people required and people had prompt access to other healthcare professionals as and when required. For example, doctors, dentists, district nurses and chiropody services.

We saw that staff asked people's consent before providing support and that people were able to choose how they lived their lives at the home. No one living at the home was living with mental health conditions that impacted on their capacity to consent to decisions made about their care.

We saw that people were provided with information about the service and life at the home. Information in relation to how people could make a complaint was available and displayed in the home. It contained incorrect contact details for the Local Authority Department to whom people could contact if they wished to make a formal complaint. No-one we spoke with had any complaints. The manager told us no complaints had been received.

The premises were safe and well maintained. The home was free from hazards and clean. Equipment was properly serviced and maintained and the home had recently been awarded a five star rating (excellent) by Environmental Health.

People who lived at the home and staff told us that the home was well led. Staff told us that they felt well supported in their roles and that they were able to express their views. The management of the home was well organised, staff were confident in their roles and were observed to work well as a team. The manager was 'hands on' and the culture of the home was homely and inclusive.

The manager told us that a visual inspection of the home was undertaken on daily basis for health and safety purposes. They said that they reviewed accident and incident information, regularly checked medication stocks to ensure they balanced with medication administration records and had a cleaning checklist in place to ensure that infection control standards were maintained. We could see that the home was free from hazards, in a good state of repair and clean but the

Summary of findings

manager had not documented all of the checks undertaken so we could not verify that the audits took place, their frequency or the responsiveness of the manager in relation to any issues identified.

We noted that accidents and incident records had been signed off by the manager to confirm appropriate action had been taken but no analyses of this information were undertaken to identify any potential trends in how, when and where accident or incidents occurred.

People's feedback was gained through residents meetings and the use of satisfaction questionnaires. We reviewed the results of the last satisfaction survey undertaken in September 2015 and saw that it was positive.

Summary of findings

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 was safe.

People who lived at the home told us they felt safe and had no worries or concerns. We looked at three care files and found that the majority of people's risks were assessed and safely managed.

Staff knew how to recognise and report signs of potential abuse. They were recruited safely and there were sufficient staff on duty to meet people's needs.

The administration of medication was safe and people received the medicines they needed.

The environment was safe, clean and well maintained.

Is the service effective?

Good

The service was effective

People said they were well looked after. It was clear from our observations that staff knew people well and had the skills/knowledge to care for them.

People were given enough to eat and drink and were given a choice of suitable nutritious foods to meet their dietary needs. Meals were served in a relaxed homely atmosphere.

We saw people had prompt access to health related support and access to other healthcare professionals as and when required.

Staff were trained and supported in their job role. Staff worked well as a team in support of people's needs and the manager had a 'lead by example' approach to care.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with held staff in high regard. Health care professionals we spoke with had nothing but praise for the way staff interacted and cared for people at the home.

Staff were observed to be kind, caring and respectful when people required support. Interactions between people and staff were warm and pleasant and it was obvious that staff genuinely cared for the people they looked after.

People's independence was promoted and people were able to make everyday choices in how they lived their lives.

People were given appropriate information about the home.

Summary of findings

Is the service responsive?

Good

The service was responsive

People's needs had been individually assessed, care planned and regularly reviewed. People's preferences and wishes were respected and care was person centred.

The service was responsive when people became unwell and people received ongoing care from a range of health and social care professionals.

A range of activities were provided and staff interacted positively with people throughout the day either in passing or in direct conversation. This promoted their well being.

People who lived at the home and the relative we spoke with had no complaints and no complaints had been recorded.

The provider's complaints policy was displayed but required more up to date information on the external agencies people could complain to if need be.

Is the service well-led?

Requires improvement

The service was generally well led.

Staff we spoke with said the home was well led and managed. A healthcare professional we spoke with, agreed with this.

The manager told us that a range of quality assurance checks were undertaken but these were not formally documented so it was difficult to verify and check progress on any issues identified.

Regular staff and management meetings were held. People's satisfaction with the service was sought through the use of satisfaction questionnaires. A survey in September 2015 generated positive results.

A positive and inclusive culture was observed at the home. The manager was 'hands on' and it was obvious from our observations that the manager 'led by example' and was well respected by the staff team.

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 was planned to check 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.

This inspection took place on 5 November 2015 and was unannounced. The inspection was carried out by one Adult Social Care (ASC) Inspector.

Prior to our visit we looked at any information we had received about the home and we contacted the Local Authority for feedback. On the day of the inspection we spoke with two people who lived at the home, one relative, two care staff and the manager. After the inspection, we spoke with a healthcare professional who visited people who lived at the home.

We looked at the communal and bedroom areas that people shared in the home. We reviewed a range of records including three care records, medication records, recruitment records for four members of staff, staff training records, policies and procedures and records relating to the management of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with said that they felt safe at the home. Throughout our visit we observed that people were relaxed and comfortable in the company of staff.

We saw that the provider had a policy in place for identifying and reporting potential safeguarding incidents. All the staff spoken with understood types of abuse and the action they should take should an allegation or incident of abuse occur. One staff member told us they were "Not afraid to contact whoever needed contacting" should they suspect abuse. Training records confirmed that all staff received safeguarding training.

No safeguarding notifications in relation to the people at the home had been submitted to The Commission since the home registered in 2011. We checked that this was correct with the manager. The manager told us no safeguarding incidents had been reported by people who lived at the home, relatives or staff. The healthcare professional we spoke with also confirmed that they had "Never been through safeguarding with us" in respect of reports or allegations of poor care.

We looked at the care plans belonging to three people who lived at the home. The majority of risks in the delivery of care had been assessed and management plans put into place. For example, risks were assessed in relation to malnutrition, falls, moving and handling, self-administration of medication and the ability of the person to 'self- care. Care plans were easy to read and gave a good overview of the care people required. One person was noted as having risks related to skin integrity. Whilst there was some information in the person's file to alert staff to the condition of their skin and the care they required, the risk of further skin decline required further assessment.

We saw that personal emergency plans were in place to advise staff how to evacuate people safely in the event of an emergency. There was an up to date fire risk assessment in place and clear fire evacuation procedures for staff to follow.

A call bell system was in place in people's bedrooms to enable people to call staff for help. We saw that people were encouraged to use the call bell system as and when required. During our visit we found people's needs were met promptly. A staff member was always visible in communal areas and people's call bells were answered in timely manner.

The home was well maintained, clean and warm. The garden was tidy and well looked after. The manager told us they undertook a daily visual check of the premises to ensure that the premises remained safe and suitable for purpose. Some minor repairs to kitchen cupboards were required and the manager told us they were aware of them. The home had been awarded a five star rating by Environmental Health in August 2014 for its standards of food hygiene. A five star rating is very good. We saw that the kitchen was well organised and managed.

We looked at a variety of safety certificates for the home's utilities and services, including gas, electrics, heating, fire alarm, fire extinguishers and pat testing. Records showed the systems and equipment in use conformed to the relevant and recognised standards and were regularly externally inspected and serviced.

We saw that accident and incidents were recorded on individual accident/ incident forms and each one reviewed by the manager to ensure appropriate action had been taken. We reviewed a sample of these records. We saw that staff had undertaken prompt and appropriate action after an accident and incident had occurred to ensure people had the support they required.

We looked at the personnel files of four staff. All files included evidence of a satisfactory recruitment process. Each file contained an application form, previous employer references, proof of identification checks and a criminal convictions check. Each staff member had a contract of employment and had previous experience in a healthcare assistant role prior to employment.

We saw that the home was adequately staffed. The manager told us that they were on duty each day during the week and that staff could call them at any time for support. They said at least three care staff were on duty during the day to support people's personal care needs. At night staffing levels reduced to two waking member of staff. .An activities co-ordinator also worked at the home on a part time basis. Staff rotas confirmed this and were clear and well organised.

The manager told us that if people's needs increased or people were unwell, staffing levels were increased to

Good

Is the service safe?

ensure people's needs continued to be met. Staff we spoke with confirmed this. Staff said they worked well as a team and covered for each other in times of sickness or for annual leave. The manager confirmed this and said the home did not use agency staff to cover gaps in the rota. They said the majority of staff at the home had worked at the home for several years. This meant people who lived at the home experienced continuity of care which enabled them to build positive and lasting relationships with the staff on duty. Positive relationships and warm, friendly interactions were observed throughout our visit.

We looked at the arrangements for the safe keeping and safe administration of medicines at the home. We saw that the majority of people's medication was kept securely in a locked cupboard that was fixed to the wall in an office adjacent to the kitchen. We found a small number of prescribed creams in people's bedrooms. We spoke to the manager about this and they assured us that they would remove these creams immediately.

One person whose records we looked at self-administered their medication. We saw that the person's ability to safely administer and store this medication had been assessed as safe by the manager.

Medication was dispensed in the majority via monitored dosage blister packs. We found that people's monitored dosage medication was administered accurately and matched the records of administration. Some medication was boxed. We found were minor discrepancies in respect of two boxed medications which we discussed with the manager.

MAR records were well maintained and completed appropriately with staff signatures and the use of codes to record the reasons for when people had not received their medication.

The manager told us staff received training to administer medication safely. Staff records and the staff we spoke with confirmed this. We asked staff to explain how they administered medication, both staff explained the procedure for the safe administration of medication correctly. We observed a medication round at lunch time. We saw that medicines were administered safely and discreetly by the member of staff.

Good

Is the service effective?

Our findings

We spoke with the manager and two staff about the people they cared for. Staff we spoke with demonstrated a good understanding and knowledge of people's needs. We observed staff supporting people throughout the day and from our observations it was clear that staff knew people well and had the skills/knowledge to care for them.

Staff training records showed that staff had access to regular training opportunities. Training was provided for example in safeguarding, health and safety; first aid; moving and handling; dementia care, deprivation of liberty safeguards; infection control; food hygiene, the administration of medication and person centred care.

Staff we spoke with told us they received training every year and felt well trained. One staff member told us the manager was "Very supportive", the other said that the manager was "A good boss. They are supportive, can always speak with them. They have an open door policy".

Staff we spoke with said they received an appraisal and regular supervision. Appraisal and supervision records confirmed this. Regular staff meetings were held and both staff members said they were able to express their views to the manager. We also saw that handover meetings between shifts also took place which the manager participated in.

We saw staff throughout the day checking people consented to the support they were being given.

Care plans showed that people had been given a choice in how they wished to be cared for.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

No-one who lived at the home lived with mental health conditions that impacted on their ability to make decisions.

Care files contained an intellectual assessment form that identified people's mental awareness, social interests and preferred recreational activities. This showed that people's intellectual well-being was considered in the planning and delivery of care in order that people's cognitive abilities were maintained. This promoted people's emotional well-being.

We observed the serving of the lunchtime meal and saw that the meal was served promptly and pleasantly by staff. The dining room was light, airy and the lunchtime meal was served in a relaxed, social atmosphere. The food provided was of sufficient quantity, looked and smelt appetising.

The lunchtime meal was boiled harm, parsley sauce, creamed potatoes and two vegetables. We saw that one person was a vegetarian and that they were provided with a suitable alternative. We spoke to the cook about the choices on offer. They told us there is "Always an alternative". "We know resident's likes and dislikes so if we think they don't like something, we will ask them".

Throughout the day, we observed that snacks and drinks were offered to people regularly by staff.

People we spoke with were very complimentary about the food and were happy with the choices on offer. One person told us that the food was lovely and the portion sizes "Were not stingy". Another said that they had "A different thing (to eat) every day". "Always two vegetables and a nice sweet". A relative we spoke with said that they often stayed for lunch and were made welcome by staff. They said the "Food was of restaurant quality".

We saw that people's nutritional needs were assessed and their preferences noted in the planning and delivery of care. Care plans contained information about people's health related conditions and there were clear records to show that people had access to specialist support and medical advice for any health issues.

For example one person had a serious health condition that required regular monitoring and management. We saw that the person had been actively supported to attend appointments and that a clear log of all the advice given was documented for staff to follow.

Care plans could have been improved further by providing staff with information on the signs to spot in relation to their health related conditions, to enable early

Good

Is the service effective?

identification of potential decline. People's daily notes however showed that staff monitored people's health and wellbeing on a daily basis and responded appropriately when people became unwell

The premises was tastefully decorated and adapted to meet people's needs with hand rails in communal corridors to assist people's mobility, a stair lift for accessing upper floors, toilet aids and pleasant communal areas.

Good

Is the service caring?

Our findings

We spoke with two people who lived at the home. Both people held the staff team in high regard. One person told us “Staff are wonderful. “Marvellous, couldn’t fault them in any way”; the other said that staff were kind and they felt safe.

A relative we spoke with said they were “Very happy with the care. Staff are lovely. Couldn’t have picked a better home. They always make a fuss of them”. The healthcare professional we spoke with said staff were “Very caring and very professional”. They said that they “Definitely had no concerns” about the care people received.

We observed staff throughout the day supporting people who lived at the home. We saw that all interactions were positive. Staff maintained people’s dignity at all times and people looked smartly dressed and well cared for. We noted that staff were respectful of people’s needs and wishes at all times and supported them at their own pace in a dignified and sensitive manner.

Staff we spoke with had a good understanding of people’s needs and preferences and spoke warmly about the people they cared for. From our observations it was clear that staff genuinely cared for the people they looked after and people were treated in a warm and compassionate manner. We saw that there were periods throughout that the day when staff took the time to sit with people and have a general chat. The mood was jovial and homely and appropriate music played softly in the background during the afternoon. People who lived at the home and staff were seen to chat either in passing or in a direct face to face conversation.

We saw that staff also respected people’s right to have some quiet, reflective time. It was obvious that people felt comfortable in the company of staff. For example, one staff member was observed to simply sit quietly by a person, engaging in pleasant conversation if and when the person initiated it. This social and homely culture promoted people’s emotional well-being.

The manager told us they always ensured people were supported to attend medical and other external appointments. They said that either themselves or a staff member always accompanied people to appointments when family members were not available. Records confirmed this.

All the care files we looked at showed that people had been encouraged to come and stay at the home prior to their admission to ensure it was suitable for their needs. Care plans contained evidence that people and their families had been involved in discussions about the care they required. People’s ability to self-care and maintain their independence had been assessed and considered in the planning and delivery of care and care plans clearly outlined what people needed help with and what they could do independently.

We saw evidence that end of life discussions had taken place with people and their relatives with people’s preferences and wishes recorded. One person had a ‘Do not resuscitate’ agreement in their file. This person’s care file contained a clear audit trail of how the person had come to this decision including the involvement of their doctor and the best interest discussions that had taken place with the person, their relatives and staff at the home. This demonstrated a collaborative and supportive approach to ensuring the best interests of the person and their wishes were respected. We saw that the manager and staff at the home had achieved the NHS Six Steps in End of Life Care accreditation.

We looked at the daily written records that corresponded to the care records we had reviewed. Daily records detailed the support people had received and gave information about the person's general well-being. Daily records showed that people had received care and support in accordance with their needs and wishes.

The home had a service user guide for people to refer to. We looked at the information provided and saw that it was a well written, comprehensive guide to the home, its staff and the services/facilities provided. This showed us that people were given appropriate information in relation to their care and the place that they lived. The manager told us the home supplied people with denture cleaner, soap and tissues and that hairdressing was included in the cost of living at the home, rather than being an additional expense.

We saw that regular resident meetings took place. We looked at the minutes of the resident meetings that took place in August and October 2015 and saw they well attended by people who lived at the home. The minutes of the meetings showed that people were encouraged and enabled to be involved in and express their views about their care and the running of the home. Where people had

Good

Is the service caring?

made suggestions for improvement these had been acted on. For example, people had suggested that a menu board be put back up in the dining room, on the day of our inspection we observed this had been acted upon.

Good

Is the service responsive?

Our findings

People we spoke with confirmed that they could choose how they lived their day to day life. One person told us that they could "Pretty well" please themselves. We saw that care plans confirmed people had been given a choice about how they wished to be cared for.

The culture of the home and the planning and delivery of care was person centred and holistic. Care records contained sufficient information about people's needs and risks and gave clear information about their preferences and wishes in the delivery of care. We saw evidence people's care was responsive to their changing needs, as care had been reviewed when their needs had changed. The healthcare professional we spoke with told us the home was "Very responsive to the care plans put in place" when they worked in partnership to provide care to people who lived at the home.

For example, care records contained a lifestyle choices and preferences form that provided staff with information about the person's preferred daily routines, dietary likes and dislikes, social networks and family involvement, recreational interests and any religious or faith considerations. We saw that people's personal life histories has been discussed with the person and shared with the staff team to enable person centred care to be delivered. Personal life histories enable the person to talk about their past and give staff, visitor and/or and other professionals an improved understanding of the person they are caring for. We saw information about the person had been incorporated into the person's care plan for staff to follow.

We saw that people's needs were responded to promptly throughout the day and that the service was responsive when people's needs changed. Records showed that people had prompt access to their GP in respect of ill-health and records showed care was provided by a range of other healthcare professionals such as medical specialists, dentists, district nurses, chiropodists and mental health services.

People's social and activity interests had been discussed and documented and the provider employed an activities co-ordinator to meet people's social and recreational needs. We saw that an activity timetable was displayed on the door of the communal lounge. Activities such as quizzes, music, knitting and pamper sessions were provided. The manager also told us that clergy and representatives from three different churches visited the home once a week to enable people's religious needs to be met.

We saw from the minutes of the residents meeting in October 2015 that people had been asked for their feedback on the activities provided and any suggestions. It was noted that "All the ladies are happy with the activities" provided.

We saw that throughout the day, the majority of people interacted with other people who lived at the home and staff in the communal lounge. Visitors were welcomed at all times and were treated in a pleasant and warm manner by staff.

We saw that the provider's complaints procedure was displayed in the entrance area to the home. We found however that the information provided required review. For example, there were no contact details for 'the person in charge', the wrong local authority department was cited as the body for people to get in touch with if they wished to progress a complaint and no contact details for the Local Government Ombudsman were provided should people remain dissatisfied with the outcome of their complaint.

The manager told us all organisational policies and procedures were currently under review. We saw from the minutes of the resident meetings that the complaint procedure was explained and discussed at each meeting. People we spoke with on the day of our visit had no complaints. Everyone was happy with the care they received and thought highly of the staff. The manager confirmed no complaints had been received.

Requires improvement

Is the service well-led?

Our findings

We observed the culture of the home to be open and inclusive. The staff team had a 'can do' attitude and we observed that people were happy and comfortable in their company. Staff we spoke with felt supported in the workplace and said the home was well led. The healthcare professional we spoke with also told us they felt the home was well led.

From our discussions with the manager, it was clear that the manager was passionate about the home and the care people received. Staff were observed to work well together and the manager and staff team were observed to have warm, supportive relations in their day to day interactions.

We saw that regular staff meetings took place to discuss any issues or suggestions for improvement to the service. The staff we spoke with said they felt listened to and able to express their views. This demonstrated good leadership.

We asked the manager for evidence of the systems in place for monitoring the quality and safety of the service. We found that this area of management was not adequately documented.

The manager provided us with a copy of a health and safety audit called the 'premises monitoring checklist' completed in July 2015. We saw that the audit monitored policies and procedures and checked that legislative requirements in respect of the premises and its equipment had been undertaken.

We asked the manager if they completed a regular environmental audit of the premises. They told us they undertook a visual inspection of the premises each day but that these inspections were not documented. This meant it was difficult to verify if these checks had taken place. We found that on the day of our inspection, the home was clean, free from hazards and well maintained.

We saw that the manager reviewed each individual accident and incident record, each time an accident and incident occurred to ensure that appropriate support had been provided to the person at the time the accident occurred. No accident and incident audits however were in place to identify trends in the type of accidents or incidents occurring or the when, where and how accidents or incidents occurred. This meant there was no evidence that this information was used to learn from and prevent similar accidents and incidents occurring in the future.

We asked the manager for evidence that the quality and accuracy of care plan information was checked regularly to ensure that it gave clear and up to date information on people's needs and risks. The manager told us no care plan audits were undertaken. They said they were responsible for completing care plans and that staff alerted the manager when any changes were required.

We saw that the manager had started to implement a medication audit. At the time of our visit only one medication audit had been completed. We spoke to the manager about this. They told us they regularly did a stock take of the medication but acknowledged that this was not documented and was therefore difficult to verify. On the day of our visit, we found minor discrepancies with the balance of medication for boxed medications.

We asked the manager if any infection control audits were undertaken. They told us that they or the senior carer on duty undertook a visual check of infection control standards on a daily basis but did not document these checks. This meant these checks were difficult to verify. They provided us with copies of the cleaning schedules in place to ensure the cleanliness of the home was maintained to a high standard. Shortly after our visit, we received an email from the manager to advise that an infection control audit at the home had now been put in place which documented the checks they undertook on a daily basis.

We saw that views on the quality of the service provided was regularly sought from people who lived at the home and their relatives. We saw that the results from the last survey showed the home and its staff scored highly in all areas of care.