

Corvan Limited

Cordelia Court

Inspection report

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Tel: 02476636868

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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? | Requires Improvement ● |

Summary of findings

Overall summary

We carried out an inspection of Cordelia Court on 8 March 2017. The inspection was unannounced.

Cordelia Court provides personal care and accommodation for up to 23 older people including those living with dementia. Accommodation is provided over two separate floors. There were 23 people living at Cordelia Court when we inspected the home.

A requirement of the service's registration is that they have a registered manager. 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.' A registered manager was in post.

At our previous inspection on 5 and 7 January 2016, we identified improvements were needed in regards to 'Safe' and 'Well Led'. Staffing arrangements were not always effective and records were not always accurate. This included records to monitor risks, care and the services provided to ensure they met the provider's standards.

During this inspection we found sufficient action had been taken to address the concerns around staffing arrangements but there continued to be improvement needed to records related to monitoring risks, care and services.

Staff were available to people when they needed them and people told us if they had to wait for support this was not for very long and they understood staff were supporting others.

There had been ongoing work to implement person centred activities in accordance with people's needs. The registered manager explained how people appeared much calmer and more stimulated as a result of the varied activities programme provided. There was a new activity organiser in post to support the activities programme in the home.

Risks associated with people's care were identified on an ongoing basis and were detailed in risk assessments within people's care plans. Staff had a good understanding of people's needs, the importance of maintaining their independence and how to keep them safe. Staff were attentive and responsive when people showed signs of anxiety. This helped to prevent their behaviours from escalating.

People received their medicines at the times they expected and medicines were stored safely.

Staff had completed training essential to help them carry out their roles safely and effectively. Staff had also completed training linked to people's care needs such as dementia and Parkinson's Disease. This training helped staff to deliver more person centred care to people. The registered manager regularly

checked staff had learned from their training through competency checks, supervision meetings and observations of their work.

The registered manager understood their responsibilities in relation to the Mental Capacity Act (2005) but had not consistently followed the Deprivation of Liberty Safeguarding (DoLS) referral process. Where people lacked capacity to make decisions, action had been taken to identify if a DoLS referral was required to authorise any restrictions related to their care. However, some of the authorisations had expired and had not been re-applied for. Staff understood their responsibility to seek people's consent before they delivered care.

People told us they were satisfied with the food provided and they had enough to eat and drink. Menus were made available to people so they were aware of the choices available to them. Adapted plates were used to help people eat independently. Where people were at risk of poor nutritional health, they had been referred to a health professional. Staff followed advice given by health professionals and closely monitored people at risk to ensure they had sufficient food and drinks to maintain their health.

People were complimentary of the staff and the care provided at the home. People looked well presented with clean clothes and hair and people told us their privacy and dignity was maintained.

There were picture signs around the home to help support people find their way around. There was a large main lounge and smaller quiet sensory relaxation lounge and people could choose which lounge they preferred to use.

Assessments had been completed of people's social, physical and psychological care needs and this information was detailed in people's care plans. Care plans were regularly reviewed to ensure they contained accurate information about people and supported staff when providing care.

The registered manager held planned 'resident' meetings and had implemented a satisfaction survey for people and their relatives to gather their views of the home. Where improvements had been identified, they had been acted upon. The registered manager used meetings to discuss planned improvements, food and activities as well as any areas of concern. People and visitors told us the registered manager responded to their needs and dealt with any concerns effectively.

Accidents and incidents were recorded but we found some of the incidents had not been reported to us as required. This meant we could not be assured appropriate action had been taken to address them. The provider carried out regular visits to the home to carry out quality monitoring and discuss with the registered manager any areas needing action.

People and staff spoke positively of the provider and registered manager and were able to discuss issues related to the running of the home at staff meetings. We found there had been ongoing improvements made to systems, processes and the environment to help ensure people received the quality of care and services they expected. The registered manager and provider were committed to making ongoing improvements to continue to raise standards within the home.

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 told us they felt safe living at Cordelia Court and said staff were available at them when they needed them. Staff knew how to identify potential abuse and to report this to their manager. Risks associated with people's needs were identified and managed well by staff. People received their medicines when they expected them and they were stored safely.

Is the service effective?

Good ●

The service was effective.

Staff had completed training to develop their skills and knowledge to meet people's needs effectively. Staff competencies were monitored by the registered manager. People enjoyed the food and told us they were provided with choices each day. The registered manager told us they understood their responsibilities in relation to the Mental Capacity Act (2005) and had made applications for authorisation where people were deprived of their liberty. Where people lacked capacity to make decisions, action was taken to ensure they were supported by family members where appropriate.

Is the service caring?

Good ●

The service was caring.

People were positive in their comments about the staff. Staff were attentive and caring in their approach towards people. Staff knew people well and had developed positive relationships with them. When people became anxious, staff were supportive in calming them. People responded positively to staff interactions and staff ensured people's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed so people received care and

support based on their needs and preferences. Staff knew about people's individual needs and engaged with people well. There were regular periods of laughter in the lounge when group activities took place which showed people were enjoying them. People knew how to make a complaint and the registered manager dealt promptly with any concerns they received to ensure they were resolved.

Is the service well-led?

The service was not consistently well led.

The provider had implemented quality assurance procedures to assess and monitor the quality and safety of service people received. People were positive about their experiences of living at the home. People and staff were involved in decisions related to the quality of services provided and spoke positively of the registered manager and provider.

Audit processes were sometimes not effective in identifying areas needing improvement. This included making sure safeguarding incidents were reported to other agencies as required and ensuring renewal authorisations to deprive people of their liberty were completed in a timely manner.

Requires Improvement 

Cordelia Court

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 8 March 2017 and was unannounced. The inspection was carried out by two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service well and improvements they plan to make.

We reviewed the information we held about the home. We looked at information received from other agencies involved in people's care such as the local authority. Information they shared with us was similar to what we had identified. We looked at the recent Healthwatch report. Healthwatch has authorised representatives who visit care services and are able to observe and report on service delivery and talk to people, their families and care staff. This report showed they identified positive outcomes for people.

We analysed information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. These can include safeguarding referrals, notifications of deaths, accidents and serious injuries. We considered this information when planning our inspection of the home.

We looked at two care plans but also viewed other care documentation such as people's weight charts, food and fluid charts and medication records. We looked at the complaints information, staff training records, accidents and incident records and quality monitoring information. We also completed observations during the day including over mealtimes in both the dining room and the lounges to see what people's experiences of the home were like.

We spoke with five people who used the service, two visitors, five staff (including the cook and activities co-ordinator) and the registered manager.

Is the service safe?

Our findings

During our previous inspection, we found sometimes staffing arrangements were not always effective to keep people safe. The registered manager told us in the Provider Information Return (PIR) they forwarded to us prior to our inspection, they had taken the action necessary to address this. The registered manager had looked in more detail at risks associated with each person's care so they could staff the home accordingly. They told us, "We use a dependency tool to help assess the needs of the individual and the needs of others already residing in the home." This meant the registered manager could make sure the number of staff available was sufficient to meet the dependency needs of people living in the home.

People felt there were enough staff in the home to support them because staff always responded promptly to their needs. One person told us, "If it is urgent they come straightaway." Another told us, "If you really need them (staff), they are there, it is busy at mealtimes."

People told us they felt safe living at Cordelia Court. One person commented, "Yes (felt safe), if anything happens they come straightaway and my room is very safe." Another told us, "I feel very safe. You couldn't wish for nicer (staff)." The registered manager had implemented hourly checks of everyone in the home during the day and night to make sure people remained safe and could be provided with any support they may need. One person confirmed these checks took place. They told us, "I might be in bed an hour and they will come and check me." Records confirmed when there were changes in people's needs, risk assessments were completed to ensure any additional support people needed was provided.

We observed the communal areas to check people were safe. There were enough staff available to support people and most of the time there was a staff presence in the main lounge to monitor people. The deputy manager was available to support staff if necessary as well as the manager. Staff did not appear rushed or stressed and had time to engage in activities with people. During mealtimes, staff were available in both the dining room and main lounge to support people.

We asked staff what they felt about the numbers of staff available to support people. Comments from staff indicated they felt there were sufficient numbers of staff to meet people's needs. Comments included, "I think we have got enough staff. We have two carers and a senior in the morning" and "Yes I would say so (enough staff). Sometimes it feels like you could do with a member of staff. It's how the residents are. If you have got residents distressed and if there is a meeting where the senior is taken off the floor, sometimes then it's busy. [Registered manager] always comes out of the office and will help if needed." They went on to tell us they also sometimes asked the cleaning staff member to help as they had completed the necessary training and could support staff during busy periods.

Staff understood how to identify abuse and the actions they should take if they witnessed or suspected abusive practice had taken place. They said they would report any concerns they identified to their manager. One staff member told us, "If someone came to me and said they had been abused I would go straight to [deputy manager]." We asked two staff what they would do if they saw another member of staff pushing or hitting a resident, they replied, "I would report it to [Registered Manager]" and "I would report it

straight away and tell them (the abuser) I had reported it as well." We were aware of a concern reported the registered manager by staff. The registered manager had taken the required action to report this to the relevant agencies, including us, to ensure any risks to the person's safety were managed.

Risks associated with people's care had been assessed and were identified in risk assessments kept within people's care plans. Risk assessments had been regularly reviewed to ensure the information they contained was accurate and supported staff to meet people's needs safely.

People at high risk of falls had been assessed to ensure they had the equipment needed to support them to be independent, such as, walking frames. Staff knew about those people at risk of falls and about how to manage risks. One staff member told us, "We make sure they have an alarm mat in their bedroom. We make sure there is nothing in the way such as hazards and do more (increased frequency) checks. We will get the doctor involved if they are at risk of falls." The registered manager told us in the PIR they regularly checked equipment people used to make sure it was safe. The PIR stated, "If a resident is assessed to need the aid of a hoist for transferring, we ensure that staff are fully trained in using the equipment and that the equipment is serviced regularly, in good working order, and fit for purpose."

We looked to see how risks were managed for a person at risk of falling. Records confirmed the person had a health condition that increased this risk. The registered manager had ensured there was regular contact with a health professional to discuss minimising the risks the health condition presented. Staff had taken action to record when the person had fallen and there was a 'pressure mat' in use in the person's room to alert staff if the person stepped out of bed to walk. This meant staff were alerted and could assist the person if needed.

We saw one person needed to sit on a pressure relief cushion to make sure they did not develop sore areas on their skin from sitting in the same position for any length of time. We noted the person was not sitting on a cushion for an hour and a half. However, this was then identified by a staff member and the person was stood up with the support of a 'Stand aid' (equipment to assist the person to stand) to relieve the pressure on their skin and a cushion was placed on their seat to make sure there was no skin damage.

We saw good examples of positive risk taking to ensure people could maintain their independence. For example, one person liked to go out of the home on their own. We saw the person had a mobile telephone with all the emergency telephone numbers stored should they need them. The person also had a form which they kept on their person with their address, medical information and emergency contact details. The person told us they let staff know where they were going and when they would be back. This showed staff had taken actions to minimise the risks of the person going out independently in order to maintain their safety.

Recruitment procedures ensured potential new staff members were subject to a number of checks to ensure they were of good character and suitable to work with people at the home. Records confirmed checks were undertaken before they started work and staff also confirmed this. They included a Disclosure and Barring Service (DBS) check and written references. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

We saw there were personal emergency evacuation plans (PEEPS) available for each person which were held in a central location so they were easily accessible to the emergency services if required. These provided details about how people would need to be supported out of the building in an emergency situation such as a fire.

Accidents and incidents in the home were recorded on individual forms so these could be monitored by the registered manager. This helped them to ensure any necessary actions were taken to ensure people remained safe. Staff told us the registered manager spoke with them during meetings about accidents and incidents in the home. One staff member told us, "[Registered Manager] will talk about accidents and how we can improve risks." This helped to ensure all staff were aware of risks of accidents and could take the necessary action to ensure people remained safe.

We observed a medicine round and also reviewed people's medicine records to check medicines were being managed safely. We saw staff followed good practice. The staff member who was administering medicines wore a red tabard so people knew not to disturb them while managing the medicines. The staff member asked people if they wanted their medicine and ensured each person was given a drink to take their medicines with. The staff member stayed with people while they took their medicine to make sure they had swallowed it. One person asked what their tablets were for and the staff member replied, "For your blood pressure." This demonstrated the staff member knew about the medicines they were administering. Staff who administered medicines had received the necessary training to ensure they managed medicines safely.

Medicines were locked securely in a medicines trolley. Medicine administration records (MAR's) were completed by staff and showed overall people received their medicines as prescribed. There were two medicines that staff gave on an 'as required' basis but we noted these had been specifically prescribed to be given each day. The staff member managing medicines told us this was because the health of the people who had been prescribed these medicines had improved and the medicine was not needed. They told us the medicine would have had a negative effect on the people if they had continued to give it. They agreed to talk with the GP about this.

Is the service effective?

Our findings

People told us they felt staff had the skills and knowledge to care for them effectively. One person told us, "I think they do (have skills and knowledge), they are always nice and polite." Another told us they felt staff had the skills required because they felt confident in their presence.

The registered manager told us in their Provider Information Return (PIR), "To ensure effective care is been provided by ensure that staff have regular training, supervisions and observations" and "When we look at training for staff we look at the requirements of the home and needs of the residents to ensure that appropriate training takes place." We found this happened. Staff had completed induction training where they had shadowed (worked alongside) more experienced staff so they could develop a full understanding of their role and learn about people's needs. The PIR confirmed two new staff had completed induction training based on the Care Certificate. The Care Certificate sets the standard for the skills and knowledge expected from staff within a care environment.

Staff spoken with confirmed the training they had completed. One staff member told us, "I came in and was shown the home and the fire exits. The first week it was just getting to know the residents. [Registered Manager] wants me to do manual handling and the rest of the training they have." Another staff member told us, "It is very good. [Registered Manager] keeps us on our toes with training. She will give us the discs (computer) to do and then will go through the practice as well." This was to make sure staff had learned from their training and were competent in carrying out their role.

Staff felt the training provided was sufficient in providing them with the knowledge and skills required to carry out their role. Staff completed training linked to people's needs such as dementia, diabetes and "challenging behaviour". Some staff had completed training on "End of Life Care" and the registered manager told us this was something they were planning to develop further to ensure people were fully supported when at the end of their life. The registered manager kept a training record so she was aware of any training that was due or outstanding. This record showed staff were attending training on an ongoing basis and overall this was being updated within the timescales indicated.

Staff had regular supervision meetings with the management team and told us they discussed their role, training, and any concerns they had. One staff member told us, "We have supervision every six to eight weeks." Another told us, "We can air our views." The management team consisted of the registered manager, deputy manager and senior care staff. They told us that during supervision meetings they discussed, "How they (care staff) are feeling, how they are doing and what training they need." The management team also told us they observed staff providing personal care, carrying out manual handling (moving and transferring and people) and undertaking medicine management. Records were kept of staff observations so these could be used to address any staff development issues.

We observed staff asked people for consent before providing assistance. For example, staff said, "Can I take your beaker?" And "Do you want to hold my hands?" This demonstrated staff understood the need to gain people's consent when supporting them.

The Mental Capacity (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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us in their PIR that they checked if people lacked capacity to make a decision when they carried out their pre-assessment of their needs. When this was the case, they said, "We ensure that Deprivation of Liberty Safeguards (Local Authority) are informed to help us make best interest decisions for those who lack capacity." We saw overall this happened. We saw when restrictions on people's liberty were identified, DoLS had been applied for so these restrictions could be authorised. However, when these had been agreed there were timescales for when these authorisations would expire. We found new applications had not always been submitted in a timely way to confirm agreement of the ongoing restrictions. The registered manager had told us in their PIR this was an area needing improvement and planned to ensure this was addressed. They stated, "We have systems in place to help monitor DoL's applications but feel this is something I would like to improve more on."

People told us they liked the food provided and had enough to eat and drink. One person told us, "The food is excellent." They went on to say they were offered drinks regularly and commented, "They say 'here you are [Name], here is a nice cup of tea'." Another said, "It's very nice sometimes (the food)."

There was a range of meals provided and menus showed a full cooked breakfast was provided every Saturday and Sunday. There were cooked items, in addition to cereals and toast, for breakfast on other days. The cook told us the menus were changed seasonally to ensure people had a varied choice. The cook was knowledgeable of people's dietary needs and told us they provided special diets to those that needed them such as reduced sugar options for those people with diabetes.

We observed four people having breakfast in the lounge, two of these people required assistance to eat. A staff member sat by them and helped them in accordance with their own pace so they were not hurried. We saw staff had a relaxed approach in regards to where people had their breakfast. This helped to ensure people had something to eat. For example, one person came into the lounge from the dining room with a mug of tea. After a while they walked out again and came back with some buttered toast.

We saw some people had breakfast in the dining room which was a social and relaxed event. There was calming music played in the background. Two people showed us the breakfast menu and commented how good it was that they had such a varied choice. We saw people were given their choice of breakfast and drink and everyone had either a mug of tea or cold drink of their choice.

People were offered regular hot drinks throughout the day. One person told us they had been asked about their food choices and commented, "At lunch time I get an English lunch and at night I get a ... dinner...they make it especially for me." This was because their food choices were not necessarily the choices of others in the home. At lunchtime, we saw some people had been provided with adapted cutlery and plates to help them eat their meals independently.

Where people were at risk of poor health due to not eating or drinking enough, arrangements were in place to monitor their food and fluid intake. A staff member told us about one person who had not been eating well. They stated, "Doctors have said to support them with what they like to eat. We keep trying them with different things." The person's care plan stated the person particularly liked biscuits, sweets and sweet things. Records confirmed staff offered these regularly in accordance with instructions given and also showed the person was eating all that was offered most of the time. This demonstrated this approach was successful in helping to maintain the person's weight and health. We noted there was no specified target amount the person should drink each day. This was important so that staff knew if the person was having a sufficient amount to drink consistently. However, records we viewed showed the person was drinking a sufficient amount.

The registered manager kept a central weight record for all people in the home so they could identify anyone losing weight that may be of concern. Weight records showed they were relatively stable. The registered manager was aware of those people who had lost weight which demonstrated they monitored this information to manage any risks.

Staff ensured people had access to a doctor when needed. We saw health professionals such as district nurses, occupational therapists, a chiropodist and optician had visited the home to support people's needs. One person told us, "The last time I had a chest infection they called an ambulance." Another person told us they needed their dentures adjusting because they were unable to eat properly. We asked the registered manager about this and they confirmed a dentist had recently been involved in this person's care and they had followed the advice given which included the person using a fixing agent. The registered manager told us if any ongoing problems were noted, they would make further contact with the dentist.

Is the service caring?

Our findings

People felt that the staff were caring and supportive to them. People were well presented and their personal care needs had been attended to. They were dressed in clean and co-ordinated clothes appropriate for the time of year. The hairdresser had been into the home and some people had enjoyed having their hair done.

One person told us, "I cannot grumble at all, they are all very nice to me. I wouldn't be here if I didn't like it." People were engaged with each other and we saw they enjoyed the companionship of others. People showed concern for each other. One person told us how they enjoyed the company of one person in particular in the home. They commented, "I get on well with [person]. I like [person] very much."

People who were mobile were able to move between the different areas of the home as they wished. There was a quiet lounge for anyone who wished to sit away from the main lounge where most people chose to sit.

Staff were respectful to people and engaged with them as they moved around the home. They asked people how they were, whether they had slept well and if they enjoyed their meals. Staff used people's preferred names and appeared genuinely pleased to see people as they approached them.

The registered manager told us in the Provider Information Return, "The staff in our home are very friendly and caring and always go the extra mile. Our staff know all our residents well and what things they like or dislike. By knowing them, ensuring information is documented and providing choice, we ensure they are cared for the way they want. For example, we will know what clothing they may like to wear, what activities they enjoy and favourite foods just to name a few." We found this to be the case.

When Healthwatch visited the home in November 2016, they described the home as "welcoming, friendly and homely". We also found this to be the case. When people became anxious or upset, staff asked them what was wrong and offered them words of encouragement to calm them. A relative that we spoke with described staff as being "very caring" and went on to say, "They are good to [Person], they are good to everybody."

People told us staff supported their privacy and dignity and we saw this happened. The quality satisfaction survey that people completed showed people felt all care staff were polite and thoughtful and respected their privacy and dignity. One person explained to us how staff always knocked on their door and respected their decision to keep their door closed. The person told us, "At night when I go to bed, I put the latch on and nobody can come in." Another person told us, "They seem to be nice and polite ... they always knock on the door before they come in."

A staff member told us, "I try to keep them as independent as possible. Make sure they have their privacy so if they are sat on toilet, stand outside and ask them to ring the call bell or give me a shout." Another staff member told us, "Make sure the doors are shut. I talk through with them what I am doing, keep them covered with a towel. Do the top half first then the bottom half."

Is the service responsive?

Our findings

People told us that staff were kind and responsive if they needed care or support. One person said, "The staff are very good. They listen to you if you have got any problems and they solve that problem."

The registered manager told us they assessed people's needs before they came to live at Cordelia Court so they could be sure people's needs could be met effectively. We saw information in assessments had been transferred into people's care plans with instructions for staff to follow to ensure people's needs were met.

Care plans were available for all people in the home and were sufficiently detailed to support staff in meeting their needs. For example, one person had a health condition that needed to be closely monitored. When we spoke with staff about this condition they knew to monitor the person closely to identify any potential changes in their health so they could respond appropriately. They knew the district nurse visited the person regularly to administer medicines for the health condition. Records showed regular health checks had been organised for the person to check their eyes and feet and there was detailed information about food the person should avoid so that it did not impact on their health. The person told us staff knew about their health condition and told us, "When I come down they give me a cup of tea and a biscuit to make sure I'm okay."

Information in another person's care plan showed the person's family had been involved in decisions about their relative's care when reviews of their care were carried out and were happy with care provided.

Staff were knowledgeable about people's needs and explained how they supported people in ways that met their wishes and preferences. One staff member commented how staff worked well together to support a person at the end of their life to ensure their needs were met and they were as comfortable as possible. They also had supported relatives during this time. A family member was supported to stay with their relative during a time when the person's health deteriorated and they were at the end of their life. The staff member also told us, "A staff member sat with [person] throughout the night. When they passed away ...some of the staff came in to support. Never seen a home like it (commenting on the support to staff as well as the relative)."

Staff told us the registered manager completed an 'end of life' care plan which stayed in the person's room and was completed by staff as they provided care such as when they provided drinks or repositioned the person. They stated they made sure the people were comfortable and had the right pain relief. We asked how they knew if people had the right pain relief if they were unable to communicate. They told us, "I observe for body language, facial expressions and if they cry out when moving them. We thought [Person] was not getting enough pain relief so we phoned the district nurse and GP." This demonstrated staff knew about the importance of increased care and support when people's health declined.

Staff were responsive to people's behaviours and requests for help which helped ensure people remained calm and relaxed. For example, one person tried to touch another person on the arm which caused them anxiety. A staff member observed this and sat between the two people in a relaxed way to help prevent the

person's anxiety from escalating. We saw when one person asked staff for a tissue and they immediately went to get them one. One person told us if they needed staff assistance, this was provided promptly when they asked. They commented, "Oh yes, I don't have to wait long at all."

There were some people who were more independent than others. One person told us, they were able to get up and go to bed when they wished and could leave the home whenever they pleased but were asked to tell staff where they were going. They explained what they wanted most was their own telephone and 'Sky' television so they could watch what they wanted. They told us, "[Registered manager] helped me because I asked for a telephone in my room. They are coming on Friday to do it for me. I wanted Sky and [Registered Manager] has arranged it." This demonstrated the registered manager listened to people and acted upon their requests.

The Provider Information Return (PIR) completed by the registered manager told us, "In the past 24 months we realised the importance of activities and stimulation. We had worked closely with student occupational therapists and we employed an activity coordinator. We found that through more activities and stimulation we had less incidents and safeguarding. We have completed life histories for every resident to help us know who our residents are, we also complete assessments to know what level of function they are at, so we can ensure that all activities they take part in are suitable for their abilities and are person centred." We found this was the case although some life histories were in progress.

Action had been taken to support some people with activities that met their needs. The main lounge was used by most people during the day and this was where social activities were undertaken. We observed armchair exercises took place in the morning and a game of Bingo. Nine people participated in the exercises and those people who chose not to, watched the others. There was lots of laughter and some really positive engagement with the activity. In the afternoon people played floor darts. Virtually everyone in the lounge chose to participate and throw the bean bags at the target. People were encouraged to add up the scores so they had some mental, as well as physical, stimulation in addition to the social engagement with people.

Overall, people told us they enjoyed the activities provided. One person told us they sometimes took part in them and enjoyed them when they did. Another person who was more independent told us, "If I get bored, I will go to the city centre and have lunch." Some people chose not to participate in activities, one person told us, "I read and I have got my phone, sometimes I play games on my phone." They went on to tell us they chose to sometimes have their "nails done" and could go out when they wanted to. Another person told us "We don't go out with staff but [Staff member] will help with requests."

Since our last inspection an Activities Co-ordinator had been employed and they were working in the home four days per week. They told us there were plans to "get people out more". They told us they did some activities twice a week with people in smaller groups so they experienced activities of their choice which were centred on their social care needs. They explained there were three different groups and people were allocated to a group depending on their level of engagement. Each group had a name chosen by people and they each also chose a song to start and end the activity session. They told us this gave people ownership of their group. There were some activities based on sound and word association and the activity co-ordinator assessed whether people were engaged in their activity to decide if it was suitable for them and was meeting their needs.

The smaller communal sensory lounge was used for those people who wished to sit in a quieter area to relax. This supported the senses of sight, smell and touch. There was comfortable seating and colour change lighting. One wall was covered in calming scenery. During the day we saw people used the lounge

for short periods of time as it was a quiet area for them to sit.

The activity co-ordinator told us the impact of increased activities that were based on people's needs had decreased the number of incidents and "arguments" between people. They also said, "Most of the men wouldn't take part but now they are engaging more." This demonstrated the activities provided were having a positive impact on people. The registered manager told us, "People have said the home is calmer. The activities have reduced agitation that could lead to safeguarding situations."

Staff knew about the importance of providing activities which people enjoyed. They told us, "Every day they take place (activities) Monday to Friday. At the weekend they have a singsong. A lot of them like the water pictures (painting pictures with water which then reveal colour designed for adults). They enjoy a good game of bingo."

We asked staff about activities people had requested. They told us, "I will take them to the hairdressing room and put rollers in their hair and do one to one (discussions) with them. [Person] likes animals so we used to have a girl bring in her two dogs. [Person] we have walked him to the shops to go and get sweets. When they ask or if they are running out of cigarettes, we take them to the shops." Staff told us about one person who wanted to do food tasting so they made that into an activity. The results from that activity were fed back to the cook so they knew what people liked and did not like. Staff told us they could ask for activity items to help them engage with people. For example, some people liked doing jigsaw puzzles but as there were only four in the home, more had been ordered.

A staff member told us some people chose to remain in bed or were cared for in bed so they made sure they were not excluded from activities. They told us "I sit with them and talk to them or read the newspaper."

People felt they could go to the registered manager with concerns and they would act upon them. One person told us, "I would call one of the staff and say I want to see [Registered Manager]. [Registered Manager] does whatever she can do for me and the staff are very good. She looks after me all the time." Another said, "If there is a problem, they will sort it out for you."

Records showed there had been no formal complaints since our last visit. The registered manager told us of plans to start recording people's informal concerns so they could identify if there were any emerging trends or patterns. This was so they could be promptly addressed to maintain the quality of care and services people and their representative's expected.

Is the service well-led?

Our findings

During our last inspection we found some improvements were needed to ensure systems and processes to assess and monitor the ongoing quality and safety of people were maintained. During this inspection we found action had been taken by the provider to improve quality monitoring but some of the auditing processes had not been effective in identifying areas needing improvement.

People and visitors were positive in their comments of the home. Comments included, "They know how to treat them as individuals. They are very good" and, "It's okay, you get good days, I was glad to come here." One person told us "I love it" and said they were "very happy".

Staff were positive about working at the home and the support they received from the registered manager. One staff member told us, "I love it here, I think [registered manager] is really approachable and she will go out of her way to help if you have any problems. I think the care here is really good, we have a really good team and it's like a family. I enjoy coming to work." Another staff member told us, "There have been some good improvements in the home and we are learning more from the manager than we were before. It feels more homely. We work as a good team, more like a family."

There was a photo board of staff in the entrance hall so people and visitors to the home knew the staff who were working there. There was a deputy manager in post to support the registered manager in the effective running of the home.

People and visitors knew who the manager was and said they were approachable if they needed to discuss anything with them. They told us they also would approach the deputy manager or other staff if they needed to.

Systems for managing risks associated with people's care were in place but we found some of the monitoring systems used had not identified areas needing improvement. For example, we found some of the renewal authorisations to deprive people of their liberty had not been applied for in good time to ensure restrictions placed on people's care continued to be lawful. The registered manager accepted the renewals should have been made earlier to ensure this happened and agreed to address this. We found medicine administration records showed two medicines were given "as required" when this is not how they were prescribed.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the home or people who used the service. However, we found when viewing accidents and incident records, there were two safeguarding incidents that had not been reported to us as required. One of these had also not been reported to the Local Authority safeguarding team as required. This meant we had not been able to check appropriate action had been taken at the time to manage the risks to people. The registered manager said this had been an oversight and they would check going forward that all notifications were reported as required.

The provider had a number of quality monitoring systems in place to ensure people received the care and services they expected. People were given opportunities to be involved in 'resident' meetings where they could share their views about issues related to the running of the home and be kept informed about planned changes. We saw notes of a meeting held in October 2016 where a discussion took place on upcoming events and activities. This included a Diwali party with dancing, fireworks in November and a Christmas party in December. In January 2017 people were asked for their suggestions for events and requested dancing and a trip out. We saw photographs on a notice board showing people enjoying activities arranged which showed people's views had been listened to.

In addition to meetings, the provider had implemented a quality assurance survey to obtain people's views about their care at the home. There were 19 questionnaires forwarded to people and their representatives in December 2016. There were 11 surveys returned. Results of these surveys showed all were happy with the service. Actions following the survey included for all people to be involved in care planning and to ensure the menu changed with the seasons. The results were displayed on the activities board so those people who participated could see the outcome of this. We saw plans in place to ensure these requests were acted upon.

Staff meetings regularly took place and staff told us they were able to offer their opinions in regards to issues that impacted on the running of the home. One staff member told us, "[Registered manager] will tell us what is going on in the home, what staff need to improve on. Yes, we get asked for our opinions." Records of staff meetings were detailed and demonstrated they were not only used to share information but also good news. Meetings were well attended by staff. They showed staff were thanked for their hard work and they were acknowledged for their part in improving the home. This showed the provider valued the staff.

The staff meeting notes for March 2017 showed the recent visit by Healthwatch was discussed. The registered manager thanked staff for their work and commitment to the home and they expressed their pride in the staff for what they have achieved. Healthwatch had visited the home in November 2016. Visits are carried out by authorised representatives and they observe and report on service delivery and talk to people, family and care staff. The Healthwatch report stated the representatives felt the home was "caring, homely and friendly" with a focus on "person centred care". Cordelia Court was referred to as "well managed" with staff regularly interacting with people in a calm and reassuring manner. Notes of the staff meeting also stated a new "handyman" had been contracted to carry out work at the home and a visitor had noted work had commenced on attending to the garden.

Audit checks were carried out by the registered manager to confirm the ongoing health and safety of the home. They included infection control, this audit identified the flooring in the laundry needed to be replaced and we saw there were plans for this to be acted upon with immediate effect. There was a 'falls' audit to check how many people were falling, the times and where etc. Actions taken in response to the findings included ensuring each person at risk had an updated 'falls log' and risk assessment. Pressure mats were in place for the people affected so that staff were alerted when people attempted to move around and staff could promptly go to their assistance.

Duty rotas showed staff on duty each day but sometimes it was not clear how staff were deployed due to codes on the rota that were not defined. For example, on some days there was a 'T', 'L' or 'D' alongside times of shifts. Staff told us sometimes the domestic person helped with care. However, it was not clear when. Duty rotas should be clear so they demonstrate sufficient care hours are provided to meet people's needs.

Health and Safety checks had been carried out and included checks of water temperatures, the fire alarm,

lift, emergency lighting and portable appliances. The gas certificate in the home was out of date. The registered manager assured us the provider had a more recent one and this would be followed up.

The provider was undertaking regular quality monitoring visits to the home to support the registered manager. The registered manager told us, "[Provider] tries to come in normally once a week and we talk on the phone every other day...The provider comes in and looks around the home and checks the environmental factors." The Provider Information Return we received detailed plans for further improvement of the home. These included the environment, the quality of service provided and activities for people. This showed the registered manager and provider recognised areas for ongoing improvement and were committed to ensure these happened.

We noted the home had received 'React to Red' accreditation in recognition of there being two years where no people in the home had developed pressure ulcers. 'React to Red' is a campaign across health and social care that trains care workers to recognise people at risk and to take steps to prevent pressure ulcers developing. This award demonstrated the commitment of the registered manager and staff team in closely monitoring people to help prevent the risk of them developing sore areas which could develop into pressure ulcers on their skin.