

Corvan Limited

Cordelia Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected Cordelia Court on 17 December 2014 as an unannounced inspection. Cordelia Court is divided into two separate floors and provides personal care and accommodation for up to 23 older people, including people living with dementia. There were 19 people living there when we inspected the service.

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 and

associated Regulations about how the service is run. There was not a registered manager in post at the time of our inspection. This was because the previous registered manager had left the service in November 2014. The provider had immediately recruited a new manager, who was working at the service when we inspected in December 2014. The new manager is in the process of becoming the registered manager for the service. We refer to the new manager as the manager in the body of this report.

At our previous inspection in September 2014 we found there were two breaches in the legal requirements and regulations associated with the Health and Social Care

Summary of findings

Act 2008, we issued compliance actions to the provider for Regulations 10 and 20. We asked the provider to send us an action plan to demonstrate how they would meet the legal requirements of the regulations. The provider returned the action plan in the allocated timeframe telling us about the improvements they intended to make. On this inspection we checked to see whether the improvements had been made. We found that quality assurance procedures had improved, and there were no breaches in the legal requirements of regulation 10. We found that record keeping under regulation 20 had improved since our previous inspection, but further improvements were still needed.

There was not always enough staff to meet people's preferences and needs. The manager was implementing a staffing tool to determine the numbers of staff needed at the home.

Infection control procedures required improvement at the home to ensure people were protected against the risk of infection. The manager was implementing new cleaning schedules and infection control procedures at the time of our inspection.

We saw that some improvements were required to the maintenance of the premises. An improvement plan had been drawn up to implement changes at the home.

Medicine administration procedures were in place to ensure medicines were managed safely and were administered only when required.

Staff did not always have the skills they needed to support people, as staff had not received up to date training to meet people's needs. A new training provider had been contracted to bring staff training up to date.

We spent time in communal areas and saw interactions between people and staff. In most of the interactions we

observed staff were respectful and kind towards people living at Cordelia Court. However, a member of staff did not always act appropriately with people. We brought this to the attention of the manager during our inspection.

We found that people's privacy and dignity was not always respected. People were not always offered choices that met their preference.

People's care records were not always up to date. This meant staff did not always have the information they needed about people's care needs. The provider had introduced new care records, which included risk assessments and mental capacity assessments. All people at the home were having their care records transferred to the new care records by the end of March 2015.

We saw a range of meetings took place to gather views from people, their relatives and staff. Information gathered from people helped the manager and the provider to analyse the quality of the service, to drive forward improvements. The provider was analysing the feedback they received, and was acting appropriately to respond if there were concerns.

The manager had sent notifications to us about important events and incidents that occurred at the home. They were aware of their responsibilities in notifying regulatory bodies and authorities about important events at the home.

The manager completed audits to ensure the quality of the service developed. Improvements to the service were made where issues were identified.

You can see what action we told the provider to take at the back of the report.

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?

The service was not consistently safe.

People were protected from the risk of abuse because suitable recruitment procedures were in place, and staff understood their responsibilities for safeguarding people from abuse. However, people were not always supported by sufficient numbers of staff to ensure their safety. People were not always protected against the risk of unsafe or unsuitable premises as improvements were needed to the premises.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People did not always receive effective care and support, because staff did not receive regular training to make sure they had the skills they required to meet the needs of people at the home. People were supported to attend regular health checks to maintain their health and wellbeing.

Requires Improvement



Is the service caring?

The service was not consistently caring.

People who used the service did not always receive care and support that met their needs, as their privacy and dignity was not always respected. In addition, people weren't always offered choices that met their individual preferences.

Requires Improvement



Is the service responsive?

The service was not always responsive.

Care records were not always up to date and staff did not always have the information they needed to support people according to their wishes. People couldn't always access interests and hobbies that they enjoyed. The provider gathered feedback from people about how they wanted the service to change, and acted on the feedback they received.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

There had been a recent change in management at the home, which meant there was not a registered manager in post at the time of our inspection. The new manager had improved quality assurance procedures at the home, and was implementing changes to enhance the quality of the service.

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 17 December 2014 and was unannounced. This inspection was conducted by two inspectors.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives, from local authority commissioners and the statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who lived at the home, six relatives, four care staff, and the manager. We also spoke with a visiting healthcare professional.

We observed care being delivered in communal areas and we observed how people were supported at lunch time.

We looked at a range of records about people's care including four care files. This was to assess whether the information needed about each person, and the care offered to each person was available.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service.

We looked at personnel files for four members of staff to check that suitable recruitment procedures were in place, and that staff were receiving appropriate support to continue their professional development.

Is the service safe?

Our findings

Most of the people we spoke with and their relatives told us there were not enough staff available at all times to care for people safely. One person said, “They could do with more staff.” Another relative commented, “For the first few years things were okay, its got worse over the last year.” Staff we spoke with told us there were not enough staff available to meet people’s needs safely. One member of staff told us, “It’s just manic, there’s never enough staff on.” Another staff member told us, “There should be more staff here. There’s not enough, even when the right number of staff are on duty, there’s not enough.”

We asked staff what impact this had on people at the home. One staff member told us they were concerned about how people were assisted to move, as some people needed two members of staff to help them move safely. They said, “Sometimes we have to help people on our own, and it should be two staff, its just not safe.”

We observed the support offered to people in the communal areas of the home to see if there were enough staff available to keep people safe. Most people chose to sit in the lounge during the day. We saw that for some of the time there were no staff members present in the lounge so people were left without assistance if they needed it. For example, we saw the tea trolley was taken into the lounge area which contained hot liquids. This was left unattended by a staff member when they left the lounge to assist someone in their room. One person went to pour themselves a hot drink. We needed to intervene to ensure the safety of the person.

One person told us, “I need to ask a relative to bring me in a hot drink (in a flask) if I want one.” We saw one person asked a member of staff for a hot drink. We saw around 15 minutes later the person was then offered a hot drink. One relative we spoke with explained people needed to wait to receive personal care when they needed support. They said, “People are kept waiting for the toilet and for care.”

We asked the manager how staffing levels were planned at the home. They explained that staffing levels had been maintained at the level determined by the previous management team. However, they were taking advice

regarding a staffing tool. The tool would be used to input people’s dependency levels at the home, so that the necessary staffing numbers could be calculated to keep people safe.

We found this was a breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

When we arrived at the home we saw that the home was not clean. There was an unpleasant odour in one of the communal areas where people sat, and some areas of the home were visibly dirty. For example, the tables in the dining room were dirty and sticky. One relative told us, “The cleanliness in the house needs improvement.” We saw there were a number of items of furniture that were dirty, ripped and torn including chairs where people were sitting in the lounge. The ripped furniture posed a risk to people’s safety, as infections could be transferred between people. Following our inspection the manager confirmed the ripped furniture had been removed.

We saw a hole in the flooring in the dining area. The hole was in the middle of the room and caused a potential tripping hazard to people. The hole was not covered, and no warning signs were in place to alert people. Staff told us the flooring had previously been repaired, but the flooring had ripped again causing the hole.

The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required to safeguard people from harm. They kept us informed with the outcome of the referral and actions they had taken.

Care staff told us they had completed training as part of their induction in safeguarding. Staff we spoke with were able to describe the signs of abuse, and knew what they should do if they had any concerns about people’s safety or if they suspected abuse.

Staff told us and the records we looked at confirmed suitable recruitment procedures were in place which included checks into the character of staff before they started working at the home to ensure they were safe to work with people.

We observed a medicine administration round, and reviewed how medicines were managed within the home. We saw medicines were stored in locked cabinets and were audited regularly. We saw people were given their prescribed medicine at the right time, and at the right

Is the service safe?

dosage level. We looked at a sample of medicine administration records and saw people regularly received

their medicine as prescribed. There was a protocol in place for administering medicines prescribed on an 'as required' (PRN) basis to protect people from receiving too little, or too much medicine.

Is the service effective?

Our findings

We observed people having their lunchtime meal. The food came straight from the kitchen and people told us it was hot and tasty. People enjoyed their meal. One person told us, "Its lovely food, nice and hot." Another person said, "The food is always nice." One relative told us, "The food is good."

People were given the choice of food at mealtimes. People told us they chose each morning what they wanted to eat later in the day, and meals were prepared according to their order. One person told us, "I get to choose my meal in the morning." One person confirmed their relative was offered an alternative meal when they would not eat their food. They said, "When [Name] wouldn't eat a meal they gave them an alternative, they are quite good here, they are flexible." Another relative told us, "Sometimes [Name] is not hungry and they put their food away until later." We saw the kitchen provided food for people who required a specialist diet. For example, when people required a 'soft' diet or high calorie food. This meant the provider offered people food to effectively meet their health and dietary needs.

Some people who lived at the home were at risk of poor fluid intake. We saw people were offered cold drinks throughout the day. We saw that a drinks tray was available in the lounge area of the home, so that people could access cold drinks.

Staff told us they had received an induction when they started work that included training to meet the needs of people living at the home. One member of staff told us, "All the staff have an induction." They added "Training is not kept up to date though." They explained this was because they had not been provided with up to date training by the provider. We saw staff had not received recent training in moving and handling techniques. We saw staff had not had recent training in supporting people with dementia. There were a number of people at the home with a diagnosis of dementia. A lack of up to date training meant staff may not be aware of recent guidance and may not have the skills they needed to effectively support people. The manager confirmed a training plan had been put in place to bring staff skills up to date.

Staff told us they received regular supervision meetings with their manager. These meetings provided an

opportunity for staff to discuss personal development and training requirements. Regular supervision meetings enabled the manager to monitor the performance of staff, and discuss performance issues.

We asked the manager about their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They were able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation.

Only one person at the home had up to date records showing they had received a mental capacity assessment. This was because new care records were currently being introduced at the home. We saw that where people were able to consent to their care and treatment new care plans had been designed so they could be signed by the person. Where people could not consent to their own care and treatment, new forms were being introduced to record mental capacity assessments, and decision making information for the person.

We saw DoLS assessments had not been completed regarding people at the home to assess whether they needed a DoLS. We observed some people at the home may require one, as not everyone at the home had the capacity to make all their own decisions. We saw that some people were having their movements restricted. For example, the main door to the home was locked. We also saw one person being told to 'sit down' when they wanted to move around. People's liberty may have been restricted inappropriately.

The manager discussed their understanding of DoLS with us, and was able to describe their responsibilities. The manager explained DoLS assessments would be undertaken as a priority, they would be introducing this assessment procedure when care records were updated.

Staff explained how they handed over information at the end of their shift to new staff members. They explained the daily handover was conducted by staff verbally. A written handover record was prepared so that people had information to let them know about changes in a person's health, or any special arrangements for the day.

Staff told us that people were supported to attend regular health checks. The manager confirmed that people were having health assessments completed at the moment with a GP following the introduction of new care records and related paperwork. We saw that new paperwork in the care

Is the service effective?

records included a section to record when people were visited, or attended visits, with healthcare professionals. There was a plan in place at the home to have the chiropodist visit every eight weeks. Opticians were scheduled to visit the service every 12 months. We saw

some people at the home were regularly visited by the district nursing team. This meant people were supported to maintain their health and wellbeing through access to healthcare professionals.

Is the service caring?

Our findings

Most of the people we spoke with told us staff were kind and caring. One relative said, “The care is excellent, they [Care Staff] are quite on the ball. You couldn’t wish for better care staff.” Another relative told us, “Its great here, its small and the staff are fantastic. We feel welcome. It’s a nice and pleasant atmosphere.” Another person said, “The care staff are first class, they know the residents and what’s going on, they are pro-active.”

Other people told us they weren’t always happy with the way their relative was cared for. One person told us, “There are a good couple of care staff and some mediocre ones.”

We observed the communal areas of the home to see how people were cared for by staff. We saw one member of staff sometimes did not communicate or speak with people when they offered them support. For example, we saw a member of staff adjust a person’s clothing without speaking to them, and opening a nearby window without asking.

People told us they did not always get a choice of drink, or a hot drink when they asked for one. We saw at lunchtime one person asked for a cup of coffee, and this was not given to them. The member of care staff told the person lunch would be served before they could have a drink. Drinks were later offered to people when they had nearly finished their meal. We observed people were given squash and not offered a choice of drink. This meant people’s preferences were not always met.

People were not always able to make everyday decisions about what they wanted to wear. For example, we saw one person dressed in an all in one outfit. We asked staff why the person was wearing the clothing. Staff told us they wore the ‘onesie’ because they undressed themselves during the day, and the clothing prevented the person from doing this.

We could not find any evidence of the person’s consent being sought for the clothing, or any evidence that their best interests’ had been considered when making the clothing decision.

We saw people were not always engaged in conversation when there was an opportunity to communicate with them. For example, we saw one member of staff sitting in the lounge with more than ten people without engaging or talking to them. This did not offer people stimulation and interaction, which they may have enjoyed.

We saw one person wanted to get up out of their chair and move around the home. One member of staff told the person to ‘sit down’. The person was not given the assistance they needed to move, which was their preference. This did not respect them or help them to maintain their independence.

We saw people did not always have their privacy and dignity respected. Some people shared bedrooms which had en-suite bathroom facilities within the bedroom. En-suite bathrooms did not have any doors. Some en-suite bathrooms were fitted with curtains instead of doors. This meant people were not provided with adequate privacy when they used the bathroom.

Staff did not always care for people in a way that respected their dignity. We observed one member of staff washing a person’s face using a green paper towel whilst other people were watching. The person became distressed and anxious. This did not respect the person’s privacy. The personal care was provided with inappropriate equipment as the green paper towel was rough, and there was a risk it could damage the person’s skin.

We found this was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

Is the service responsive?

Our findings

At our previous inspection in September 2014 we found there was a breach in the legal requirements and regulations associated with the Health and Social Care Act 2008, Regulation 20 Records. On this inspection we checked to see whether the improvements had been made to record keeping. We found that record keeping had improved since our previous inspection, but further improvements were needed.

We saw care records for each person who lived at the home had not been kept up to date. We looked at three people's care files and saw that the records did not consistently describe the care people needed. For example, the contents of the care plans were not specific and did not clearly direct care staff to deliver care in the way people preferred, as personal preferences were not always recorded. In one person's care record we saw information was not recorded consistently to provide clear information for staff on how the person should be cared for. For example, we saw the person was being cared for by both male and female members of staff. We observed the person appeared anxious when a male member of staff spoke with them. We saw the care records stated they could be cared for by staff of both genders. The care records also detailed in another section that the person was anxious around males. This inconsistent recording of their preferences compromised the person's wellbeing.

We saw another person did not have information on their care records to assist staff with communicating with them. The person had some hearing loss. We saw staff communicating by using scraps of paper which they wrote on for the person to read. It was not clear from the care records why the person did not have communication aids available to use. A lack of adequate communication aids meant the person was not fully able to express themselves, and communicate their needs.

We saw that a lot of the recording for people's care, and how care was delivered, was completed in the daily notes. Staff told us that they did not frequently refer to these, nor did they review people's care records to gain information about how to support people at the home. One member of staff told us, "We do all the daily recording but I don't think anyone looks at it." Another member of staff told us, "I know the people through experience, I've never needed the care plans." A third member of staff told us, "What I know

about people is from talking to them, I've never read anything." We spoke to a visiting professional during our inspection who raised concerns with us about care records at the home. This meant people were at risk of receiving care that was inconsistent, as staff may have limited information about people's care needs.

We found this was a breach in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Records

We asked people about the support they received to take part in hobbies and interests according to their wishes. People told us there were not enough activities organised at the home to meet their needs. Most people were in the lounge and in the communal areas of the home. We observed people sitting in communal areas of the home watching television, and interacting with other residents and visitors. We saw one staff member sitting in the lounge with people, however the staff member did not chat with people, but sat quietly. The atmosphere in the lounge was quiet. One relative commented, "There's not a lot of stimulation that goes on here for people, there's no activities."

We spoke with a member of staff who explained there was not a designated member of staff to organise activities, or to provide one to one support to people to access interests and hobbies. They explained on the day of our visit people could read newspapers, watch movies, visit the hairdresser or take part in hanging Christmas decorations. There was no programme of scheduled activities that people could take part in each day. Activities were not organised to meet people's preferences.

There was a hairdresser at the home on the day of our visit. One person told us, "I'm having a hair cut today, which is great." Another person said, "The hairdresser hasn't been here for a while, but now they're back and I'm looking forward to having my hair done." The manager told us that plans were in place for the hairdresser to visit on a regular basis. Plans were also in place to provide scheduled activities seven days a week that would meet people's individual needs. The manager told us a designated member of staff would be responsible for organising activities in future.

We saw there was information about how to make a complaint available on the noticeboard in the reception area of the home, and in the service user guide that each

Is the service responsive?

person received when they moved to the home. We saw there was a complaints procedure in place, and that where complaints were received there was a complaints folder to log complaints. We were unable to view previous complaints as the previous management team had not

kept records, or analysed previous complaints to learn from them. The manager told us about a system they had in place to monitor and review complaints in the future, to learn from customer feedback and drive forward improvements at the home.

Is the service well-led?

Our findings

At our previous inspection in September 2014 we found there was a breach in the legal requirements and regulations associated with the Health and Social Care Act 2008, Regulation 16 Assessing and monitoring the quality of service provision. On this inspection we checked to see whether the improvements had been made to quality assurance procedures. We found this had improved since our previous inspection.

At our previous inspection in September 2014 we asked the provider to improve water temperature monitoring to ensure water in the home was of an adequate temperature to maintain people's health. Since our inspection in September the provider had put in place systems to test the water for Legionella and other bacteria. However, regular temperature monitoring of the water systems had not been implemented. We saw this was because new monitoring equipment had been ordered, but had not yet been delivered. After our inspection the manager confirmed the equipment had arrived and weekly water monitoring had been implemented at the home.

A requirement of the service's registration is that they have a registered manager. There was not a registered manager in post at the time of our inspection. This was because the previous registered manager had left the service in November 2014. The provider had recruited a new manager, who was working at the service when we inspected in December 2014. The manager is in the process of becoming the registered manager for the service.

People and their relatives told us the home had not been well led by the previous management team. One relative told us, "I think its going to get better now, its been pretty awful for a while."

Staff told us they felt that improvements were being made to the service following the recruitment of the manager. One staff member said, "The home is getting better now, things are being done. For example, having the hairdresser back is brilliant."

The provider completed a number of regular quality assurance checks. We saw that some previous quality assurance checks had highlighted the need for improvement. For example, updating care records and record keeping. Improvements plans had been drawn up, but had not been implemented in a timely way. On this

inspection we saw the current manager had completed recent audits in medicines management, infection control, and care records since November 2014. Audits had identified a number of areas where the home needed to improve. We saw the manager had analysed the results of recent audits. Improvement plans were drawn up, and some improvements were already in place.

The manager had recently introduced new care record paperwork to the home following their audit. They showed us one person's care records where the new paperwork had been put in place. These new care records included a process for involving the person and their relatives in planning their care. Appropriate assessments had taken place to assess the person's health and support needs, and plans were in place to meet those needs. Relevant information was provided to staff on how support needs should be met. Appropriate risk assessments were in place, and information about how risks should be managed was included in the new documentation. The manager explained that care records of this new type would be introduced for all people at the home before the end of March 2015. This meant the manager had recognised the need to update existing care records and how they were maintained, and had implemented improvements.

People and their relatives confirmed they were now involved in developing the service they received. One relative told us, "The first relative's meeting happened last week, it involved everybody and we talked about the garden." Another relative told us they had recently been involved in planning their relative's care through the introduction of new care plans. They told us, "I've been involved in the care plan, and I've read through it."

We saw that recording on people's fluid charts was not up to date, and was not consistently completed by staff. This meant the monitoring of fluid intake was not adequate in determining whether people were receiving the right amount of fluid to maintain their health. The manager explained that new fluid monitoring charts were being introduced at the home with the new care records. The new charts included the monitoring of both fluid and food intake to enable people's health to be monitored appropriately. Charts would be monitored through audits and regular checks to make sure they were completed consistently.

The manager had identified the need to improve infection control procedures in a recent audit. We saw a new

Is the service well-led?

cleaning schedule had recently been introduced which included a deep cleaning procedure. The manager had also introduced a new cleaning rota for the night staff. We were able to review the new schedules, which showed the manager had a quality assurance procedure in place to monitor cleaning at the home. The manager confirmed that all damaged furniture was removed from the home, and the provider was purchasing new furniture. This demonstrated the manager was acting on improvement plans.

Since our inspection we have been able to review an improvement plan for the home which included the replacement of the flooring in the dining room. The improvement plan had been drawn up to improve a number of areas at the home, including the garden.

We saw a range of different meetings took place to gather views from people, their relatives and staff. The meetings had been introduced by the manager recently. The meetings were recorded, and where feedback was received improvement plans were drawn up. Information gathered from people helped the manager and the provider to analyse the quality of the service provision, and identify

areas where improvements were required. This meant the provider was now analysing the feedback they received regarding the service, and was acting appropriately to respond if there were concerns.

Since the manager started work at the home in November 2014 they had conducted a quality assurance survey of the home, which included a questionnaire to people who used the service and their relatives. We saw the results of the questionnaire had been analysed, and an action plan had been put in place to make improvements following people's comments. For example, a plan was in place to employ a handyman to improve the garden at the home following people's comments about the safety of the garden area. This meant the manager was seeking feedback, and using the feedback to make improvement plans to meet people's preferences.

We asked the manager whether they were well supported in their role by the provider. They told us they were, although they hadn't been at the home very long, the provider was offering them the financial support they needed to plan and implement improvements at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

Appropriate steps had not been taken to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

Suitable arrangements were not in place to ensure the dignity, privacy and independence of service users 17 (1) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Service users were not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them, as an accurate record in respect of each service user was not in place 20 (1) (a).