

Amocura Ltd

# Cornerways Residential Home

## Inspection report

15 Leadhall Crescent  
Harrogate  
North Yorkshire  
HG2 9NG  
Tel: 01423 871017  
Website: www.amocura.co.uk

Date of inspection visit: 5 October 2015  
Date of publication: 06/11/2015

### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

We carried out an unannounced comprehensive inspection of this service on 8 April 2015. At this inspection we found a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to three regulations: Regulation 15 HSCA (RA) 2014 - Premises and equipment. The provider had failed to protect people against the risks associated with in adequate maintenance of the environment. Regulation 11 HSCA (RA) 2014 - Need for consent. The provider had failed to obtain consent from relevant

people about their care. And Regulation 17 HSCA (RA) 2014 - Good Governance. The provider had failed to assess, monitor and improve the quality and safety of the service.

This meant people were at risk of receiving unsafe care and treatment because of the risks associated with these three breaches of the regulations.

We also made two recommendations at our inspection on 8 April 2015. We recommended the provider: Reviewed staffing levels, specifically ancillary hours at the home to ensure that the care people received was not compromised, because care staff were also expected to

# Summary of findings

carry out laundry, domestic and kitchen duties during their shift. And reviewed people's care plans to ensure that the home is able to meet people's care needs and that risk assessments and management plans for all risks identified were recorded in the care plans.

After the comprehensive inspection, the provider wrote to us with an action plan to say what they would do to meet legal requirements, in relation to the breaches and the recommendations noted above.

We undertook this unannounced focused inspection on 5 October 2015, to check that the provider had followed their action plan and to confirm that they now met with the legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cornerways Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Cornerways Residential Home is owned by Amocura Limited and is registered to provide personal care for up to 20 people, some of whom may have dementia. Cornerways does not provide nursing care. The home was previously a private dwelling and retains many of the original features. It is situated in a residential area of Harrogate and has parking for several cars to the front of the property, otherwise there is on street parking available.

The home employs a registered manager who had worked at the home for over twelve years. A registered manager is a person who has registered with the Care

Quality Commission (CQC) 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.

Since the last comprehensive inspection on 8 April 2015, the provider had taken action to address the environmental shortfalls, consent was being sought from people about their care and auditing had begun to assess and monitor the running of the service. The provider had also addressed the recommendations made about providing additional staffing in the laundry and kitchen and care plans had been rewritten to include relevant information about each individual. Care plans were now person centred and up to date. Risks to people's health and wellbeing were also being identified.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service. No concerns were raised by either Healthwatch or the Local Authority.

# 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?

We found that action had been taken to improve safety in the home.

The home followed safe recruitment practices to ensure staff working at the service were suitable.

There were sufficient care staff employed by the home. The provider had improved the staffing arrangements in the home by employing a laundry assistant, a kitchen assistant and domestic staff hours had been altered to provide an overlap, so that deep cleaning could be carried out. This meant that care staff could focus on delivering care only.

The home's environment had improved; new furniture and soft furnishings had been provided. There had also been a "decluttering" and plans were in place to provide a wet room in a bathroom which was now outdated and not fit for purpose.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



### Is the service effective?

We found that action had been taken to improve the effectiveness of the service. Improvements had been made to the care plans and risk assessments to ensure there was consistency to people's care.

People had been supported to seek their consent to decisions about their care, in line with legislation and guidance.

People who lived at the home and who were unable to make their own decisions were protected by the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. Staff understood how to apply for an authorisation to deprive someone of their liberty.

People living at the home were supported to eat and drink and maintain a well-balanced diet, although care staff were no longer put under additional pressure, due to the suitable numbers of ancillary staff being employed.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection. The service was not effective.

Requires improvement



### Is the service well-led?

We found that action had been taken to improve how the service was being managed.

Requires improvement



# Summary of findings

Improvements had been made to the quality assurance systems to monitor the service, which ensured that the home remained a safe and pleasant place for people to live.

The management of the service had been improved and people told us that there was now an improved culture for people living at the home. Relatives and staff contributed by giving their views about the running of the home, which made sure that the service continued to deliver good quality care.

The registered manager told us they had a good oversight of the service, now they had returned from a period of absence and staff told us that things had improved since our last inspection in April 2015, for the benefit of people using the service and their own working arrangements.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Cornerways 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 had made improvements since the last inspection and was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 5 October 2015 and was unannounced. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on the 8 April 2015 had been made. The inspection took place with one inspector. We inspected the service against three of the five questions we ask about services: Is the service safe: Is the service effective: Is the service well-led. This is because the

service was not meeting three legal requirements in relation to the premises, need for consent and good governance and had received two recommendations in relation to staffing and care plans.

We reviewed information about this service that was held by CQC which included the statutory notifications that had been made and the action plan that had been sent to us by the service following the inspection on 8 April 2015. Prior to the inspection we contacted local authority commissioners who told us that they had no current concerns

During the inspection we spoke with four people who used the service. We also spoke with three members of staff; the registered manager and a district nurse.

We looked at three care plans and associated documents relating to care, the quality audits, staff roster and had a tour of the premises.

# Is the service safe?

## Our findings

At the last inspection on 8 April 2015 we found there were sufficient care staff on duty, but not sufficient ancillary staff to make sure the home is run well. We recommended that the provider reviewed staffing levels, specifically ancillary hours at the home to ensure that the care people receive is not compromised. We recommended that the provider review the staffing arrangements with this in mind. We found at this inspection that the provider had made improvements. A new laundry assistant had been employed to work forty hours per week, Monday to Friday and that this had been effective in the running of the laundry. Staff told us this had improved their availability to provide care and one person using the service told us, “My washing is done and returned to me within the day, its much quicker now.” In addition to this a kitchen assistant had been employed to cover the peak period between 4pm and 7pm, five days a week and they heated and served the teatime meal, which care staff had previously done. Everyone agreed this was of real benefit as care staff were available to concentrate on care delivery.

At the last inspection we found that the provider was in breach of regulations and that work needed to be done to improve the environment. We toured the premises during this visit and found improvements had been made. The home was clean and there were no odours following the cleaning of carpets and furnishings. The décor in the main communal areas had improved as areas had been extensively redecorated. The provider had also replaced chairs and settees and most of the curtains and some carpets. There were plans to replace further carpets over the next few months. We found both lounges had been cleared of bric-a-brac and an extremely large collection of ornaments. Both lounges we saw were clean and tidy. People we spoke with during our visit told us how much they liked the ‘new look’ and that they thought the redecoration had made the entrance and lounges seem lighter and more homely. People had helped choose the wallpaper on a feature wall in the entrance and had had a lot of enjoyment choosing their favourite, they told us. One person told us, “The new chairs, they are really comfortable. It all so much cosier, it’s warmer now, the walls used to be blue, a cold colour.” We saw that cleaning schedules were in place for staff to follow and when certain tasks had been completed these were signed and dated by the staff that had carried out the tasks.

At our previous inspection, we saw that there were three bathrooms; two did not have a hoist or any equipment in them to assist people to get into and out of a bath. The only bathroom that had a hoist over the bath was difficult to get a wheelchair into. The bath was under the eaves of the building and a large beam was at head height over the bath. A protective pad has been nailed to the beam to protect people from banging their head. When we spoke to staff about how they were able to get people in wheelchairs in and out of this bathroom they replied, ‘with some difficulty.’ There were no showers available at the home. However, the registered manager told us at this visit that there was a plan to change one of the unused bathrooms into a wet room and they were looking in to having a hoist fitted in one of the bathrooms to assist with bathing. People we spoke with did not highlight any problems with their bathing arrangements. We will review the bathing facilities at our next comprehensive inspection.

We found that alarm call bells in the people’s rooms we visited were accessible. This meant that people could summon help if required.

The lift was working at this visit, after a period of breakdowns and repairs. We used it to access the first floor. The registered manager told us that the provider was looking in to providing a replacement lift, due to the age and reliability of the existing lift.

Records showed that some safety checks such as food hygiene, infection control and medication were being audited on a regular basis. The audits included an action plan, where shortfalls were identified and these had been completed showing when the action had been taken and by whom.

The atmosphere throughout the home was welcoming and people who lived at Cornerways appeared relaxed and very much ‘at home.’ People we spoke with told us they liked living at the service and described staff in positive words.

Records showed that staff recorded all accidents and incidents that happened at the home. The deputy manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was devised where necessary and used to reduce the risk of a reoccurrence. We observed throughout our visit that call bells were being answered and responded to in good time by the care staff. We saw that there was a personal emergency evacuation plan (PEEP) in each person’s care plan we looked at.

# Is the service effective?

## Our findings

At our last inspection, in April 2015 we did not find any evidence that people living in the service, or their representatives had been consulted about the care being provided. All consent forms had only been signed by the homes registered manager. This meant that there was no evidence that people's consent had been sought. At this inspection we found that improvements had been made and of the four care plans we looked at, everyone, or their representative had signed to say they had agreed with the care plan and that they consented to areas such as medication administration or having their photograph taken.

We looked at four care plans during this visit and found that improvements had been made to the way they were written and they included all the information required and detailed people's individual needs. The care plans were easy to follow and were set out, using dividers, making it easy to access the most up to date information. Care plans were being evaluated regularly and people who required additional support or monitoring had the relevant forms attached to their care plan.

The service had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and we saw evidence that staff had been

trained in this area. We spoke with the deputy manager about how consent was obtained from people, especially those who were unable to give their consent to care and where they maybe at potential risk. The deputy manager explained that in those instances where people were unable to give consent to their care, a mental capacity assessment was undertaken. Where appropriate a Deprivation of Liberty Safeguards (DoLS) authorisation was applied for or a best interest decision was made. Best interest decisions are a collective decision about a specific aspect of a person's care and support made on behalf of the person who did not have capacity following consultation with professionals, relatives and if appropriate independent advocates. The deputy manager informed us that two people who lived at the home were currently supported by DoLS and they were waiting decisions on eight further formal DoLS applications.

Staff we spoke with about consent and a Mental Capacity Assessment (MCA) and Deprivation of Liberties Safeguard (DoLS) were all able to confidently explain the purpose of MCA and DoLS.

We spoke with a district nurse who was visiting the service on the day we were there. She was not a regular visitor and could only refer to the few times she had treated people. She did not raise any concerns about Cornerways.

# Is the service well-led?

## Our findings

At our last inspection in April 2015 the home was being managed by the deputy manager who was being supported by another registered manager from a service also owned by the provider. The registered manager for this service was present during this inspection after returning from a period of absence.

At our last inspection on 8 April 2015 we found that checks of the quality and effectiveness of the service were not being maintained had not been regularly carried out. At this inspection on 5 October 2015 there had been an improvement in this area and we found that regular audits were being carried out. Issues that had been identified were being followed up and reported on once completed.

We found that the home was now operating with a full staff team, including ancillary staff. This meant that care workers were able to carry out their primary responsibilities. On the days when the laundry and kitchen staff were off duty, care

workers told us they managed to fill the gaps, which was normally on a weekend and that they did not find this interfered with the running of the home and their care duties.

We found at this visit that there had been work carried out to improve people's care plans and that they had been rewritten to make them person centred. People's risk assessments were also completed and were being regularly reviewed and evaluated.

Overall there was a greater sense of leadership and guidance and staff told us they felt the home had improved in all areas since our last visit in April 2015. They made particular reference to the improvements in the environment and the new furniture and redecoration. The providers plans to improve the bathroom areas, and in particular the provision of a wet room, will further enhance the facilities available and provide an area for people to shower and therefore give them a choice when bathing.