

Maria Mallaband 17 Limited

Corinthian House

Inspection report

Green Hill Lane
Upper Wortley
Leeds
West Yorkshire
LS12 4EZ

Tel: 01132234602

Date of inspection visit:
11 May 2016
20 May 2016

Date of publication:
18 July 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Corinthian House on 11 and 20 May 2016. The first day of the inspection was unannounced and we told the registered provider we would be visiting on the second day. At the last inspection in April 2015 we rated the service overall as 'Requires Improvement'. We found breaches in regulations regarding safe levels of staffing and people who used services and others were not protected against the risks associated with unsafe or unsuitable equipment. We found during this inspection improvements had been made in these areas.

Corinthian House is a large purpose built accommodation set over three floors and provides services for up to 70 older people who require nursing care. The service is close to all local amenities.

The home had a registered manager in place. 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.

Systems in place for the management of medicines; so people received their medicines safely were not always appropriate. For example there were gaps on people's medicine administration records which meant we could not be sure people had received their medicines as prescribed.

We saw staff had not received regular supervision and not all staff had had an annual appraisal. Some staff had not always been trained or had their competency checked to ensure they had the skills and knowledge to provide support to the people they cared for.

There were systems in place to monitor the quality of the service provided. We saw there were a range of audits carried out both by the registered manager, registered provider and quality manager. We saw where issues had been identified; action plans were not always signed off or known by the registered manager and the same issues were being repeatedly found which meant quality monitoring was not always effective.

Appropriate checks of the building and equipment were undertaken by appropriate professionals to ensure health and safety. Where staff in the service completed health and safety checks we saw they had not always received the training or guidance to do so.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as nutrition and pressure care. This enabled staff to have the guidance they needed to help people to remain safe. Not all of

the guidance was reflected in people's care plans which meant staff members may not have received a full explanation of the hazards when supporting a person.

People told us there were enough staff on duty to meet people's needs. We found recruitment and selection procedures were in place and checks had been undertaken before staff began work. The registered provider had not always recorded their recruitment decisions. On one occasion they had confirmed employment for someone where a reference from the last employer could not be gained.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

There were positive interactions between people who lived at the home and staff. We saw staff treated people with dignity and respect. Observation of the staff showed they knew the people very well and could anticipate their needs. People told us they were happy and felt very well cared for.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People had their nutrition monitored in various ways and referrals were made where issues were identified. People were supported to maintain good health and had access to healthcare professionals and services.

We saw people's care plans were being transferred onto a new electronic system and staff were not fully competent in its use which meant not all records used to monitor people's health and wellbeing were fully completed. The person centred detail staff knew about people was due to be incorporated into the system and would involve people who used the service.

We received mixed feedback about the level of activity on offer for people. We were told about a wide range of events and planned events which people who were able could access. However, no monitoring was in place to ensure people were not socially isolated.

The registered provider had a system in place for responding to people's concerns and complaints. People and their families knew how to raise concerns and records showed they were dealt with appropriately.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The medication system was not always appropriate to ensure people received their medicines in a safe way.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service. The registered provider did not always record their recruitment decisions.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not always received the appropriate training, supervision and appraisal to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. People were supported to maintain good health and had access to healthcare professionals and services.

The Mental Capacity Act (2005) was used to plan care for people who may lack capacity to ensure this was in the person's best interests.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People who were able had opportunities to take part in activities of their choice inside and outside the service. People cared for in bed did not have the same range of activities.

An electronic care plan system had been introduced and staff were updating this with person centred detail about the people they cared for.

People knew how to raise concerns and records showed the registered manager dealt with concerns appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality assurance systems were in place to assess the quality and safety of the service. Actions were not always signed off and repeated actions were noted over periods of time which meant quality was not improving in certain areas.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Corinthian House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 11 and 20 May 2016. Day one was an unannounced inspection and we informed the registered provider we would be visiting on day two. On day one the team consisted of an adult social care inspector, a specialist advisor in quality assurance and a specialist advisor in nursing and pressure area care, also an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two was an adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We also sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The registered 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 does well and improvements they plan to make.

At the time of our inspection visit there were 63 people who used the service. We spent time with eight people and five family members/ visitors. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people receiving support.

During the visit we spoke with the registered manager, regional director, quality manager and nine staff

members. We also spoke with one visiting professional.

During and following the inspection we reviewed a range of records. This included five people's care records, including care planning documentation and medication records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We found at our inspection in April 2015 the registered provider was not carrying out safety checks to ensure equipment were being maintained and used safely and appropriately. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection in May 2016 we found the registered manager had followed their action plan and improvements had been made.

During this inspection we looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw certificates to show relevant checks from professionals had been carried out in areas such as the fire alarm, hoists and gas safety.

We looked at the safety checks completed by the provider; we saw the checks were a tick box where the staff member completing the check would mark they had done so. There was no guidance on the safety check form for the staff member to follow. There were however policies and procedures available to read on each topic. On day two the registered manager showed us newly devised safety checks which described what should be checked to ensure safety. The registered manager told us they had implemented them immediately to give staff better guidance.

We saw hazards in the environment which had not been picked up by staff or the registered provider for example; a mattress had been placed on a bed frame which was smaller. This meant the mattress over hung the end of the bed, placing people at risk of falling should they have sat on the end of the bed. We told the quality manager about our findings and they immediately ensured the hazards were removed on the day of the inspection.

We looked at the fire evacuation records and saw frequent evacuations were recorded and issues had been identified where the system needed to be more robust for safe evacuation. However the registered manager was not aware of the issues found. There was no central record to demonstrate staff had taken part in evacuation practices it was therefore unclear whether all staff had taken part in one. The registered manager told us they would be changing the system to ensure they knew actions identified and when staff had taken part in practices.

We found at our inspection in April 2015 there were not at all times, sufficient, suitably competent staff deployed to ensure people's needs were met safely and people were properly supervised to ensure their safety. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014. . At this inspection in May 2016 we found the registered manager had followed their action plan and improvements had been made.

We looked at the arrangements in place to ensure safe staffing levels. We saw the staff rota and the tool used to map the dependency of people who used the service, to ensure staffing levels were safe.

We were told by the regional director the dependency tool was updated every two months and therefore may not have reflected the dependency levels of people who lived in the service on the day of our visit. The

tool told us the staffing needed for the whole service and did not allow for subtle differences in people's dependency on each unit, which could impact on the staffing required to keep people safe per unit.

The results from the last review of dependency dated March 2016 confirmed staffing levels were above the minimum required to keep people safe. The rota reflected the staffing levels the dependency tool stated were needed. The registered manager told us they would start to review the dependency tool per unit and following any change in people's dependency.

During our visit we observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Overall staff told us there were enough staff to meet people's needs. All of the staff we spoke with told us it was difficult when people called in sick or were on holiday but everyone worked as a team to ensure people's needs were met safely.

We received mixed feedback from people and their families who told us there was some inconsistency with staffing in relation to lots of new or temporary staff. One family member said "The carers change frequently, but the good ones are priceless. There's a lack of continuity." A person told us "They look after me here, I feel safe."

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines.

We saw medicines were not stored at the correct temperature. The medicines room was noted to be above the recommended temperature of 25 degrees celcius. On the first and second floor, medicine trolleys were kept in the dining areas and hallways where no temperature checks were completed to ensure the medicines were stored at the correct temperature. This could lead to medicine deteriorating and could affect the treatment a person received.

We also saw needles and needle waste bins left on the window sill in a dining room where people could access them. The medicine room was accessible from outside of the building through windows on the ground floor which did not have restrictors or security measures. In the medicine room on day two the registered provider had installed security measures and an air conditioning unit. The regional director and registered manager told us they were looking into how medicines could be stored safely on all floors.

We looked at 16 people's medication administration records (MAR's) and saw people did not always receive their medicine as prescribed. For example we saw for one person they had not received a dose of a medicine because it was out of stock. We saw a nurse administering a medicine which on the MAR stated must be taken 'with food' and medicine was administered before food.

We saw gaps on MAR's where staff had not signed to say they had administered the medicine for people, which could mean a person had missed the dose of medicine.

We saw for medicines administered topically there was not always a MAR chart and staff told us they did not always sign anything when they applied creams. We saw a staff member sign for a cream they had not administered but told us they knew it had been applied by another staff member, this was not safe practice. We saw the service did not record where they applied pain patches to a person's skin which could lead to a skin irritation if the patch is placed in the same area too frequently.

Where people had 'as and when required' (PRN) medicines prescribed there was little detail from the GP to help staff know when to administer them. On day two the registered manager showed us evidence where

the service had instigated a medicine review and new prescriptions with more detail were being organised. The registered manager told us they would then improve the PRN care plans to ensure specific instructions were in place for staff to follow.

Not all of the staff administering medicines had been competency checked to ensure they had the skills and knowledge to do so safely.

We saw medicines were not managed safely in the service and this placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's safety had been assessed by staff and were up to date. Risk assessments had been personalised to each individual and covered areas such as nutrition, pressure care and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe. Risk assessments were not always cross referenced effectively into people's care plans which meant staff members may not receive a full explanation of the hazards when supporting a person.

We spoke with staff who were knowledgeable about people's needs and we felt confident care and support was delivered well. However staff were learning how to use a new electronic care plan system. We were told by staff that not all of them were confident using the system at the time of the inspection. We saw not all monitoring of people's needs was being correctly recorded electronically. We saw gaps in records and this made it difficult to understand what people had for example had to eat and drink and what support they had received with pressure area care.

We discussed this with the operations director and quality manager who on day one asked staff to revert back to written monitoring records until more support and training could be accessed for them. On day two this support had been arranged and the registered manager was working with the team to slowly introduce electronic records to ensure they were robust.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation was appropriate, but staff were not always completing the documents fully when an accident or incident occurred. For example what date and time the accident occurred and what was the cause of the accident. We also saw patterns and trends in accidents did not always trigger a referral to professionals or change in approach. The registered manager told us they would use the tool in future to monitor referrals and changes to care plans had been made.

We looked at four staff files and saw the staff recruitment process included completion of an application form, a formal interview, references and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

We saw in one staff members file the previous employer had chosen not to provide a reference. The registered provider had asked the applicant to record why they left employment and they told us they had satisfied themselves as to the applicant's character to proceed to employ them with a reference from an older previous employer. We discussed how this practice was high risk and the process of the decision made was not recorded on the staff file. On day two this had been included in the staff file.

We saw reasons for gaps in staff member's employment history were not always recorded in their staff file.

The registered manager told us they would build into their recruitment system checks on employment history at interview.

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidences were recorded and the service investigated concerns. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed this.

Is the service effective?

Our findings

We spoke with people who used the service and their family members who told us staff mainly provided good quality care. One person said "It's nice, you're well fed, and I feel safe. There are plenty of people to talk to." A family member told us "They tend to pair the good ones [staff] together now and the not so good with each other, so you get some bad shifts; it's very frustrating. There seems to be something lacking in their supervision or training."

A staff member told us how induction involved new people shadowing experienced staff until they felt confident.

We saw the training matrix which confirmed most staff were up to date in most mandatory topics such as. However care staff had not completed medication awareness or control of substances hazardous to health when they dealt daily with these areas. The registered manager told us they would ensure staff completed this training in future.

The registered manager told us most training was now completed via e-learning and we could see from some staff member's records quite a few complex topics were completed in a short space of time. There was no corresponding competency assessment to ensure staff had understood the knowledge they received. Staff told us they preferred class room based training for some topics such as safeguarding because they could discuss issues and ask questions. They felt this was missing with e-learning.

We saw the nursing staff had not received training and had not been competency checked in all the areas of clinical practice they had to deliver day to day. For example; first aid, wound management, catheter care and syringe pumps. The registered manager told us they would prioritise nursing staff receiving training and competency checks.

Induction and training records for the staff member who carried out most of the safety checks on the premises were not complete. They had not been trained sufficiently and had not been provided with enough guidance from the registered provider to ensure they were competent to carry out the safety checks. For example; we saw tests of portable electrical appliances had been completed but the staff member completing the check had not been trained to do so. On day two the registered manager provided evidence the staff member had completed training online since day one of the inspection in relation to portable electrical appliance checks.

We saw there were gaps in training and competency checks which meant staff may not have all the necessary knowledge and skills to carry out their duties effectively. This was a breach of Regulation 18 (Staffing) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with during the inspection told us they felt well supported and they could approach the registered manager or deputy manager for support at any time. However records showed staff had not received supervision in accordance with the provider's policy and not all had received an annual appraisal.

Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records we saw showed for example a care staff member had taken part in only two supervisions in the past 12 months and some ancillary staff had never had supervision.

This was a breach of Regulation 18 (Staffing) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw appropriate documentation was in place for people who lacked capacity for most decisions required and best interest decisions were documented for these. Not all areas of support had been assessed for example around supporting people with medications. The registered manager told us about how they would incorporate this in people's care planning.

Care plans we saw did not make reference to the decisions made in peoples best interests because they lacked capacity. There was a new electronic care plan system being implemented and the registered manager told us this would be integrated as they learnt how to navigate the system better.

At the time of the inspection two people had been authorised to be deprived of their liberty and the service had a register of pending applications they had made to the supervisory authority.

People who used the service told us they were involved in making choices about the food they ate. People were asked for feedback at the residents meetings and the chef told us they visited each unit every day and people could give feedback directly. We spoke with one family member who had told staff numerous times about their family member's food intolerance and they found their relative still received the food they had highlighted. The chef spoke directly to the family member during the inspection and told us they were unaware of this issue. The chef showed us the information they received from the staff team about people's needs, allergies and preferences, and the catering team were keen to understand people's likes and dislikes.

We made observations at breakfast and lunchtime. People were supported to eat in the dining room and in their own room if they chose this. The tables were laid in the dining room to welcome people, the atmosphere was relaxed. People were chatting and staff supported people discreetly with their meal. We saw staff explain the choices to people as they were about to eat. Family members told us they rarely saw a menu available.

People told us the food was good overall; we received comments such as "The food is good", "You're well fed" and "The food is fine." A staff member told us "The chef gets it like grandma made; the food is good and we always think about portion size and what people like." A person told us "It's very comfortable and the foods very good, the same as I'd get at home, just like I was brought up with. The staff are quite obliging; they don't mind you asking questions."

The staff told us about how the chef had made a seafood platter recently for a person who loved seafood. They had also arranged a mixed grill for people where the meat had been prepared with soft meats so people could eat it. We observed birthday cakes prepared fresh in the kitchen and decorated for people.

Care plans contained nutritional assessments and people were weighed regularly. Where people required support with nutrition and hydration this was built into people's care plan and monitored by staff. We saw appropriate referrals had been made to professionals where needed.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said they had good links with the doctors. A visiting professional told us staff were always knowledgeable and the service was one of the better services they visited.

A family member told us "The care is very good; [family member's] legs were very bad when [they] came here, but they're much improved now. [They've] done marvellous here, but he misses everyone."

Is the service caring?

Our findings

People we spoke with during the inspection told us they were very happy and the staff were caring. One person said, "If I need anything, I ask and it's seen to." Another person told us "I love it" another said "I'm alright; I've been here 7 years."

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. We were told by a staff member a person really liked coca cola and one staff member made sure they had a supply as it was their favourite.

We saw staff treated people with respect. Staff were patient with people. A staff member told us "We do our best within our abilities, if there is a happy atmosphere it lightens it, we are not institutional, it is their home, people can get up when they want, I would let my mum live here."

Staff were seen delivering support at people's own pace. Observation of the staff showed they knew the people very well and could anticipate their needs. For example we saw a person being supported to the table for lunch and staff made sure all the items important to the person were taken with them and staff explained where they were. The person was seen relaxing once they knew everything was there.

Staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. We saw staff doing this throughout the inspection. We also saw staff ensured people went to a private area when visiting professional came to see them and were offered private space when they had visitors.

The registered manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One staff said "People are like family, we know who likes banter, a sing song, it's important because we want it to be homely."

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. We saw people who had capacity to manage this had the key pad number so they could access the garden area independently.

During the inspection people showed us their bedrooms. They were very personalised and people had items of their own furniture and ornaments; plus photos of family in their rooms. Each room had a photo of the person and their name on the door to help people find their own space. Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink. We saw people made such choices during the inspection day. A staff member told us how

important fresh air was to one person and we observed them supporting this person outside during the inspection.

Is the service responsive?

Our findings

People we spoke with gave mixed feedback about the activities on offer for example one person said "We now have a gents club with a train set and we have built the track", another said "There's not a lot of activities to keep us occupied during the day", A third person said, "It's nice there is stuff to do during the day" and "There's plenty of people to talk to." A family member told us "There is no stimulation for mum, no individual time for her. She loved reading I wish someone would come and read with her."

One person told us they were taking part in the sunflower competition and pointed out where their flower was planted. We saw the gardens on one side of the property were being renovated with raised flower beds so people could take part more in gardening. The patio area seemed popular and staff told us people liked to eat outside in good weather. We saw people accessed the garden from the ground floor independently throughout the day.

A staff member told us how they encouraged people to socialise and they explained how each mealtime a group of people always spring into song. We observed this happening over lunch. A person told us "I'm alright, I like the singing." We saw staff trying to engage with people who were living with dementia through singing in the lounge area. One of the lounges had musical instruments in and we were told one of the nurses regularly played the guitar for people when they are on shift.

There were activities workers who advertised what was on offer in each lounge area through a notice board. They rotated where activities were held to try and include as many people as possible. A staff member told us "The activities are the best they have ever been, we do quite a lot now, we have been to Worth Valley railway, we go to the pub, Roundhay park, Bridlington and we try to work with people one to one in their bedrooms as much as possible."

Family members and staff told us people who were nursed in bed had lower activity levels. We also observed this during the inspection. The care plan system did not record separately activities people had taken part in and therefore it was difficult to assess activity levels and potential social isolation of people. This was something the registered manager was addressing through the new electronic care plan system.

A new electronic care plan system had been introduced to the home two weeks prior to the inspection. Staff told us they had received training from the registered provider and they were keen to learn the system. We saw staff supporting each other with the technology and discussing how to record correctly within the system. We looked at the electronic care plans for five people. We saw two care plans had been adapted from the basic care plan which were person centred and helped staff to be guided to additional information about risk and monitoring.

The system included tools to complete assessments, develop care plans and review people's support. The registered manager had ensured each person had an electronic care plan and was working to add more person centred detail to the records. Care plans were therefore up to date as they had been newly written. Staff we spoke with were keen to add information they knew about people to help this process. The old

paper care plans were still available for reference if needed.

The registered manager discussed with us how they were working closely with the registered provider to make the system as user friendly as possible so staff could easily use it. How people and their family members can be involved and how consent could be evidenced in the care plan was also being looked into by the registered manager.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. Discussion with the registered manager and operations manager confirmed any concerns or complaints were taken seriously. We saw records of complaints and could see the process had been followed appropriately. The complaints tracking document was not up to date on day one but the registered manager updated this by day two of the inspection.

Is the service well-led?

Our findings

There was a registered manager in place at the time of the inspection. We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw a number of audits and safety checks were carried out by various staff in the service, the registered manager, quality manager and registered provider. They included, medications, accidents, fire and health and safety. The audits and checks identified similar issues to what we found during our inspection.

However we saw that on some occasions issues highlighted in audits were repeatedly noted. For example in the medication audit issues were repeatedly highlighted around gaps on medication administration records. This meant actions following the audit were not preventing future issues. We also saw that where information was collated for audits which highlighted a pattern or trend action was not taken to address the issue. For example we saw in the accident and incident audit a person had fallen 11 times between February 2016 and April 2016 and no analysis of the cause had been carried out formally and no referral to specialist support had been made. We also found the registered manager was not aware of some issues identified through safety checks, for example concerns found during fire evacuation practices.

The quality assurance and governance systems in place did not always assess, monitor and improve quality and safety in the service. This was a breach of Regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the registered manager communicated with people who used the service in a warm and friendly way. People knew them and the registered manager was knowledgeable about people's needs and preferences.

The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said, "We can go to the office anytime and interrupt, even if they are busy they always listen. The manager is firm but fair." Another staff member said, "The manager has been really supportive of me to ensure I can carry on working. I am really appreciative of this."

Staff told us they were kept informed about matters which affected the service and regular staff meetings were held for them to attend if they chose to. We saw records following the inspection which confirmed staff meetings had taken place in 2016 and included topics of discussion such as areas to improve practice, record keeping and standards. The registered manager told us staff opinions had been gathered and that currently a new survey was being completed.

The registered manager told us the activity worker supported the 'residents meetings' and they provided us with a copy of the meetings held so far in 2016, following the inspection. Within the meeting people had discussed an upcoming trip to see a brass band and what trips they wanted to go on in the coming months. People had been asked their opinion of the service in a survey in 2015. The results showed that overall 83% of people who responded were happy living at Corinthian House.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed safely in the service and this placed people at risk of harm. Regulation 12 (1) (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The quality assurance and governance systems in place did not always assess, monitor and improve quality and safety in the service. Regulation 17 (1) (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Gaps in training, supervision, appraisal and competency checks meant staff may not have all the necessary support, knowledge and skills to carry out their duties they are employed to perform. Regulation 18 (1) (2) (a) (c).