

Mrs Keshwaree Ramana

Coralyn House

Inspection report

12 Glebe Avenue
Hunstanton
Norfolk
PE36 6BS

Tel: 01992852061

Date of inspection visit:
20 June 2016

Date of publication:
19 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Coralyn House on 10 and 11 February 2016. Following this inspection, we served a Warning Notice for a breach of one regulation of the Health and Social Care Act 2008 relating to good governance. In addition to this, we also found an additional five breaches of five other regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during that inspection. These breaches were in relation to person centred care, the need to obtain people's consent, the safe care and treatment of people and the safe recruitment and training of staff.

Following the inspection the provider wrote to us to say what they would do to meet the legal requirements. We undertook an announced comprehensive inspection on 20 June 2016. The provider was given 24 hours' notice before we visited the home. This was because we wanted to make sure that the people who lived there would be available to speak with us during the inspection. At our comprehensive inspection on 20 June 2016, we found that the provider had taken sufficient action to achieve compliance with the Warning Notice.

You can read the report for previous inspections, by selecting the 'All reports' link for 'Coralyn House' on our website at www.cqc.org.uk

Coralyn House provides residential care without nursing for up to five women with learning disabilities. At the time of our inspection, there were four women living at the home. The service is owned by the registered provider, who is also registered as the manager of the home.

People living at the home felt safe and were happy living there. The manager and staff demonstrated a good understanding of the needs of the people they supported. Staff spoke to and treated people in a respectful and caring manner and interactions between people and staff were relaxed and friendly. They knew the people they cared for well. People had the freedom to make their own choices, and staff encouraged people to be independent. People enjoyed activities that were home and community based.

Improvements had been made to the systems in place to protect people from the risk of harm and to keep them safe. Staff were trained and had appropriate skills needed to support people living in the home. There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people.

There were safe recruitment practices in place and appropriate checks were conducted before people started work ensuring that staff were suitable for their role. There were processes in place to ensure new staff were inducted into the home appropriately. Staff received supervision and annual appraisals. This was an improvement to the processes we saw at our last inspection.

Staff were aware of the importance of gaining consent for the support they offered people. The manager and staffs understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards

legislation had improved.

People were supported to maintain good health and had access to a range of health and social care professionals when required, and their nutritional needs and preferences were met. People received their medicines when they needed them, and there were enough staff to help them when they needed assistance. This was an improvement to what we found at our last inspection where we raised concerns.

People received care and treatment in accordance with their identified needs and wishes, care plans documented information about people's personal history, choices and preferences, preferred activities and how people communicated.

The manager had identified a process to monitor and evaluate the quality of care provided at the home. However, this was yet to be implemented. There was a complaints policy and procedure in place, and information about how to make a complaint was displayed.

The atmosphere in the home was open, friendly and welcoming. People and staff found the manager to be friendly, open and welcoming and felt able to raise concerns. Staff were happy in their job and felt valued by the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to protect people from the risk of abuse and harm.

There were enough staff to provide people with support when it was required and to keep them safe.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to provide people with good quality safe care.

Staff asked for people's consent before providing them with care.

People received enough food and drink to meet their needs. They were supported by the staff to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

People were listened to and treated with dignity and respect.

People's independence was promoted and encouraged.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were regularly assessed and these were being met. People received personalised care.

There was a complaints policy and procedure in place and people were provided with information on how to make a

complaint. Concerns were listened to and acted upon.	
Is the service well-led? The service was well-led. The manager had planned a system to review the quality of care and safety of people but this had not yet been implemented. The manager had started to promote an open culture where people and staff felt comfortable to ask for change or raise a concern. People and staff felt listened to and valued.	Good ●

Coralyn 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 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 20 June 2016 and was announced. The provider was given 24 hours' notice before we visited the home. This was because we wanted to make sure that the people who lived there would be available to speak with us during the inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. Prior to our visit, we spoke with relatives of one person living at the home.

On the day we visited the home, we spoke with three people who lived there, one member of staff and the home's manager. We received feedback from the local authority quality assurance team.

We observed how care and support was provided to people and looked at the records relating to their care, the maintenance of the premises and the training of staff.

Is the service safe?

Our findings

At our last inspection in February 2016, we saw that risks to people had not always been managed well. We found shortfalls in the management of medicines and risk assessments as well as keeping people safe from the risk of cross infection. We also found that staff did not understand how to keep people safe from the risk of abuse. The manager had not followed the correct procedures for the safe recruitment of staff. At this inspection we saw that improvements had been made.

The home had systems in place to protect people from the risk of abuse and harm. We spoke with the people living at the home who told us that they felt safe living there. A person living in the home told us, "If I was worried I would talk to [manager], they always listen."

The staff we spoke with had a good understanding of the different types of abuse that people could experience. They described the actions that they would take if any concerns arose, this included reporting them to outside organisations such as the local authority or the Care Quality Commission (CQC). Staff told us that they were confident that the manager would deal with any concerns appropriately. We saw that the home had a policy in place that gave staff guidance and details of who to contact if they had concerns. The same information in an accessible format was available to people detailing who they could contact if they had a concern.

Risks associated with people's safety were managed by the staff team, with risk assessments and detailed risk management plans in place. People living in the home told us that they felt that their independence was not compromised by this. The records were comprehensive. Actions that could reduce risks had been identified and this was clear to see within the assessment. For example, we saw that one person liked to visit the local shop on their own. The manager had discussed this with the person and they had agreed to inform the manager when they had left the home and returned. This meant that staff knew where the person was and could raise the alarm if they did not return as expected. Assessment and management of risk were regularly reviewed by the manager.

At our last inspection, we were concerned that people could not call for support from staff should they require it during the night. Following this, the manager had installed a call bell alert system in to each bedroom. This meant that people were now able to call for help should they require it. When we spoke to people about this, they told us that they were much happier since it had been installed, and that it gave them 'peace of mind'.

There were arrangements in place to deal with emergencies such as for fire. People had detailed plans in place, which identified the support they needed if they needed to evacuate the building. Staff we spoke with knew what to do in the event of a fire. There were systems in place to monitor the safety of the environment and equipment used within the home thereby minimising risks to people. We saw evidence that showed fire detection equipment was routinely serviced and maintenance checks were carried out. This meant that it remained safe to use. We looked at records of accidents and incidents that occurred in the home, and could see that these were appropriately responded to and managed.

At our last inspection we identified shortfalls in the safe recruitment of staff. We found that the necessary checks were not always carried out. At this inspection there were safe staff recruitment practices in place and we saw appropriate recruitment checks had been conducted before staff started work. This was to ensure that people were supported by staff that were deemed as being suitable by the provider for their role. The manager also told us that since our last inspection, they had applied the same safe recruitment practices to temporary workers.

We observed that the staffing levels were sufficient on the day of our inspection to assist people promptly when they needed support. We asked people living at the home if there was enough staff to meet their needs, one person told us, "Yes, there is enough staff, never a problem with staffing. Always enough staff on so you get to do what you want to." The manager told us that since our last inspection, they had reviewed staffing levels and as a result of this, increased the amount of staff on duty at peak times of the day when people needed the most support. The staff rota that we viewed confirmed this.

During our previous inspection we identified shortfalls in the storage and administration of people's medicines. This included concerns that staff had not been properly trained and assessed to give people their medicines safely. At this inspection we saw that improvements had been made and medicines were managed and administered safely. Medicines were stored securely and records we looked at showed that they had been given to people when they needed them and at the right time of day, and people we spoke with confirmed this to us. All of the people living at the home had chosen to have their medicines managed on their behalf by the home. Staff we spoke with told us that they felt confident in supporting people to take their medicines. We saw that the manager carried out regular observations of staff administering medicines in order to ensure that they were competent to do so.

Staff had guidance about using medicines that people were offered only when they were needed (PRN). These medicines could only be given when the protocol had been followed and authorised by the senior member of staff on call. Medicines that had been purchased over the counter were also recorded when given. This meant that we were satisfied that people received their medicines as prescribed from staff that were competent to do so.

Is the service effective?

Our findings

At our previous inspection in February 2016, we identified shortfalls in the managers and staffs knowledge and skills. These are essential so that they can carry out their roles and responsibilities. We found that people's consent to care and treatment was not always obtained in line with current legislation and guidance. We had concerns that the manager and staff did not understand the principles of the Mental Capacity Act 2005. At this inspection, we found the manager had made improvements that ensured people received effective care.

We saw that the manager and staff had the skills and knowledge required to support the people living at the home. People told us that they felt that staff had received enough training to support them well. One person told us, "The staff know how to help us." A member of staff that we spoke with told us, "I feel well trained now, actually it has made me want to do more training in some new areas like management." Staff were able to describe to us what they had learned in their training.

The manager explained to us that since our last inspection, they had created a new induction programme for staff. They told us all staff working at the home had completed this in order to refresh their knowledge. The training programme included food hygiene, fire safety, manual handling, first aid, administration of medicines, safeguarding adults, health and safety, infection control, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had also undertaken training to improve their understanding of the Health and Social Care Act 2014, and regulation of the home by the CQC. The manager of the home told us that they had started to attend local provider meetings as part of their own learning and development.

Staff told us they received supervision every other month. Supervision is needed so that staff have the opportunity to discuss performance, development and support needs. We saw there was a range of topics discussed in supervision sessions. This included discussion about key working with people, individual training needs and other important issues to do with the running and management of the home. The manager told us that they were in the process of planning an annual appraisal system to review staff performance.

The manager and staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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.

Throughout the inspection we saw staff asking people for their consent before providing support to them. People had been involved in the writing of their care plan, and consented to receiving the support detailed in them if they had the capacity to do so. One person we spoke to told us, "Staff ask us if it's okay to help us before they do." We saw in people's records that when it had been considered necessary, MCA assessments

had been completed regarding the management of people's medicines and decisions made in people's best interests. The manager had made appropriate DoLS applications for some people living at the home.

People living at the home were regularly involved in menu planning, we saw minutes of a meeting whereby the four people living in the home chose and planned a menu as the season changed. Staff supported people to prepare food for them and other people living in the house if they wanted to. Some people living in the home told us that they enjoyed cooking with staff, but this was a choice if they wanted to do it. People told us that they enjoyed the food provided. One person told us, "The food's always good, I have my favourites, staff make sure we include these on the menu. We can get snacks and drinks whenever we want them." We saw that people were offered drinks regularly, or were supported to make them.

Food and fluid for some people was monitored if it needed to be. Where people needed their intake of food or fluid monitoring, this was clearly identified in their support plan, and amounts were recorded and reviewed. The home liaised with community dieticians to ensure that the right support was given. We saw in one person support plan that the home liaised with a community speech and language therapist to gain advice about the right texture of food for one person so that they could eat safely. People received enough food and drink and were supported to have a healthy and balanced diet.

People were supported by the manager and staff to maintain good health. All people living at the home were registered with a GP and a dentist. One person we spoke with told us that they were supported to their GP and optician whenever they needed to. We saw in people's daily records that detailed information obtained during appointments with healthcare professionals was added to people's care plans and changes made where required. During our inspection, one person living at the home requested to see their GP, and this was organised without delay. People living at the home had completed a 'hospital passport' with the support of staff. This was used by people living in the home to share information about themselves and their medical history should they be admitted to hospital.

Is the service caring?

Our findings

People told us that staff were caring and kind to them. One person said, "Staff are nice, they help us, they listen to us and they know how to help us." During our inspection we observed staff speaking with and treating people in a respectful and dignified manner.

There was a homely and relaxed atmosphere in the home during our visit. We saw that staff interacted positively with people and knew them well. People we spoke with told us that they liked the staff that supported them and felt comfortable with them. People told us they were consulted about their care and support needs. We saw that people had an appropriate care plan in place which included some historical information about the person. Staff told us that this helped them get to know the person they were supporting. Some people had written information about themselves in their own care plans. The records we saw had been signed by people to show they agreed with the content of their care plans if they were able to. Staff we spoke to were able to tell us about the needs of the people they supported in detail.

Staff had a detailed understanding of how people wanted to spend their daily lives. They knew what was important to people and could tell us how each person liked to spend their day. We saw that staff used alternative methods of communication to ensure that people were able to be actively involved in making choices. For example we saw that where people were not able to say what choice of food they wanted, they were offered two examples to choose from. This meant they could choose by looking at or touching the option they wanted.

People told us that they felt listened to, and that their views were acted upon. We saw that house meetings took place regularly and that actions from these were acted upon. For example we saw that one person had requested that some pictures of London landmarks were brought for the home. The person spent time with the manager picking these and they were put up around the home with the agreement of the other people living there.

During our inspection we saw that people's privacy was maintained, and their dignity promoted. We asked staff how they ensured people's dignity was preserved at all times particularly when giving personal care. Staff gave us good examples of how they achieved this with people. People told us that they felt that their privacy was maintained by staff. One person told us, "I get treated with respect." We saw staff give people time and space to do the things they wanted to do and to make their own choices. A member of staff told us, "We always respect people's privacy and dignity, people have individual needs and we always ask people before helping them. We make sure we don't share information about people where it could be overheard." We observed that staff knocked on people's doors and waited for an answer before entering. The manager told us that people could have a key to their room if they wanted one, but people did not want this. We saw that people's information was kept confidential and secure, and staff told us about the importance of doing this.

Is the service responsive?

Our findings

At our last inspection, we identified concerns in the planning of care for people. We saw that people's needs and wishes had not always been identified. In some cases information about people's care was inaccurate. Some staff that we spoke to did not have a good understanding of people's needs. This was because they had not been given enough information about how to support people. At this inspection, we saw improvements had been made to the way in which people's care and support needs were assessed and recorded. People told us that they were given the care and treatment that they needed. They said that staff were responsive to them and asked how they wanted their care to be provided.

The manager showed us that a new format had been introduced to record people's care and support needs. These had been reviewed to make sure the information contained within them was accurate. Staff were given clear guidance on people's individual daily routines and how they wanted to be cared for. Where people wanted to be independent, we saw that care plans reflected this. For example, one person told us that they like to go to the local shop on their own, without the support of staff, we saw that this was reflected in their care plan. We saw that information within these plans was accurate, and that staff had a good understanding of the information contained within them. A member of staff we spoke with told us, "The care plans are much better now, and they are all up to date."

Staff told us that people were able to get up or go to bed at the time of their choosing. People we spoke with confirmed this. One person told us that everyone living at the home had recently stayed up very late watching the Queen's birthday celebrations on television.

We saw that the home used a daily handover system whereby information was recorded in a handover book. This was because people living in the home, used community based day services during the week, so staff did not always see each other to be able to handover information in person. We looked at people's care records with their permission, and could see that these were regularly reviewed and updated to make sure they provided an accurate picture of people's individual needs.

At our last inspection, we identified shortfalls in the provision of activities for people living at the home. The manager told us that the provision of activities had been a priority for service improvement. After consultation with people living at the home, a new programme of activities was arranged. People had said that they preferred to partake in activities within the community at weekends, as during the week they were already busy. People had said they wanted to go shopping, bowling, shopping and for walks, as well as trips further afield.

People told us that they had recently been on holiday, which was very much enjoyed. People also enjoyed recent day trips using public transport, which was described positively as 'an adventure'. We asked people if they were able to enjoy their hobbies, people told us they were able to do this and staff supported them to do them. One person told us, "I love to do puzzles, I get to do these when I want." Another person told us that they really enjoyed shopping, and was able to do this when they wanted.

The manager regularly met with people living at the home and we were able to look at records of these meetings. We could see that the people living at the home were able to contribute to the agenda. At the following meeting, people were reminded of what had been discussed and agreed at the previous meeting. People had also started to have regular reviews with the manager and their keyworker. Staff said this was useful in making sure people were receiving what support they expected to.

People told us that they would talk to staff if they were worried about anything and said they felt confident that something would be done about their concern. The home had a complaints policy and procedure in place. Staff told us it was important that people were able to make a complaint and would take it seriously if they did. We were told that that a recent complaint had been addressed and resolved satisfactorily, and the manager showed us emails to that effect. However, the complaint had not been logged in the complaints log which is the homes system to collate and review people's concerns. We spoke to the manager about this who agreed to address this straight away.

Is the service well-led?

Our findings

At our previous inspection in February 2016, we identified serious concerns in the management and leadership of the home. We were concerned that the manager did not have the up to date skills and knowledge required to manage the home. The home did not have systems in place to review the quality of the service provided. Audits were not carried out that could identify any gaps in service provision. The necessary checks to ensure peoples safety had not been undertaken. Staff we spoke to were unsure as to who was in day to day charge of the home. The home did not have a whistleblowing policy and staff were unaware of how to raise any concerns relating to the home. Following this we served the provider with a Warning Notice for a breach of one regulation of the Health and Social Care Act 2008 relating to good governance. At this inspection we saw that the provider had taken sufficient action to achieve compliance with the Warning Notice. However we found that some improvements were yet to be embedded, we will check on the progress of this at our next inspection.

People living at the home told us that the manager was approachable, and they felt that they could 'ask for anything they wanted'. Staff told us that they had a good relationship with the manager, and that this had improved since our last inspection. One staff member told us, "They are really helpful, they support me every time I need it." Staff told us that morale was good amongst staff and that they had seen improvements. Staff gave us examples of this, such as the new format of the care plans being easier to use. They also told us about being involved in the monthly reviews of people's needs and providing key worker support to people. Staff felt that management presence had improved greatly. The manager showed us information from a recent service user survey. The information we saw was generally very positive, and people were happy with their care

We spoke at length with the home's manager about the actions taken since our last inspection. The manager told us that they have recently updated all policies and procedures that the home required. They have done this by investing in a system that provided updates periodically so that the latest legislation was reflected within them. The manager and provider told us that they had recently purchased a quality assurance and audit system, with the intention of implementing this in the near future. This would enable them to bring together and review all of the separate audits that the home carried out. As the system was not yet implemented, we could not yet be sure that all potential risks could be identified through the homes checks.

The manager created an action plan following our last inspection to ensure that all the concerns that we had identified were being addressed. The manager shared this action plan with us and we could see that it was comprehensive and detailed with progress against each item. We saw the progress was being made and in some areas beginning to become embedded as regular practice. For example, we saw that staff had now read most of the home's revised policies and procedures, and that gaps identified had been addressed and actions taken so that these were completed. We saw that the manager now had implemented a system so that they could identify where staff needed to complete or renew training. They had also planned a process to ensure that records were completed and stored where they could be found. Although progress had been made, not all the actions on the manager's plan had been completed.

The manager told us that they had changed their approach to managing the home since the last inspection. They said, "It's been a learning curve, and I really want standards to be high, I have tried really hard to improve my knowledge so I can get this right." The manager told us that they had been using the Care Quality Commission website to find information that they needed to make improvements, as well as attending local events for care home managers.

The home had a whistle blowing policy and procedure, which contained the details of the CQC, so that staff could raise concerns outside of the home if they needed to. Staff we spoke with told us that they knew about this, and were clear who they would speak to if they were concerned. . We were told that that a recent complaint had been addressed and resolved satisfactorily, and the manager showed us emails to that effect. However, the complaint had not been logged in the complaints log which is the homes system to collate and review people's concerns. We spoke to the manager about this who agreed to address this straight away.