

Corton House Limited

Corton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Corton House is a not for profit residential care home with charitable status and a Christian ethos providing personal care to 40 people aged 65 and over at the time of the inspection. The service can support up to 44 people. Accommodation is provided over two floors. Bedrooms have en-suite facilities and there are several communal spaces, including a communal lounge, garden room, activities room and dining room.

People's experience of using this service and what we found

People were not always supported to stay safe because individual risks to them had not always been identified or assessed. Medicines were not always managed safely. Some people had not received their medicines because the service had not obtained them in time. People were not fully protected from infection control risks as we identified some staff were not wearing masks properly and consistently. Governance systems were not effective as they had failed to identify the concerns and improvements required.

The physical environment was well maintained, clean and hygienic. The registered manager had taken action to review staffing arrangements, so people were supported by enough staff. Staff had been recruited safely. Staff were supported to discuss incidents that had occurred and learning from these was encouraged. The provider maintained oversight of any safeguarding concerns and these were reported to the appropriate authorities as required.

Staff worked with other professionals to ensure people's needs were met. There was a strong inclusive culture in the service. People, relatives, and staff were listened to and involved in the running of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 May 2021)

Why we inspected

We received concerns in relation to the management of medicines and how staff supported people with their mobility. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Corton House on our website at www.cqc.org.uk.medicines and moving and handling.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Corton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a medicines inspector, and 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.

Service and service type

Corton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Corton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, the general manager, the head of care, three care supervisors, a team leader, a care assistant, a house keeper, and kitchen assistant. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found. We received further evidence by email which we reviewed including policies, training information, and staff rotas. We also spoke with the chair of the board of trustees.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Records showed that there were control measures in place for medicine stock levels and that overall people received their oral medicines. However, some people had not received all of their medicines because some had been unavailable and had not been obtained in time.
- We also noted there were some gaps in records for the application of people's topical medicines.
- We observed that staff followed safe procedures when giving people their medicines. However, the service could not provide recorded evidence to show that two members of staff authorised to give people their medicines recently had their competence assessed.
- The service promoted people's independence around their medicines and supported some people to manage their own medicines. For one person who was regularly left their medicines with them to take later unobserved by staff. However, the service had not considered and recorded the risks related to this.
- Information about individual people's medicines such as how they preferred or needed to have their medicines given to them was not always available for staff to refer to them to give them consistently or appropriately. Information about people's known allergies and medicine sensitivities was not always accurately recorded which could have led to error.
- Written guidance for medicines prescribed on a when required basis (PRN) was available for some but not all medicines prescribed in this way. Some of the guidance available lacked sufficient person-centred detail to enable people's medicines to be given consistently and appropriately by staff.
- For people prescribed medicated skin patches there were gaps in records about both the removal of previous patches for safety and the sites of application of the patches to the person's body to ensure they had been varied to avoid the potential for irritant skin reactions.

Medicines were not always managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- Risks to people had not always been fully identified and assessed. This included in relation to diabetes, skin care, and continence care.
- Staff were not able to evidence that care plans in relation to the management of risk relating to diabetes and continence care were being followed.
- There was a lack of clear specific guidance for staff on how to manage risks relating to people's care. This increased the risk that people's needs may not have been met.
- Whilst most environmental risks were well managed, we found no fire drills had taken place since April

2021. This meant we could not be confident staff and people living in the service would know what to do in the event of a fire.

Risks to people have not always been identified and actions to mitigate risks had not always been taken. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection

- Our observations of the use of personal protective equipment (PPE) by staff raised some concerns about the effective use of PPE. We identified instances where some face masks were not being worn correctly to help minimise the risk of infection.
- Some of the provider's policies required updating so they were in line with recent COVID-19 government guidance. However the provider was in the process of consulting with people, relatives, and staff on the changes they were going to make to their policies in relation to COVID-19. This meant we were assured policies would be reviewed and changed following completion of their consultation.
- We confirmed through discussions the provider was aware of the changes and implementing them in the service.
- People, relatives, and staff were complimentary regarding the provider's management of infection control and risks relating to COVID-19. One relative said, "The home is extremely clean, I am very impressed with how they have managed with COVID."

Visiting in care homes

- People and relatives told us visiting was taking place with no issues. Other means of communication such as video calls and telephone calls were also in place when required.

Staffing and recruitment

- Four of the five care staff spoken with, two people using the service and two relatives told us shifts could sometimes run short of staff. All spoken with told us there was minimal impact on people using the service.
- The registered manager told us staffing had been an issue however since starting in post they had reviewed how shifts were staffed and organised. They said they felt this had improved staffing levels in the service. A staffing tool was also in place to inform the numbers of staff required.
- We reviewed the staff rosters for the four weeks prior to the inspection and noted there were enough staff on the shifts to meet people's needs.
- Staff had been recruited safely. This included carrying out Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- Information on adult safeguarding was displayed including how to report concerns.
- Staff had received training in adult safeguarding.
- Provider and manager oversight of safeguarding incidents was in place and safeguarding concerns had been referred to other agencies, including the multi-agency safeguarding hub, as required.

Learning lessons when things go wrong

- Staff told us incidents were discussed and learning encouraged. One staff member told us, "We will discuss what has happened, if it could have been prevented, what should happen next time, we are a good team. We all bounce off each other, take each other's opinions and listen to each other."
- The registered manager had reviewed the systems and structures in place, including in relation to incidents. They were in the process of introducing further reflective group discussions to help embed and support learning.
- Incidents were reported within the provider's internal incident system. These were reviewed and themes, patterns, and trends were considered.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The previous registered manager left the service in July 2021, there had been no manager in post till the appointment of the current registered manager in January 2022. Robust management cover had not been put in place and this had impacted on the service.
- Additional management tasks had fallen to the deputy manager and head of care. A staff member told us, "The time without a manager was really quite difficult, nobody to do the jobs that [previous manager] was doing, it just left us short all over the place really." Whilst another staff member said, "There was just no one to guide us from the top as much as everybody tried."
- We found required audits, such as audits on medicines, had not been completed. The systems that were in place were not fully effective as this, and other concerns identified in this report, had not been identified prior to our inspection.
- The service's improvement plan had not been reviewed since April 2021 and the quality of the service had deteriorated.

Governance systems were not effective and had not maintained the quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following our inspection visit the registered manager submitted an updated service improvement plan detailing actions required to make improvements to the quality of the service.
- From discussions with the registered manager and members of the board it was clear that there was a clear focus and commitment to making improvements so that change and improvements were embedded and sustained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a strong inclusive ethos within the service. People and relatives were involved in the decisions made by the provider. For example, the provider had recently started consulting on policy changes with people, relatives, and staff.
- People and relatives were consulted on the service provided to them individually. Care plans were discussed and reviewed with people. One person told us, "I am consulted on my care. They know I am independent". Whilst another said, "Care plan they come and talk about that regularly, head of care says can

we talk about your care plan, medication, what I can do, any food I dislike, when you clean your teeth, do you need help with washing?"

- Activities and meals were planned inclusively with people. This included having representatives from people living in the service on the activity planning team.
- Staff told us they were listened to and consulted. The registered manager had put in place additional systems to help strengthen meaningful participation and feedback from the staff team.

Working in partnership with others

- The provider actively engaged in seeking external opportunities to support the development and quality of the service. The management team were engaged in a number of external programmes to help drive knowledge and improvements in the service.
- The registered manager was in the process of putting in place peer support and peer audits with other care homes of a similar nature to help effectively analyse and improve the quality of the service.
- Staff worked with other professionals to ensure people's needs were met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Information provided by relatives and our review of incidents showed the provider understood and met the requirements under duty of candour.

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 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 How the regulation was not being met: Medicines were not managed safely. Risks to people were not identified and assessed. Mitigating actions were not always taken. Regulation 12
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: Governance systems were not effective at identifying concerns and ensuring the quality of the service was sustained and improved. Regulation 17(1)