

Corton House Limited

# Corton House

## Inspection report

City Road  
Norwich  
Norfolk  
NR1 3AP

Tel: 01603620119  
Website: [www.cortonhouse.co.uk](http://www.cortonhouse.co.uk)

Date of inspection visit:  
29 July 2019  
31 July 2019

Date of publication:  
08 October 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Inadequate** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# 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 42 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 were a number of 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 had been placed at risk of harm. We found actions to assess and mitigate risks to people had not always been taken, this included risks regarding people's care needs, the environment, and the management of medicines. People were not sufficiently safeguarded from the risk of abuse. This was because staff had failed to identify safeguarding incidents and report these to the relevant authorities.

There was a lack of effective and clear quality assurance processes and systems. Those that were in place had failed to fully identify areas in the service that required improvement. There was no clear and effective system or plan of action to monitor and drive forward the improvements needed. Staff had failed to notify CQC of notifiable incidents that occurred in the service. This, and other failures, resulted in the service not meeting the regulatory requirements. People did not receive a service that was based on current and best practice guidance. Some people were living with dementia, the service had failed to sufficiently take this in to account and ensure that the service it provided was inclusive of this and met associated needs.

People were not supported to have maximum choice and control of their lives because the policies and systems in the service did not support this practice. The service had not fully considered if they were providing care in the least restrictive manner and if applications to deprive people of their liberty were required. The service had failed to properly assess people's ability to make decisions and had not considered who had formal legal authority to do so on a person's behalf, where people could not do so independently.

People did not receive care in a way that met best practice guidelines. Staff had not always followed recommendations from health professionals and did not have sufficient training to meet people's needs in some areas. The environment did not fully meet the needs of people living with dementia,

People received support from kind and well-intentioned staff, however we found on some occasions they had failed to attentively investigate and respond to people which had compromised their dignity. People had the opportunity to contribute and formally discuss some elements of their care, but there was a lack of consideration around how people, particularly those living with dementia, could be better supported to engage in decision making.

People did not always have their care delivered in a way that met their individual needs. Care plans did not provide enough guidance for staff on how to meet people's needs, including end of life care. There were no formal systems in place to enable people to review and discuss the care provided. People were provided with written information regarding the service but there was a lack of information in other formats which took in to account some of the needs of the people living in the service.

People were receiving a service which required improvement. The provider had started to take some positive actions to make improvements to the quality of the service, although it was too early to assess how effective these would be. Following our inspection, they also took action to respond to the immediate risks identified. There was a pleasant, friendly and sociable environment. People benefited from effective networks the service had built with other resources in the community. People were supported by enough staff, who worked well together, and felt supported by the management team. The general environment was pleasant, and people spoke positively of it. People told us the food was of good quality and they received the support required to meet their nutritional needs. There was a wide range of activities on offer and these were informed and tailored to people's interests. If people raised concerns about the service, these were robustly documented, investigated, and responded to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good. (Report published 15 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment, good governance, safeguarding people from abuse and improper treatment, the need for consent, and failure to notify CQC of notifiable events.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.  
Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive 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 Care Act 2014.

#### Inspection team

One inspector and an Expert by Experience carried out the inspection. 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 or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A manager was in post and had submitted an application to CQC to become registered. This means that once registered they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

The inspection was carried out over two days. We spoke with 16 people using the service and nine of their relatives. We spoke with nine members of staff including the chief executive officer, the manager, deputy manager, two care supervisors, the activities co-ordinator, a team leader, a staff member responsible for maintenance, and a care assistant. We also spoke with three volunteers and a visiting health care professional.

We reviewed a range of records. This included four people's care records and five people's 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, including policies and procedures were reviewed.

After the inspection

We spoke with one care supervisor and two care assistants. We continued to seek clarification from the provider to validate evidence found and looked at additional records related to the management of the service. We contacted the local authority to seek their views on the service provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Whilst people told us they felt safe, we found actions to mitigate risks to people had not always been taken. For example, staff had failed to follow specific guidance provided by a health care professional to reduce the risk of choking to one person. People at risk of pressure sores were not being repositioned and additional mitigating actions not taken as required and as detailed in their associated care plans.
- Actions to address environmental risks had not always been taken. Regular safety checks of some fire equipment had not been carried out and there had been no fire drill for day staff since April 2018. The service had never tested for legionella. We found uncovered radiators and hot water pipes and unsecured toiletries all of which posed a potential risk to people living in the service.
- Risk assessments and their associated care plans did not sufficiently assess risks to people or detail mitigating actions.
- Incidents were reported, and incident forms completed, however these did not always demonstrate robust analysis and follow up.
- There was no overview or analysis of incidents that happened in the service. This meant the service could not robustly identify themes and patterns and take mitigating actions in response.

Risks to people had not been fully assessed and actions not always taken to mitigate against the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. One person did not receive their pain relief medicine on seven occasions over a period of three days. We had observed this person expressing to staff their pain and discomfort. For another person staff were administering insulin without specific training which increased the risk of medicine errors.
- External medicines were unsecured and medicine recording did not support the safe administration of medicines or sufficiently mitigate associated risks. For example, there was no documentation of the administration of external medicines or guidance for as required medicines.

Medicines were not managed safely and people did not always receive them as required. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The service had failed to identify potential incidents of abuse and had therefore not reported these to the relevant authorities. This meant the local authority and police had been unable to take action and provide support.

Systems and process in place had not operated effectively to identify and respond appropriately to allegations of abuse. This was a breach of regulation 13 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information was available and on display for people, staff, and visitors on how to report safeguarding concerns.

Staffing and recruitment

- Most people and relatives told us there were enough staff. One person said, "There's always someone around to help you when you want them." However, one person told us, "The staff are brilliant, but there's only two on at night and it's not enough for all the people buzzing and expecting them to come immediately."
- The service used a staffing assessment tool to help determine how many staff were needed. We observed there were enough staff to meet people's needs during the day and staff confirmed this. The manager told us staffing had recently been increased and three staff were now allocated to night shifts.

Preventing and controlling infection

- The service was clean, tidy, and odour free. One person told us, "I like my room and it's always clean."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no up to date system in place to monitor and over see DoLS applications. The manager and staff did not know if DoLS were in place for some people or not.
- We found some instances where the service had not identified and considered where a DoLS application may have been required. The check list to help the service identify if people may be deprived of their liberty was out of date and did not incorporate amendments to DoLS applications following court rulings in 2014.
- The service had not assessed people's capacity to consent to individual decisions about their care. We found instances where the service had recorded people's relatives as giving consent for certain decisions without checking the appropriate legal authority to do so was in place.

The service had failed to act in accordance with the MCA to ensure they protected and safeguarded people's rights. This meant the service was in breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had recently implemented best practice tools and guidance to help them assess risks to people in areas such as skin integrity and nutrition. However, we found multiple incidents that demonstrated in practice that the service was not following best practice guidance or legislation. For example, in relation to medicines, MCA, management of risks relating to poor skin integrity, and safeguarding.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- The service worked with health and social care professionals to assist people to meet their healthcare needs. However, we found two instances where the service had failed to implement fully advice from a speech and language therapist which had placed people at risk of choking. For another person we found delays in staff asking healthcare professionals to assess a concern regarding their skin.
- Records did not fully demonstrate how people's health care needs were being met, for example in relation to people's oral health. Guidance from health care professionals was not consistently fully embedded within people's care plans.

Staff support: induction, training, skills and experience

- We reviewed staff training records and found the training provided did not provide adequate training on the range of people's needs. For example, several people living in the service had a diagnosis of dementia and/or behaviour that may challenge. We found no training was provided in these areas or in the mental capacity act. Staff did not always have the right knowledge and competence required to undertake their role.
- The service provided a mix of internal and external training. Staff spoke positively about the quality of the training that was provided. Several staff told us that the internal trainer took in to account different learning styles to help ensure training was understood. One staff member said, "[Trainer] is brilliant, they will tailor your training to your needs, they will put it in your language."

Adapting service, design, decoration to meet people's needs.

- Some people living in the service were living with dementia, the service had not considered how the environment could be better suited to orientate and help people living with dementia.
- The general environment and design was pleasant and welcoming. People's rooms were personalised.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives spoke positively of the food provided. One person said, "The chef is brilliant, and I've never had better bed time drinks." Another person told us, "I've yet to have a meal that I didn't like."
- We observed the support provided over lunch time, we found this was a pleasant and sociable dining experience. People were supported to ensure they had enough food.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Whilst we observed most individual staff interactions with people were kind and caring, we observed one person in distress and stating they were in pain on both days of our visit. Whilst staff offered reassurance no action had been taken to assess and respond to the person's immediate pain.
- People and relatives spoke positively of the staff. One person said, "This a happy home. The staff are so very kind. I enjoy living here." Another person told us, "I'm very happy here. It's a happy home. They don't fuss, but they're always there you want them. They have a Christian ethos which is important to me."

Supporting people to express their views and be involved in making decisions about their care

- Some systems were in place to ensure people's views and involvement was sought, for example through the use of resident's meetings and meetings on food and activities.
- Some people were unable to verbally communicate their views well and make complex decisions regarding their care. The service was not accurately recording and assessing people's ability to make decisions or record details where others held legal authority to do so on their behalf. This meant we could not be sure the service was supporting people to make decisions or involving the appropriate people with authority where necessary.

Respecting and promoting people's privacy, dignity and independence

- Whilst most individual staff interactions with people were seen to be respectful we noticed for one person they were wearing a dirty and stained top and had been left with food around their mouth. We found this did not promote the person's dignity.
- We observed people's privacy was protected. For example, we observed staff knocking on people's doors before entering and ensuring information about people was kept confidential.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The care provided had not always met people's individual needs. People's care plans lacked guidance for staff on how to meet people's needs. For example, a care plan for one person who could display behaviour that might challenge did not identify and cover triggers identified in specific incidents regarding the person's behaviour.
- It was not clear how people and relatives were supported to be involved in their care planning as there were no formal systems in place and records did not demonstrate that people, and/or their relatives where appropriate, had been consulted and involved.
- The service was providing support to two people who required palliative care. However, we found for one of these people there was no associated end of life care plan detailing their needs wishes, and support.
- The service had been accredited with the six steps to success, an end of life care programme for care homes. There was no evidence that the programme had been delivered and embedded in the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Written information on a range of subjects was on display for people. However, there was a lack of information in other formats which took in to account some of the needs of people in the service. For example, there was no pictorial information on activities or food options for people living with dementia.
- People's communication needs had been assessed. This included information regarding how any disability or sensory loss may impact.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had a dedicated activities co-ordinator and activities assistant who were proactive. People were positive about the wide range of activities on offer. A relative told us, "They have the most amazing activities; [name] has been to the theatre and the opera and was at Gorleston last week which they all enjoyed" Activities took in to account people's interests and preferences, such poetry and knitting groups. The service had established links with a museum in London and regular talks on its collection were arranged.

- There were regular activity meetings between people and activities staff to review the activities on offer and ensure these met the needs and interests of people in the home.
- The service had a Christian ethos and background, several people living in the home had spiritual beliefs. These were supported, worship services were held in the home on Wednesdays and Sundays and a volunteer Chaplain visited daily. One person told us, "I'm a Roman Catholic and we have Christian services here which I like."
- The service supported people to develop and maintain relationships. Information with relatives was shared where required. One relative said, "They always keep me in touch. [Name's] been in hospital twice and they rang me every day when I couldn't get in to see them." The development of relationships was also supported by the use of volunteer befrienders and visitors.

#### Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise complaints and felt comfortable to do so. One person told us, "If you go to [manager] you'll get your question answered."
- The manager recorded formal and informal complaints and concerns. They kept a clear log of their actions in response. We saw these were detailed and actions taken in response. A relative told us, "They're very responsive to concerns or problems. [Name's] TV is important to them and when it went wrong they had it fixed in an hour".

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Quality monitoring systems and processes were in their infancy. The manager and provider told us the previous registered manager had left in January 2019 and they were not aware of any audits carried out or quality monitoring systems in place prior to January.
- The service was in the process of implementing a new governance system and had put in place new audits, but these had only been completed for July 2019. We found these had not been effective at identifying the range of issues we found during our inspection. There was no clear effective mechanism for collating improvement actions required and no action plan to address, drive forward, and monitor the improvements needed.
- There was a lack of clear structure and delegated responsibilities within the management team.
- Quality monitoring systems had not been effective. The service had not met its regulatory requirements and we found it to be in breach of five of our regulations. Other regulatory requirements regarding ensuring accurate and complete records were also not met.

Quality monitoring systems were ineffective in monitoring and improving the quality of the service. The systems in place had failed to identify, monitor and mitigate concerns within the service which placed people at risk of harm. This meant the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Duty of candour had been met however the service had not met its responsibilities to report incidents that occurred to CQC. For example, in relation to failures to identify safeguarding concerns. For another person we found they had sustained a fracture following a fall which the provider had failed to notify us of.

Failure to notify CQC of incidents that occurred in the service was a breach of Care Quality Commission (Registration) Regulations 2009: Regulation 18.

Continuous learning and improving care; Working in partnership with others

- Our findings on inspection indicated the service had failed to keep up to date with requirements and

changes within its sector. Several staff described the service as old fashioned. One staff member told us, "It did need bringing in to the 2019s."

- Following changes to the governance structure of the service and the appointment of a chief executive officer the provider had commissioned an external audit of the service which had identified wide ranging concerns. The provider had reviewed this and started to take positive action to address these concerns, although it was too early to say how effective these actions would be. This had involved contacting other stake holders, implementing new policies and procedures, an electronic care management system and quality monitoring systems.

- Following the concerns raised at our inspection the provider responded promptly to address the most immediate and pressing concerns, although it remained a concern that these issues had only been identified as a result of our inspection.

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

- When the service registered with us they told us they would provide a service to older people and were not a dementia service, this was reflected in their current statement of purpose. A number of people were living with dementia. We found the service had failed to properly account for the needs associated with this. This had also limited how the service had fully engaged and involved people living with dementia.

The service's statement of purpose was not up to date and accurate, this was a breach of Regulation 12 of Care Quality Commission (Registration) Regulations 2009.

- There was a pleasant sociable atmosphere in the service. The service engaged with people using themed meetings on activities and food, through which people could give their feedback and shape what was on offer.

- The management team were approachable, friendly and supportive. One staff member told us, "[Name] is a good manager, I feel like I could go to them if I have a problem." Staff spoke positively about the team and culture in the home. One said, "Staff and residents just seem to gel here, you can have a laugh and a joke." Another staff member said, "Everyone is very close, friendly, and supportive."

- The service encouraged and developed relationships between itself and people living in the sheltered housing on the same site. Some people in the service had strong religious beliefs and the service had links with the religious community so that people could practice their faith. The activities co-ordinator was proactive at exploring and developing links with both local and further away resources, such as a mother and baby group, that visited the home on a regular basis.

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	<p>Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose</p> <p><b>How the regulation was not being met: The service's statement of purpose was not up to date and accurate.</b></p> <p>Care Quality Commission (Registration) Regulations 2009: Regulation 12</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p><b>How the regulation was not being met: The service had failed to notify us of notifiable events that had occurred in the service.</b></p> <p>Care Quality Commission (Registration) Regulations 2009: Regulation 18.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p><b>How the regulation was not being met: The service had failed to act in accordance with the Mental Capacity Act 2005.</b></p> <p>Regulation 11 (1)(2)(3)(4)(5)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and</p>



improper treatment

How the regulation was not being met: Systems and process in place had not operated effectively to identify and respond appropriately to allegations of abuse.

Regulation 13 (1)(2)(3)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The service had failed to assess and mitigate the risks to people using the service. The premises and medicines were not managed safely.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(d)(g)</p>

### The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: Quality monitoring systems were ineffective in monitoring and improving the quality of the service. The service had failed to establish effective identify, monitor and mitigate concerns within the service which placed people at risk of harm. Records were not accurate or complete.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(f)</p>

### The enforcement action we took:

We imposed conditions on the provider's registration