

Corner Lodge Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Corner Lodge is a care home which provides accommodation with personal care for up to 48 people. At the time of the inspection the service was supporting 39 people. The service provides care and support for older people some living with dementia.

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

Staff and people felt there were enough staff working in the service and people said staff were available to support them when they needed assistance.

Medication was administered by staff who had received training to do so and medicines were managed safely. Risk assessments were in place, which identified possible risks and how to manage them.

The service had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required. Relatives felt able to speak to the staff team at any time if they needed to know about their loved one.

Staff recruitment processes were in place however, some personnel files had documents missing.

We recommend the provider seeks guidance to ensure staff personnel files have completed work history.

Rating at last inspection

The last rating for this service was good (published 30 January 2018).

Why we inspected

We received concerns in relation to notifications and safeguarding. 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.

We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Corner Lodge website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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Detailed findings

Background to this 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.

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 team consisted of one inspector an assistant inspector and an expert by experience. An Expert by Experience spoke with relatives over the telephone. 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

Corner Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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 and professionals who work with the service. 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 this information to plan our inspection.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, area operations director and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with 17 relatives on the telephone to ask for their views on the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had ensured restrictions to people's freedom were minimised. The provider had made ensured the necessary safeguards were in place where people were deprived of their liberty. We found one example where a Deprivation of Liberty Safeguards (DOLs) had not been applied for. The provider resolved this on the day after our inspection.
- The manager investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe.
- Safeguarding alerts were raised externally when required to the local authority and CQC.
- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report any concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and managed. Staff understood the risks to people's safety and wellbeing and how to support people to minimise them.
- Care plans contained detailed risk assessments.
- The provider had implemented an improvement plan for the refurbishment of the service. New furnishings and flooring had been purchased.

Staffing and recruitment

- Our observations on the day of inspection showed us there were enough numbers of staff on duty to meet people's individual needs and keep people safe.
- Call bells were answered in a timely way, staff were calm and not rushing to assist each person.
- Staff had received a blend of face to face and virtual training to support their knowledge and skills. An induction process was in place for new staff to follow. One member of staff told us, "I did some shadow shifts at the start and my eLearning training."
- Relatives were mainly positive when asked if they felt there were enough staff on duty comments included, "Pre-COVID there always seemed to be enough staff around when I visited." And "They do their best I think there should be more staff for mealtimes as a lot of people need support." Staff told us that the number on shift was adequate for the number of people living in the service. One member of staff said, "There are enough staff at the moment, if people's needs change, we would need more staff."
- Staff had been recruited safely to ensure they were suitable to work with the people they supported. However, the full work history of some staff was not present in their personnel files. Although the more recently recruited staff had a full work history. We discussed our findings with the registered manager who told us they would continue to ask for the full work history of future employees.

Using medicines safely

- Systems were in place to manage people's medicines safely. Staff were trained in the administration of medicines.
- Audits were undertaken on a regular basis and any actions were highlighted. On the day of inspection, we found some errors on a recording sheet, upon discussion with the registered manager these had already been actioned and staff were receiving supervision and further training.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had systems in place to review when things go wrong to ensure lessons were learnt and action was taken to minimise the risk of reoccurrence.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive atmosphere in the service staff obviously knew people well and we observed kind and caring interactions.
- A staff member told us, "All the staff are kind and caring we do our best for the people that live here."
- People and their relatives were positive about the service. One person told us, "This place is good, the staff are kind and work very hard." A relative told us, "I am kept informed if something happens, I don't lose any sleep at night and that is good enough for me."

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

- The service had a clear management structure in place and relatives and staff knew who to speak to if they needed to raise concerns. The registered manager spoke regularly with the provider to ensure they were kept up to date. The registered manager told us they felt fully supported by the provider and the area operations director.
- A range of quality checks were carried out to monitor the quality of the service. These included monitoring care records, medicine audits, health and safety checks and infection control audits. Records showed these checks were carried out on a regular basis and where they had highlighted areas for improvement.
- A new electronic care plan system was in the process of being installed. Staff had received training on its use, and this training was ongoing if needed.
- The manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they had used various methods to communicate with people's relatives which included telephone calls and emails. The service had a new conservatory added to enable people to have visits without having to enter the home.
- The provider sent out annual satisfaction surveys with people, relatives, staff and visiting professionals. The results of these were analysed to look at how the service could be improved.
- Staff we spoke with told us that they felt supported by the management of the service. One staff member told us, "I feel able to speak to [name of manager] about any concerns I may have."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dieticians, speech and language therapists and GP's.
- The service learnt from incidents that had occurred and made changes in response to these to improve care and safety.