

Maria Mallaband 17 Limited

Corinthian House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Corinthian House provides nursing and personal care for a maximum of 70 older people, some of whom are living with dementia. There were 46 people using the service at the time of this inspection.

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

The registered provider did not have effective governance systems in place to maintain and improve the quality and safety of the service. Analysis of accidents and incidents were brief and did not identify any patterns or trends to help mitigate risk and prevent reoccurrence. We also found quality assurance audits were very limited in content, where actions were identified there was no specific confirmation of when staff were required to action these by. The provider had recently recruited a Quality Excellence Partner (QEP) to support effective governance arrangements and oversight at the service.

Risks to people's safety had not always been assessed and recorded. We found improvements regarding these in the new care plans we reviewed. We made a recommendation for all care plans and risk assessments to be reviewed and updated by 31 December 2021, starting with the care records for people with more complex care and support needs.

There were mixed responses around staffing levels from people and their relatives. The home had a dependency tool which showed there was enough staff to support people. The home had been using agency staff to cover vacancies. We discussed the deployment of staff and agency staff with the management team. We were made aware the home had recently recruited permanent staff to support the home without having to rely on agency.

Some improvements had been made in relation to medicine management since our last inspection. We did however find some gaps in medicines administration records (MARs).

We were somewhat assured the provider was adhering to infection control practices. Infection prevention and control measures were in place and staff understood how to prevent the spread of infection. Staff wore personal protective equipment as necessary, although there was the occasional touching of face masks observed.

Staff knew people well and people and their relatives felt they were looked after by the staff who genuinely cared.

People told us the food overall was good and they could have a choice.

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 (report published 11 January 2019).

Why we inspected

This inspection was prompted in part due to concerns received about staffing levels, medication, care records and overall management of the service. A decision was made for us to inspect and examine those risks. We found evidence during this inspection that people were at risk of harm from some of these concerns, however we did not find evidence that harm had occurred.

This report only covers our findings in relation to the Key Questions of Safe, and Well-led which contain those requirements and concerns. 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 coronavirus and other infection outbreaks effectively.

Prior to the inspection 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.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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

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.

We have identified a breach in relation to good governance, systems were either not in place or were not robust enough to demonstrate people's safety was effectively managed. This placed people at risk of harm. We have also made a recommendation in the responsive domain of the report. We made a recommendation for all care plans to be reviewed and updated identifying high risk people first by 31 January 2022.

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 the local authority and clinical commissioning group to monitor their 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?

Requires Improvement ●

The service was not always Safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led.

Details are in our safe findings below.

Corinthian House

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. 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

This inspection was carried out by two inspectors, and two specialist advisors who were both nurses 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

This service 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 should have 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. At this inspection the registered manager had left the service. The service had a manager in place who was completing paperwork to become registered. They were being supported in their role by the provider and nominated individual. We use the term 'management team' to refer to them throughout the report.

Notice of inspection

The 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. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service, two relatives and 10 members of staff including the regional director, manager and deputy manager.

We reviewed a range of records. This included seven people's care records and seven people's medication records. We looked at staff files in relation to recruitment. We reviewed records relating to the management of the service.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We looked at records relating to the running of 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 deteriorated 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.

Assessing risk, safety monitoring and management

- Risks to people's safety had not always been assessed and recorded. For example, people who were nursed in bed had little or no information in their care records regarding the rational for this. We did see improvements in the newly updated care records around peoples risks and care needs.
- We found recording around repositioning charts for people sometimes lacked detail. For example, staff did not always complete the paperwork in full in relation to correct time and position. We discussed this with the management team on the day of inspection.
- We observed one person with no call bell within reach we were told by staff this was removed due to ligature risk. We could not find any information to support this or any information related to this risk in the care plan. We report further on this in the Well led section of this report.

Staffing and recruitment

- We received mixed feedback on staffing levels from people and their families around staff's ability to answer buzzers quickly. One person said, "I don't use my buzzer much, but I can buzz if I want them[staff], and they come quite quickly. The staff are nice, and we have a joke." A relative said "[name of person] is reluctant to press the buzzer but when I press it if [person] needs to go [to the toilet] sometimes, they have come and say it is near tea or dinner time, so they ask [person] to wait a few minutes and [person] has had an accident a while ago." On both days of our inspection we observed call bells been responded to quickly.
- We found staffing levels were reviewed appropriate although the dependency tool did not take into consideration deployment and layout of the building. We have discussed this further in the Well-Led section of the report. On the first day of our inspection, the management team told us they had already employed an additional nurse to ensure there was a nurse and several new care staff.
- Staff told us the staffing levels had started to improve recently. One staff member said, "We are recruiting more staff who will be joining us soon. This will be much better as we will have a more established team. The new manager and deputy are working hard to put this into place." One staff member told us they were normally okay when they had regular staff on. They said, "We have been having to use agency a lot until new staff start hopefully that won't be too long." A third staff member told us, "It's really hard with agency staff as they don't know people like we do."
- Recruitment procedures were robust to ensure staff were suitably checked before being employed.

Using medicines safely

- We found some improvements had been made in relation to medicine management since the last inspection. We found some gaps however in medicines administration records (MARs) we reviewed. We fed this back to the management team.

- We found guidance specific to each person on how to administer "when required" PRN medicines had been updated since our last inspection. However, for two people prescribed a PRN medicine for agitation or anxiety, the guidance lacked detail. We fed this back to the management team who told us they would review this straight away.
- When people were prescribed topical creams and ointments, body maps were being used. There were records of people's preferences to indicate how they wanted their medicines to be administered.
- All records clearly stated if the person had any allergies reducing the chance of someone receiving a medicine, they were allergic to. One person was prescribed a medicine via a patch which needed rotating to different areas of the body as recommended by the manufacturer. We found there was a system in place to record the site and time of application to prevent the patch being placed on the same site too frequently.
- Instructions for medicines which should be given at specific times were available. Administering medicines as directed by the prescriber reduced the risk of the service user experiencing adverse effects from the medicine.
- People told us they received their medication. One person said, "They[staff] bring my tablets regularly." Another person said, "I had a bad cold, and they got the doctor to see me, he changed my medication."

Learning lessons when things go wrong

- We found records of previous accidents and incidents lacked detail. The home had recently employed a Quality Excellence Partner (QEP) supporting Corinthian House to make improvements in this area. They had introduced daily flash meetings where accidents and incidents were now discussed. One person had also now been allocated each day to review charts to ensure incidents were captured and reported as well as ensuring daily records had been completed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were clear and understood by staff. Staff were confident to identify, and report concerns if they thought a person may be at risk of harm.
- Staff had completed safeguarding training. Staff were aware of what abuse was and how to report this. Staff knew people well in the home.
- People we spoke with told us they felt they or their relative was safe living at Corinthian House. One person said, "I feel safe here. I keep my door open, and the staff keep popping in to make sure I'm all right. It is nice and friendly, and I am comfortable here." Another person said, "The staff are well trained and know how to look after me."

Preventing and controlling infection

- We were somewhat assured the provider was adhering to infection control practices. Staff wore personal protective equipment as necessary, although there was the occasional touching of face masks which we observed. On the second day of inspection we saw this had improved.
- Infection prevention and control measures were in place; staff understood how to prevent the spread of infection.
- The cleaning team worked hard to ensure the home was clean and supported the prevention of infection through routine and additional touch point cleaning regimes, which were observed throughout inspection.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- We reviewed some care plans which were not very detailed or person-centred. These care plans did not always provide guidance to staff about how best to support people's needs and preferences. However, we reviewed two recently revised care plans which the management team had just completed. These were much more detailed, person centred and included people's current needs and support needs, preferences, likes and history. The management team told us they were in the process of working with the staff team and external professionals to review and improve all care plans. We made a recommendation for all care plans and risk assessments to be reviewed and updated by 31 January 2022, starting with the care records for people with more complex care and support needs.

- People told us they were cared for, and staff respected their wishes. One person said, "I get up around 8am and now and again I get a shower if I want one. It is up to them[staff] when I have it really but there does seem to be a regular routine and in between they make sure I get a good wash." A relative said, "I am very impressed with the home under the circumstances. The staff are amazing despite having had a tough time. I am supported to look after [name of person] so much and I am so grateful to them. I was frightened I wouldn't be able to see [name of person] again due to COVID red tape but that hasn't been the case. I have been really happy, and they treat me really well."

- People told us there were activities during the day although not everyone liked to join in. We observed interactions with people who were unable to get out of bed. They were chatting or involved in an activity such as helping with colouring. One person said, "I don't do much really as I can't walk. I do sometimes do the exercises in a chair and on a nice day we sit outside and have a meal and singsong. I am not sure what is happening today." Later we observed this person engaged in making a card.

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.

- The service was aware of the AIS, no one at the service required this at this time. End of life care and support

- Staff had access to end of life training. We saw that people's records included information on their last wishes including instructions regarding funeral plans.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints.
- Relatives told us they knew how to make a complaint and would and had done so previously. One relative said, "I would know who to speak to if needed and I think they would sort any problem out."

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 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; Continuous learning and improving care

- The registered provider did not have effective governance systems in place to maintain and improve the quality and safety of the service. We also found quality assurance audits were very limited in content, there was no specific confirmation of when staff were required to action these.
- The provider did not always ensure action was taken to mitigate risks. For example, we found missing risk assessments, incomplete repositioning charts and some out of date care plans, which could potentially contribute to poor standards of care planning and risk management.
- The service had a manager in place to support the home due to the registered manager leaving the service. The manager had continued support from the deputy and senior managers within the organisation.
- We found the staff dependency tool had not been reviewed taking into consideration the layout of the building and effective deployment of staff to ensure people were appropriately supported.

We found governance systems were either not in place or were not robust enough to demonstrate risks were effectively recorded, managed and comprehensive records of care delivered. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were open and honest and told us they were working hard to improve the service.

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

- Staff told us they felt confident to approach the management team to discuss any issues and we received positive feedback about the ongoing support by the new manager and deputy in the home. One member of staff said, "I can see improvements starting in the home, it will be better when we have our full staff."
- The provider was open and transparent throughout the inspection and agreed there was work to be done to improve the service and peoples experiences and welcomed feedback on this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider completed a residents and relatives survey in September 2021. However, no analysis of this

had been completed. We spoke with the management team on the importance of feedback.

- We saw evidence the management team were working in partnership with community professionals and organisations to meet people's needs.
- People told us they were able to see their family. One person said, "My family can come once a week, one at a time. The staff let me know as my family organise it directly with them. They can come into my room and stay as long as they like."
- People and relatives told us they would complain if they had concerns and had done so in the past. One relative told us, "I have mentioned a few things before, and it got resolved. I have seen some improvements in the home." Another relative told us, "I know how to complain and [name of person] does. We do tell them[staff] if we are not happy."

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	We found systems were either not in place or were not robust enough to demonstrate risks were effectively recorded, managed and comprehensive records of care delivered. This placed people at risk of harm.