

Mrs Keshwaree Ramana

Coralyn House

Inspection report

12 Glebe Avenue
Hunstanton
Norfolk
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

- We received mixed feedback about the care provided at Coralyn House. One person said, "The staff are nice. The house is the best thing. I have been here quite a while." However one relative said, "The service has lost it's sparkle."
- We received feedback that staff were kind and caring, however some interactions were not always appropriate or respectful.
- Measures were not always in place to ensure people and the environment they lived in was safe.
- The service required re-decoration. While there was some involvement from those living at Coralyn House, the service was decorated in the same style throughout and did not demonstrate personalisation or people's individuality.
- Staff were recruited safely and staff had time to spend with people.
- People received their medicines when they needed them.
- Staff received training to provide them with the knowledge to fulfil their role, however further training was required to ensure staff could meet people's individual and specific needs.
- Staff felt supported and had regular supervision.
- People were supported to maintain good health and medical appointments were recorded.
- People were supported to eat and drink enough.
- Incidents were not monitored for any themes or trends to see if any improvements could be made to how people were supported.
- People's independence was not always promoted. There was limited encouragement or involvement in daily living tasks, for example, meal preparation.
- Capacity assessments had not always been completed in line with the Mental Capacity Act 2005. Where people had capacity, they had signed to agree to the support they received.
- We received mixed feedback about people accessing the community and the range of activities available. Despite this, people told us they took part in activities.
- End of life planning required further development. We have made a recommendation that the service consults a reputable source to further develop end of life planning.
- The registered manager had not kept up to date with current best practice and lacked knowledge of the Accessible Information Standard and the values and principles of 'Registering the Right Support'. The outcomes for people using the service did not always reflect the principles and values of current best practice. We made a recommendation that the registered manager further develops these areas and their implementation within the service.
- There was a lack of effective systems to monitor the quality of the service and to ensure that the service continuously improved.

There were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to ineffective risk management, the environment, inappropriate staff interaction, ineffective quality assurance processes and a lack of continuous improvement.

Rating at last inspection: Good (report published 19 April 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 are Safe findings below.

Requires Improvement ●

Is the service effective?

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

Requires Improvement ●

Is the service caring?

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

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in are 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 ●

Coralyn 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type: Coralyn House is a three-storey house in a residential area of Hunstanton for people with a learning disability. There were five people living at the service on the day of 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:

We telephoned the service the day before the first day of inspection to check that people would be at home before we visited. We visited the service on a second day and this visit was unannounced. The inspection activity started on 7 March 2019 and ended on 18 March 2019.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with two people using the service, two relatives and two members of care staff. We also spoke with the registered manager. We observed the support provided to those who were not able to talk to us. We looked at records in relation to people who used the service including support plans, risk assessments and medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

After the inspection, we requested additional evidence to ensure that people were safe and spoke with one professional involved with the service.

Is the service safe?

Our findings

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

Requires Improvement: 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; Preventing and controlling infection

- Individual risks were not effectively managed. One person was at risk of aspiration and a risk assessment was in place which stated that they should eat soft foods. However, we observed them eating large bits of sausage. Speech and Language Therapy [SALT] had assessed the person and recommendations included that food was cut into 'malteser' size and sausages were skinless. Staff were not following these recommendations and this information was not in the care records.
- One person became upset. There was no guidance for staff to follow on the best way to support the person and they had not received training in this area. The person's support plan did not reflect that they could become upset or the strategies to use to support the person effectively.
- Environmental risks were not effectively managed. Three radiators in the service including two in people's bedrooms were very hot to touch. Although health and safety audits were completed, the hot surfaces had not been identified as a potential risk of scalding or any action taken to reduce the potential risk.
- The service was mostly clean, however, there was dried faeces on the door frame in the toilet. There was a weekly cleaning schedule in place and a staff member said that if any other cleaning was needed, it would be addressed immediately. However, despite the door frame being highlighted to staff, it had not been cleaned two hours later.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, the registered manager ensured that the recommendations from the SALT assessment were in place and had reduced the potential risk of scalding from the radiators.

Staffing and recruitment

- Staff rotas did not record the actual hours that staff members worked. The registered manager told us that staff worked split shifts and had a break in the day, however this was not reflected on the rota to evidence that staff were not working excessive hours.
- There were enough staff to meet people's needs and staff had time to spend with people to ensure their well-being.
- Recruitment systems continued to be effective and ensured suitable people of good character were employed to work at the service.

Learning lessons when things go wrong

- Incidents and accidents were recorded in the accident book. The registered manager could tell us what

they had done to prevent any re-occurrence but had not formally recorded the action taken. They agreed to record this in the future and to keep a separate log of incidents.

- Incidents when people had become upset were not recorded to monitor if there was any pattern or theme to see if support could be provided differently.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding procedures and knew how to recognise abuse and protect people from the risk of abuse. There was information displayed about how to act upon or escalate concerns about potential abuse. One relative said, "[Person] is safe and the staff do the best they can do."

Using medicines safely

- People received their medicines when they should.
- There were systems for ordering, administering and monitoring medicines. Medicines were kept securely and records were completed correctly.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- The local pharmacy completed a yearly audit of medicines and processes to ensure medicines were given using best practice guidance.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The service needed re-decoration. The paintwork on the skirting boards and banister was worn and the paint was chipped. The wallpaper borders were ripped in the dining area and the hallway and were peeling off the wall throughout the service including in one person's bedroom. One relative said, "For the last five to ten years, they [registered manager] have not done any internal decoration. The whole place needs freshening up."
- People's preferences were not always taken into account in the decoration of the service. Throughout the service, including the bedrooms, rooms were decorated in the same style with wallpaper and borders. This did not demonstrate personalisation or that the service was decorated to people's individual preferences.
- The shower cubicle doors had come off their runners and were difficult to use. One person said, "The wheels on the shower are hard to move." The shower cubicle was grubby, with discoloured grout and limescale. A staff member agreed that it needed to be replaced.

This was a breach of Regulation 15 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

- Support plans contained information about people's individual needs and included their preferences in relation to their diet and cultural and spiritual beliefs.
- The registered manager was not aware of the principles and values that underpin Registering the Right Support to ensure that people were supported in line with best practice.

We recommend that the registered manager further develops their knowledge of Registering the Right Support and its implementation within the service.

Staff support: induction, training, skills and experience

- New staff were provided with an induction which gave them with the basic knowledge and skills needed to support people. The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.
- Staff received mandatory training in subjects including safeguarding, fire safety and food awareness.
- Further training was required around supporting complex behaviours and the risk of choking to ensure staff could meet people's individual and specific needs.
- Staff felt supported and were given opportunities to review their individual development needs through

supervision and informal contact with the registered manager.

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

- There was a varied menu in place. One person said, "My tea was yummy. It's always nice when the staff cook it." However, one relative said, "The meals are not particularly healthy."
- People told us they could choose what to eat. One person said, "We have a green folder with the menu in and we can choose our meals."
- Where people did not want what was on the menu, they were supported to have something different. When one person did not want a cooked meal, they chose a ham sandwich instead.
- Whilst staff did check that people were enjoying their meal, we saw an example where a staff member was supporting a person to eat standing up rather than sitting alongside of them to promote a more relaxing experience.

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

- People had a hospital passport in place to provide an overview of people's healthcare needs and provide important information to healthcare professionals. However, these were not always fully completed to include people's likes, dislikes or communication needs.
- People were supported to maintain good health and medical appointments were recorded.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People could make day to day decisions. Staff checked that people gave consent before they provided any support.
- Some people had signed forms to consent to the care that was being provided.
- Staff were trained in the MCA and understood the basic principles of the MCA.
- Where one person had a DoLS authorisation, the conditions of this were being followed.
- The registered manager told us that no decisions had been made in people's best interests. However, one person's support plan stated that in the person's best interest they needed a healthy balanced diet and medication. Capacity assessments had not been completed to identify if the person did not have capacity to make these decisions.

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff received training in equality and diversity. However, we observed the interaction of the staff was not always appropriate or respectful. One staff member was clicking their fingers at a person to get their attention. One person's support plan said, 'I like to be treated as an equal and as an adult.' We observed staff making comments including, "You need to be a good girl and eat everything," and, "You are the best baby girl."
- People's independence was not always promoted. Staff cooked the meal and laid the table and people were not encouraged to be involved. One person said, "I don't help in the kitchen. I'm not allowed to cook sausage and mash in case I burn myself." Staff and the registered manager confirmed that people did sometimes help. However, we did not see any encouragement to involve people during our visits or find information in support plans regarding people's involvement with meal preparation. One professional said, "Individuals are capable of so much more."
- People were not always given a choice. During the evening meal, people were given orange squash. They were not offered a choice of squash or asked if they wanted squash and this was poured out and placed in front of them.
- Despite our findings, people told us that staff were kind and caring and knew the people they supported well. One relative said, "The two staff are lovely, caring people and they do very well."
- The service followed data protection law and information about people was kept securely.
- People's support plans contained their likes and dislikes and what was important to them. Some people had signed to agree to the support they received.

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

- Residents meetings were held with people monthly and subjects of discussion included menus and activities. The registered manager told us that changes were made if needed, however the action taken was not formally recorded.
- In the Provider Information Return (PIR), the registered manager said, 'We encourage an open and honest culture so that people can speak to any staff members if they have any concerns.'
- Support plans were reviewed monthly. One person said, "Staff talk to me about my plan and they do ask me if I am happy."

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager had limited knowledge of the Accessible Information Standard (AIS) which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. People's communication needs were identified and recorded in their support plans but were not always being followed.
- There was limited easy read and pictorial information available to aid people's understanding and to share important information, for example, on safeguarding, how to make a complaint and the menu.
- When one person became upset, both staff members were talking to the person at the same time and giving different instructions. The person's support plan stated that staff were to use photo cards, or talking mats to aid communication and understanding but neither of these were used.

We recommend that the registered manager develops their understanding of the AIS and it's implementation throughout the service.

- We received mixed feedback regarding people accessing the community and the range of activities available. One professional said, "I do sometimes find the activities that are on offer are few and far between and people could take part in more stimulating activities." One relative said, "People just sit in front of the television all day. There is not enough social interaction. Hunstanton has a lot going on but people don't access these activities." Despite this feedback, one person said, "I go out for food sometimes. I can go out when I want to go out. Apart from Sainsburys, I go for a walk. I would like to go out for a drink sometimes." Another person said, "I've been at the day centre today. I go shopping and buy things. We go bowling sometimes and we go down to the seaside. We do go out for a drink or for ice cream."
- People had celebrated a royal wedding with the local community with a picnic in the park.
- People could partake in their own individual interests within the house. One person said, "I do puzzles and reading and I can listen to my music." We observed one person was knitting. Daily activities had been recorded and included playing games, walking around town, reading magazines, bowling, golf, baking, ironing, dancing, eating out, listening to music, painting, playing on the pool table and singing songs.
- People had support plans to provide information on the best way to support them. These covered personal safety, health needs, daily activities and finances.
- People's care was reviewed, where appropriate, with their relatives and with the local authority.

Improving care quality in response to complaints or concerns

- Information and guidance about how to complain was not easily available or in an accessible format for those living in the service. After the first day of inspection, the registered manager made the complaints procedure available, however this was not in an accessible format to aid peoples understanding of how to complain.

- The service had not received any complaints recently. A policy and a system was in place for the investigation and management of complaints.

End of life care and support

- No-one was receiving end of life care; however, the registered manager knew how to access support from other healthcare professionals should this be required.
- People had not been supported to record their preferences and wishes about their end of life care. The registered manager agreed this was an area for development.

We recommend that the registered manager consults a reputable source and further develops end of life support planning.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Processes were in place to check the quality of the service provided and included house checks and support plans. However, these processes had not been effective in finding the issues and risks that we found during our inspection.
- The registered manager was up to date with some legislation such as General Data Protection Regulation, however had limited knowledge of up to date best practice for people with learning disabilities.

Continuous learning and improving care

- We received feedback that there was a lack of continuous improvement. One relative said, "I would like to see things change. I have tried to get them [registered manager] to improve and [person] has asked to do more, but it doesn't really change." Another relative said, "I have not raised my concerns as I hardly ever see them [registered manager]. I do comment on things when I am there and I have raised things at [person's] review but [registered manager] is not interested in making it nice for people."
- There was no system in place to gather feedback from relatives, visitors or professionals involved with the service to influence continuous improvement.
- The registered manager did not have a formal action plan to demonstrate the plans for future development and for addressing any issues.
- There was a lack of monitoring systems in place to identify themes and trends and see if support could be provided differently to ensure more positive outcomes for people living at Coralyn House.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, the registered manager told us there were plans for future developments regarding the decorating and a plan to build an extension.

- People could access the latest CQC inspection report and the rating was displayed in the service. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgements.

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

characteristics

- The staff team were positive about the registered manager and how the service was run. One staff member said, "Our team is very good. We can discuss things all the time and the manager is very nice." Another staff member said, "[Registered manager] is very good. They accept me and gave me a chance to learn everything. I can learn lots from [registered manager]."
- However, we received mixed feedback regarding the management of the service from relatives and a professional. One relative said, "I am not too impressed with [registered manager's] level of input." One professional said, "The owners are approachable but they seem to still be finding their feet."
- The views of those living at the service were gathered through annual surveys. However, where minor suggestions had been made, there was no evidence of what action was taken to address suggestions made. The registered manager told us that people had been involved in choosing new flooring and sofas.

Working in partnership with others

- The service worked with the community learning disability and the district nursing teams.

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 People were not protected against the risks associated with the environment or their individual needs. Regulation 12 (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The environment was not well maintained and peoples preferences regarding decoration were not always taken into account.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Monitoring and audit systems were not effective in highlighting issues within the service. There was a lack of monitoring or action to ensure that the service continually improved. The registered manager was not up to date with current best practice or ensuring its implementation within the service. 17(2) (a) (b) (e)

