

Barchester Healthcare Homes Limited

Corrina Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Corrina Lodge is a care home providing personal and nursing care to up to 58 people in one adapted building. At the time of our inspection there were 57 people living at the service. People were living with a range of complex health care needs. This included people who have had a stroke, diabetes and Parkinson's disease.

People's experience of using this service:

People told us they felt safe living at Corrina Lodge and that risks to their safety were managed well. Systems were in place to ensure staff were aware of their responsibilities to safeguard people and there was an open culture regarding reporting concerns. Staff deployment had improved and further changes were made following our inspection. People lived in a safe and clean environment. Accidents and incidents were monitored to reduce further risk to people.

Staff received training in their roles which was tailored to people's needs. People told us they enjoyed the food provided and had access to support from health care professionals. People's legal rights were protected as the principles of the MCA were followed.

People described staff as caring and kind. We observed many examples of people being treated with kindness, dignity and respect although on some occasions staff practice could have been improved. The registered manager provided assurances these concerns would be addressed. Staff respected people's independence and aids and adaptations were available to support people in maintaining this. Visitors were welcomed to the service.

Staff knew people well and understood their preferences. However, records did not always contain the detail required. We have made a recommendation in relation to this. People had access to a range of activities in line with their preferences and interests. People told us they would feel comfortable in raising any concerns they had and felt prompt action would be taken.

The registered manager had joined the service since our last inspection. People, relatives and staff commented on the positive impact this had on the service. The registered manager was visible throughout the service and seen to be approachable. Changes in the culture and person-centred nature were noted in the way in which the service was led. There was a strong emphasis on people relatives and staff being involved in the running of the service which had brought many positive, changes.

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 Requires Improvement (report published 6 June 2018). Following our last inspection, the provider completed an action plan to show what they would do and by when to improve.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and will next inspect it in line with our published inspection process and methodology.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Corrina Lodge

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

The inspection was carried out by three inspectors, a nurse specialist and an expert by experience. The nurse advisor specialised in the care of older people. 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

Corrina Lodge 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.

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

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the 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

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, regional manager, care workers, activity staff and the chef.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at six 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from the registered manager in relation to our initial findings and information regarding action which had been taken.

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt Corrina Lodge was a safe place to live. One person told us, "I feel absolutely safe with the carers." A second person said, "I feel very safe living here, I have had 30 years being in this predicament (health condition) and this is the happiest I have felt." One relative told us, "We think she is safe here; they always notice if she is not well or needs anything. Because she is unable to communicate this is very reassuring."
- Staff understood their responsibilities in safeguarding people from abuse. They were able to describe the different types of potential abuse, signs which may indicate concerns and reporting procedures. One staff member told us, "If we ever come across a problem we can go to (registered manager) and never feel brushed off. We could go higher, to the police or safeguarding if nothing was done but he is so open he reports everything."
- The provider had a robust policy in place to ensure safeguarding concerns were reported in a timely and transparent manner. Where subsequent information was requested by the local authority this was provided. Safeguarding information was displayed prominently in communal areas and guided people and staff to how to report any concerns.

Assessing risk, safety monitoring and management

At our inspection in March 2018 we found that risks were not always effectively managed to keep people safe. At this inspection we found that improvements had been made and staff were now aware of risks to people's well-being.

- People and their relatives told us they felt risks to their safety were managed well. One person told us, "There are always two staff using the hoist and they seem to know what they are doing." One relative said, "It's been a relief off my shoulders knowing that he is safe here, staff have been so patient and caring with my dad."
- Risks to people's safety and well-being were known to staff and measures were in place to minimise them. Risk assessments and management plans were completed in areas including falls, moving and handling, skin integrity, nutrition and choking. Where support from staff or equipment was required this was provided.
- Risks were incorporated into people's care plans and their views and preferences taken into account. For example, one person was at risk when shaving but did not wish to use an electric shaver. The person was therefore supported by staff to have a wet shave safely.
- Regular safety checks were completed to ensure that equipment and services were safe. This included checks on hoists, wheelchairs, passenger lifts, fire systems and equipment, gas, electricity and water quality

- A service continuity plan had been developed to ensure that people would continue to receive their care in the event of unforeseen circumstances

Staffing and recruitment

At our inspections in August 2017 and March 2018 we found there were not sufficient staff deployed to meet people's needs in a timely manner. At this inspection we found that improvements had been made to the numbers and deployment of staff. There were continued concerns in one area of the service which were addressed by the provider and registered manager following our inspection.

- People told us that staffing levels had improved and they did not have to wait for their care. One person told us, "I feel safe here, it's easy to summon someone with my bell and they come quickly." Another person told us, "There's always carers on hand. There is 24-hour attention, that's what is good about this place. Whenever I need them, I've only got to call and they are here."
- The registered manager told us the levels of both nursing and care staff had increased since our last inspection. Staff told us the increase in staffing levels meant they had more time to spend with people. One staff member said, "We're not so rushed and can take our time. We can actively listen to them. They get a lot more attention and can open up more."
- Some staff told us they felt that although staffing levels had increased there were times when it would be beneficial to have an additional staff member. Following our inspection, the registered manager informed us that staffing levels were being increased in the particular area concerned. We will monitor the effectiveness of this during our next inspection.
- Robust recruitment checks were completed which included all potential staff completing an application form and undergoing a face to face interview. References and disclosure and barring service checks (DBS) were completed prior to staff starting their employment.

Using medicines safely

At our inspection in March 2018 we found that people's medicines were not always managed safely. At this inspection we found that robust systems were now in place to ensure people received their medicines in line with prescription guidelines.

- People and their relatives told us they received their medicines safely and on time. One person told us, "We get our tablets every day at the same time." One relative told us, "All the medicines are taken care of here and there haven't been any errors."
- Medicines were safely stored and administered. Each person had a medicines administration record (MAR) which contained an up to date photograph, allergy information and contact details of the person's GP. MAR charts were signed following each administration and no gaps were identified. Medicines were stored in locked cabinets and checks demonstrated the correct amounts of medicines were present.
- Where PRN (as and when required) medicines were prescribed protocols were in place to guide staff on when and how they should be administered. Staff monitored medicines which needed to be taken at specific times to ensure these were administered within the correct timeframes. Topical medicines were administered and recorded in line with people's prescriptions.
- Staff supporting people with their medicines ensured that they gained people's consent and explained what medicines they were administering and for what.

Preventing and controlling infection

- People were protected from the risk of infection as safe infection control procedures were followed. People told us they felt the service was clean. One person told us, "They're round at least once a day cleaning everything. It's a very good service they provide."

- Cleaning schedules were followed, and regular infection control audits were completed. Housekeeping staff were aware of their responsibilities in following safe systems. Staff had access to personal protective equipment for use when supporting people with their personal care needs.
- The laundry room was well organised and clean. Staff were able to explain the reason for storing spoiled and non-spoiled laundry separately. One staff member told us, "It's to avoid spreading germs and to avoid cross contamination."

Learning lessons when things go wrong

- Accidents and incidents were reported by staff and where further investigation was required this was completed. Daily meetings were held with heads of departments where accidents and incidents which had occurred in the previous 24 hours were discussed to ensure all relevant actions had been taken.
- Accidents and incidents were reviewed on a monthly basis to look for any trends and to ensure action taken had proved effective in reducing risks to people. Accidents and incidents were also reviewed by the regional team as an additional check to ensure appropriate measures had been implemented.
- One person had been found on the floor by staff on a number of occasions. Whilst this was not thought to be as a result of falling, incidents forms were completed. Action was taken to ensure the person had a bed which lowered close to the floor and an additional mattress was placed beside their bed. Furniture was also placed to minimise the risk of the person hurting themselves. These steps had ensured the person remained safe and had not sustained any injuries when moving to the floor.

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our inspection in March 2018 we found that the principles of the MCA were not consistently followed. At this inspection we found that improvements had been made and systems implemented to ensure people's legal rights were protected.

- People's legal rights were protected as staff followed the principles of the MCA. Capacity assessments had been completed where it was believed people may lack the capacity to make specific decisions such as the use of bed rails, specialist diets and medicines administration. Records showed that these had been completed by staff with a good knowledge of the person.
- Where people lacked capacity best interests decisions were recorded. People and their relatives were involved in this decision-making process and any previous wishes taken into account.
- Staff understood people's right to make decisions which presented risks to their well-being. The speech and language therapy team had recommended one person's drinks were prepared in a particular way to minimise the risk of choking. The person had made the decision to continue having their drinks prepared in the usual way and understood the risks this presented to them. Staff supported the person with this but had agreed measures with them to minimise the risk such as always being with the person when they had a drink.
- We found changes to two people's needs had not led to elements of their capacity in specific areas being

reviewed. The registered manager gave assurances this would be addressed and additional monitoring implemented. We will check the effectiveness of these systems during our next inspection.

Staff support: induction, training, skills and experience

At our inspection in August 2017 we found that staff did not always receive regular supervision and that training was not always updated in line with the provider's policy. At our inspection in March 2018 we made a further recommendation that all staff training and supervision was regularly monitored to ensure that staff received the support and training they required. At this inspection we found improvements had been made in all areas and staff were now supported in their roles.

- People told us they felt staff had the skills required to support them effectively. One person told us, "I think the staff are well trained. I'm quite a critical person and I can't fault it." A second person said, "Yes on the whole they are well trained. New staff always shadow to begin with."
- Staff told us the amount of training they received had increased and courses relating to people's specific health care needs such as dementia, Parkinson's and Huntington's disease were now available to them. One staff member told us, "It has been really useful. The dementia course made me look at one person in particular in a different way. I found out a lot more about her past and having that better understanding of her condition made life a lot easier, for her as well."
- Staff new to the service completed an induction which included shadowing more experienced staff members prior to working independently. New staff were also supported to complete the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives.
- Staff received regular supervision to support them in their roles. This included specific clinical supervision for nursing staff. One staff member told us, "We get so many training opportunities here and we have supervision to monitor our practice. It's a good place to work."

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

- Assessments were completed prior to people moving into the service to ensure their needs could be met. Assessments were detailed and took into account people's needs in addition to information relating to their life histories.
- Recognised tools were used when assessing risks to people to help ensure best practice standards were followed. These included malnutrition screening forms and skin integrity checks, both of which were reviewed on a monthly basis.
- National guidance was followed in order to ensure that legal requirements were met. For example, people had oral health care plans in place in line with NICE guidance and staff completed training in this area.

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

- People told us they enjoyed the food served and were always offered a choice. One person told us, "We have a choice with the food both lunch and evening meal. I enjoy some things more than others. They will always cook a request." A second person said, "I like the food and I can have a choice. We choose the day before." One relative told us, "The pureed food tastes very good."
- Catering staff were aware of people's dietary needs. We observed the chef serving meals and taking time to ensure people's needs and preferences were met. They told us they were always informed of any changes in people's needs or specific requests. We observed records of this were maintained and the chef took time to speak to people after their meal to check they had enjoyed it.
- People's weight was monitored by staff and any significant changes acted upon through referrals to the GP or dietician. Where people received their nutrition through a PEG, (a tube placed directly into the person's stomach through the abdominal wall) staff were knowledgeable about how this was managed and received regular updates and training.

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

- The service was designed to meet the needs of people living at Corrina Lodge. All areas were accessible by lift and adapted bathrooms were available to people.
- Communal areas and corridors were spacious which gave people using wheelchairs room to move around independently. People were able to participate in maintaining the garden as raised flower beds had been created. During our inspection we observed a number of people sitting in the garden and entertaining visitors there.
- People's rooms were personalised and filled with things that were important to them including ornaments, furniture, photos and pictures.

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

- People told us they had access to healthcare professionals and health advice when required. One person said, "We can see the doctor and we have the chiropodist. I have had the dentist here. You can see the optician here."
- Records showed people had access to a wide range of healthcare professionals including GP, district nurses, speech and language therapy, dentists and chiropody. In addition, people were supported to attend consultant appointments and the advice provided was followed.
- People were fully involved in their own healthcare and supported by staff in understanding their specific health conditions. One person told us, "Staff understand what I'm up against and they know how to support me. I'd describe it as a joint venture."
- In response to people's needs and requests, the provider was funding a physiotherapist to visit people weekly. Advice was provided on exercises which would be beneficial, and staff supported people with these where appropriate. The physiotherapist had advised specific exercises for one person who was frequently experiencing falls. Following maintaining their advised exercise routine the number of falls the person was having had greatly reduced.

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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were caring in their approach. One person told us, "All the staff are kind and care. They don't just treat you as someone they have to deal with, they care." A second person said, "They are all very kind but some individuals shine out with care and love." One family member told us, "I can't speak highly enough of everyone. Because (name) is blind they always call out to her when passing and hold her hand when addressing her."
- Despite these positive comments we observed on some occasions staff did not always fully demonstrate caring values. For example, staff brought one person who was using a wheelchair into the communal lounge and left without checking where they would prefer to sit, if there was anything further they needed or if they were comfortable. At lunchtime staff placed clothing protectors over people without discussing this with them. Staff were also heard referring to clothing protectors as 'bibs' on a number of occasions. One staff member supported a person to eat their meal whilst stood over them rather than sitting beside them. We spoke with the registered manager regarding our concerns. They told us they felt this was out of character for staff and that additional monitoring would take place to address these issues. We will monitor the effectiveness of these measures during our next inspection.
- In contrast to the above we saw many positive and caring interactions between people and staff. Staff sat beside people when speaking with them and were seen to share jokes. Where people required reassurance, staff listened and offered comfort by taking their hand or rubbing their back. Staff reacted quickly to one person who said their feet were sore and helped them put them on their foot plate. Staff took time to stop and chat with people when walking into the lounge or meeting them in the hallway. When supporting one person into the lounge the staff member asked them if they wanted to sit in their favourite chair, checked if they wanted a drink and reassured them where their walking aid was if they needed it.
- Staff knew people well and were observed to speak to them about their family members and interests. This flowed throughout the staff team with auxiliary staff such as housekeeping, maintenance and catering being observed having in-depth and meaningful conversations with people.
- People's diversity and religious views were respected. People's personal values were known to staff and a non-judgemental approach was evident. Two churches visited Corrina Lodge regularly to conduct services and provide Holy Communion. Access to this had re-ignited one person's faith and they were now drawing comfort from regular visits by the vicar.

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

- People and their families were involved in the care planning process. Regular reviews of people's care needs were held to discuss any concerns or changes they would like. Where appropriate, relatives were also involved. One relative told us, "I can't always attend the meetings but if there are any issues then I know I can speak with (registered manager) about dad and I am always asked for my opinions or feedback."
- We observed people were supported to make decisions regarding their day to day care. Staff offered people options such as how they wished to spend their time, where they would prefer to sit, when they received their care, food choices and clothing. One staff member told us, "They always have choices. We ask them everything like if they want a wash or a shower, what clothes they want to wear, what they want to drink. You have to talk to them all the time."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they felt staff respected their privacy and dignity. One person told us, "There's no doubt about that, they treat me with respect and friendship." A second person said, "They always knock at the door." One relative told us, "They never walk in without knocking even when the door is open."
- We observed staff approached people discreetly when asking them if they required support. All personal care was conducted behind closed doors and staff told us they always tried to ensure people were comfortable. One staff member told us, "We don't rush people and even if we're busy we let them think we have all the time in the world, so they don't feel rushed. I use towels to cover people up and chat to people, make them feel comfortable, not self-conscious."
- People's independence was encouraged. People's mobility was assessed to ensure they had the most appropriate equipment and adaptations to maintain their independence. A number of people used motorised wheelchairs which enabled them to move freely around the service. Adaptations were also provided to support people to eat independently and attend to their own care needs.
- People were supported to maintain relationships which were important to them. There were frequent visitors to Corrina Lodge and no restrictions were placed on the time people could receive guests. Relatives told us they always felt welcome to the service. One relative told us "It's massively improved, it feels like home from home, always very welcoming." One person found it difficult to attend a club where they had formed friendships. Staff had converted the cinema room as a venue for the person to host the club meeting. This had been a successful evening and continued to take place regularly.

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

- People and their relatives told us they were involved in the planning and review of their care plans. One person told us, "They do speak to me about that. The nice thing here is you can speak to any of the staff about what you want." One relative told us, "She has a care plan which we go through regularly."
- Staff were able to describe the care people required and were knowledgeable about people's past lives. We observed staff referring to people's family by name and discussing topics of interest to the person.
- Staff were aware of people's likes and dislikes and used this information when providing people's care. For example, staff told us how one person liked to spend their time and that they preferred not to have someone with them when eating and drinking. Staff therefore observed the person from a distance in order to keep them safe.
- Although staff were aware of people's needs and responded to them, people's care plans did not always contain this personalised information and guidance for staff to follow. In addition, care records were handwritten and not always easy to read. The registered manager told us they were continually reviewing care records with the aim of ensuring they were fully person centred.

We recommend that the review of care plans continues to ensure they fully reflect people's needs and preferences and are in a format which is easy for staff to access.

- People and their relatives told us there was a good range of activities available which they enjoyed. One person told us, "I enjoy the exercises. A choir has recently started, and I enjoy the talks. There is a songs of praise, a sherry morning. The activities staff are excellent." One relative told us, "The activities coordinator will often go and sit with my wife and chat if she is agitated. She's taken to activities she likes and there is a volunteer who reads to her."
- The activities co-ordinator told us they continued to look at ways activities could be personalised. They told us, "My vision is to make sure every resident is doing something they want to do, even if it's holding my hand for a while, I strive for people to find happiness here in their home."
- A 'Make a Wish' initiative was in place where people were asked about specific things they would like to do. Due to one person's health needs they spent much of their day in their room. The person requested the area directly outside their patio doors be adapted. A bird table, plants, ornaments and wind chimes had helped to create a more private garden area for the person. They now enjoyed spending time looking at the birds and wildlife this attracted. Another person had requested a choir group and staff had supported them to run this.

- An activities programme was in place which included day trips, lunch outings and visiting entertainers. There was a strong emphasis on the use of music and gentle exercises to promote people's health and well-being.
- Changes had been made to the environment to provide additional activities to people in line with their requests. A room which was previously not regularly used had been converted into a cinema room which was frequently used by people in the evenings. People told us they enjoyed this new addition to the service.
- The service had a group of committed volunteers who visited the service weekly to support people going out and to spend time with people on a one to one basis. Family members were also encouraged to be involved in activities. One relative had recently been on an adventurous trip overseas. They were invited to show their slides and talk about their experience which was well attended.

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.

- Staff understood individual communication needs. Staff were able to describe how different people communicated in different ways including verbally, in writing, through gestures and the use of communication aids. We observed staff interacting effectively with people using their preferred communication methods.
- Where appropriate people had a range of equipment available to them such as amplification aids and various touch pad communication systems. One person had expressed they preferred to read things on their computer and information was therefore emailed to them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a complaint and felt their views would be listened to. One person told us, "I have had to make a complaint and it was sorted quickly." Another person reflected that staff listened to them and rectified any small concerns with them. They told us, "I know the manager is there, but it wouldn't need to get that far if I needed to complain, but I haven't needed to." One relative told us, "If I needed to complain, I would go to the manager."
- The provider had a complaints policy which gave details of how people were able to raise a concern and how they could expect this to be dealt with. This information was displayed in communal areas as a reminder to people and their relatives.
- The registered manager maintained a complaints log which showed that any concerns raised had been responded to in line with the policy. Complaints were also reviewed by senior managers to ensure that appropriate action had been taken. Regular reviews of concerns took place to check for any themes or repeated concerns.

End of life care and support

- The service had received many thank you messages from relatives regarding the support received by their family member at the end of their life. One relative had said, "It's difficult to put into words our appreciation for the care, love and support given to (name) during her time at Corrina Lodge, particularly the last couple of weeks prior to her passing. Indeed the care and support for us all, from each and every member of staff was amazing and very much appreciated."
- End of life care plans were discussed with people and their relatives and contained basic information regarding where the person would like to be cared for and their further wishes. The registered manager acknowledged that additional personalised details would be beneficial and assured us this would be implemented. We will check the effectiveness of this during our next inspection.
- Staff received training in supporting people at the end of their life. Nursing staff had received training

specifically on supporting people to remain comfortable and pain free at this time.

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 Requires Improvement. At this inspection this key question has now improved to Good.

At our inspections in August 2018 and March 2018 we found there was a lack of management oversight of the service, that quality assurance systems were not always effective in identifying concerns and that records did not always contain the most up to date information. At this inspection we found improvements had been made in all areas and there was an emphasis on continued development and improvement.

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

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

- A new registered manager had been appointed to the service since our last inspection. People and their relatives told us they felt this had had a positive impact on the service. One person told us, "I think he is very efficient and friendly; he is on the ball. He says his door is always open." A second person said, "He's the best manager we've had here." One relative told us, "The manager is so good. What he says he does. The families are always included."
- Staff told us the registered manager had brought new ideas and motivation to the staff team. One staff member told us, "He's brilliant, a very good leader and open. I can talk to him about anything. Moral has lifted big time and staff are back to being happy." A second staff member told us, "I feel that if there is a problem I can go to (registered manager) and he will deal with it, he has been a breath of fresh air and I feel confident that I can speak to him whenever I needed his support."
- The registered manager demonstrated a commitment to promoting a culture of person-centred care throughout the service. They had a good knowledge of everyone living and working at Corrina Lodge and spent time each day around the service talking with people and their relatives. Staff also spoke about people, their needs, likes and life history with confidence.
- The values of the service were regularly referred to during staff meetings and the registered manager used creative ways to remind staff of the aims of the service. For example, when sending memo's to staff, links were made to how systems corresponded to the values of the service and impacted on 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

- The registered manager promoted an open culture and was transparent about any concerns or mistakes which had occurred within the service. One relative told us, "There was a mistake with medication and they let us all know straight away."
- Records showed that any concerns were shared with the staff team as a whole in order to promote

learning and understanding. The registered manager told us, "We have a very open and honest culture. We discuss significant events at daily heads of department meetings and these are then shared with staff. I want a culture where staff feel free to share anything and feel unjudged."

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

- A series of audit and quality checks were completed regularly to monitor the quality of the service provided. This included the monitoring of care records, medicines management, infection control, activities and catering services. In addition, a monthly clinical risk meeting was held to discuss how risks to people's well-being were being addressed and ensure appropriate action was being taken. This had led to people's health care needs being addressed more consistently.
- The registered manager told us they believed staff had developed greatly and were motivated to continue to improve their practice. The providers PIR stated, 'Our objectives for the next 12 months are to consolidate and sustain the changes we have made since our last inspection. Some of these changes will not happen overnight but we must embed a culture of improvement and leadership driving this.'
- The provider's training and development team continued to spend time observing practice and mentoring staff. The registered manager was also conscious of this when speaking with people. Where concerns were identified these were either addressed individually or with the staff team as a whole. For example, the registered manager had identified that some of the language used by staff wasn't always person-centred. They had worked with the staff team to recognise this and significant improvements had been noted.
- The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.

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

- People, relatives and staff were encouraged to take an active role in the continued development of the service through a variety of different forums. A residents committee had been formed and had been provided with a budget to be used for different activities or events. A resident advocate had also been appointed to feedback any ideas or concerns. As a result of these initiatives the garden area had been changed to make it more accessible and plants attracting bees and butterflies used. A physiotherapist had been employed for up to 12 appointments each week to support people individually.
- The registered manager had told us in the provider information return, 'The format of residents and relatives' meetings have changed and are more interactive and discursive rather than information giving.' We found this to be the case. Resident and relatives had asked that the times of the meetings had changed to enable relatives who were working to attend in the evenings. Discussions recorded were open and people were encouraged to feedback on improvements or concerns they had noted. Social events such as parties or quizzes were planned following meetings to allow time for people and relatives to get to know each other socially.
- Forums were also held to discuss catering and activities and people's preferences were taken into account and incorporated into activity and menu plans.
- The upper floor of the service was due to be refurbished. People, staff and relatives had been asked for their opinions on changes to the layout and décor. As a result, a coffee shop area and additional medicines storage have been incorporated into the design.
- Staff meetings were held regularly, and staff told us they felt able to speak up and make suggestions. Staff told us they felt valued in their roles and were regularly thanked by the registered manager, senior staff and people living at Corrina Lodge. One staff member commented within the staff survey that the registered manager, 'Recognises staff that go that extra mile, makes sure staff are well trained for the job and gives further chance to develop.' The registered manager had recently nominated a number of staff members for

awards as part of a local care providers network. This had led to a nurse working at Corrina Lodge being named as nurse of the year.

- The registered manager and senior staff attended a number of local forums and registered managers meetings within the local area. This enabled them to keep up to date with any changes in guidance and good practice.