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Cornelia Heights

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Cornelia Heights is a residential care home registered to provide accommodation for up to 23 people, including people living with a cognitive impairment. At the time of our inspection there were 21 people living in the home.

We carried out an unannounced comprehensive inspection of this service in August 2016 where we identified the providers' were in breach of three regulations. They provided us with an action plan telling us they would be compliant by the 31 October 2016. However, since that inspection we received new information regarding concerns about staffing levels, medicine management and the management of people's nutritional risks.

As a result we undertook a focused inspection on 30 November 2016 to look into those concerns. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cornelia Heights on our website at www.cqc.org.uk

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

People and their families told us they felt the home was safe. However they did raise concerns over staffing levels. There was not always enough staff available to meet people's needs which meant that other staff were drawn away from the duties to provide support to the care team.

People and their families told us they felt the service was not well-led. There was a tension between the providers' and the management team. Both the registered manager and the deputy manager expressed concerns over the intrusive management style of the providers and expressed their frustration at not being able to manage the home. Care staff were aware of the tension between management and the providers and this was affecting their morale and work ethic.

Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and the environment were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. The risk to people of malnutrition and hydration was managed effectively and people were supported to have enough to eat and drink.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence

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.

Although, staff were rushed and had limited time to interact with people, there were enough staff to meet people's basic needs and recruiting practices ensured that all appropriate checks had been completed.

The registered manager had assessed risks in respect of the environment and people's health and had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a tension between the providers' and the management team which was impacting on staff morale and the service people received.

People and their families had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

Cornelia Heights

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The inspection was unannounced and was carried out by two inspectors on 30 November 2016. It was a focused inspection because of concerns we had received regarding staffing levels, medicine management and the management of people's nutritional risks.

Before the inspection, we reviewed the information that we held about the service including previous inspection reports, the providers' action plan from the previous inspection and notifications. A notification is information about important events which the service is required to send us by law. We also spoke with two care professionals who had recently visited the home.

During the inspection we spoke with five of the seven people living at the home and engaged with a number of others who communicated with us verbally in a limited way. We also spoke with three relatives who were visiting the home. We observed care and support being delivered in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We met with one of the providers and spoke with five members of care staff, the cook and the registered manager. We also spoke with the deputy manager by telephone.

We looked at a range of documents including care plans and associated records for five people using the service, staff duty records, accidents and incidents records and quality assurance records.

We looked at care plans and associated records for seven people using the service, staff duty records, four staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People told us and indicated they felt safe. One person said, "I think I'm safe". However, we received mixed views from people and their families about the level of staffing about the level of staff working at the home. People and their families comments included; "There seems to be enough staff but they are always on the go and under pressure", "Staff usually come quickly, but it depends what other tasks they need to do", "The staff are under so much pressure" and "Most of the time there is enough staff, from what I have seen there is good quality care and [my relative] is looked after really well". Other comments from people's families included, "Staff come in and out [of their relative's bedroom] regularly to check on my relative" and "I would like the staff to have more time to spend with my relative, [who is cared for in bed]. I worry that he gets lonely, staff never have time to just sit with him".

The registered manager told us that staffing levels and the staff rotas were managed by one of the providers and they were outside of her control as the registered manager. There was a heavy reliance on being taken away from non-care duties to provide care to people living at the home. For example on the day of our inspection a person had been taken off of the normal domestic duties to become part of the care team, which meant that their cleaning duties were not carried out. They told us this was a frequent occurrence. Both the registered manager and the deputy manager told us that they had regularly had to come away from their managerial roles to become part of the shift providing care. A member of staff told us, "There is never enough staff, we were short before we started today. People don't get neglected, they do get their basic care needs but we never have time to just sit and talk to them. Sometimes though if someone wants a bath in the morning we have to put them off to the afternoon when there should be more time". Another member of staff said, "The provider and the [registered] manager and deputy are really hands on so that helps". Other comments by staff included, "People get the care they need but no extras", "We are all stressed at the moment" and "The people miss out on interactions". Although staff were rushed we did not observe any impact on people using the service as a result of staffing levels. We observed staff responded to call bells and activated chair alarms quickly. Staff were frequently in and out of the communal area and the people were not left alone for more than a few minutes. When staff did interact with people, these were positive, they were kind and caring and we heard friendly banter between the staff and residents. We raised our concerns regarding staffing levels with the provider who agreed "They are light because staff have left". They agreed that there was a need for an extra member of staff, particularly covering the morning shift. They subsequently informed us that responsibility for managing the home's staff requirements had been fully passed to the registered manager. This would allow them to be more dynamic in their response to short term absences.

The provider had a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

At our previous inspection in August 2016 we identified that the provider had failed to ensure that unexplained bruises were investigated appropriately. At this inspection we found that people experienced

care in a safe environment because the management team identified and responded to safeguarding concerns, and staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received appropriate training in safeguarding. Staff knew how to raise observed concerns and to apply the provider's policy. One staff member told us "If I had a concern I would go to the registered manager or directly to the local authority team if I needed to". Another staff member said "I wouldn't hold back and would always report any concerns I had. I know the manager would respond but if I needed to I would contact the safeguarding team".

At the last inspection in August 2016 we identified that the provider had failed to assess and manage risks to people using the service. At this inspection we found that people were protected from individual risks in a way that supported them and respected their independence. The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. Staff had developed caring and positive relationships with people and were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring. Staff were attentive to people and checked whether they required any support. Accidents and incidents were monitored to identify trends and risks to individuals. For example, one person was identified as being at risk of falling when they got up out of a chair. The provider had obtained a pressure cushion to alert staff when this person was moving. The provider had identified risks relating to the environment and the running of the home and had taken action to minimise the likelihood of harm in the least restrictive way.

Risks relating to food and nutrition were managed effectively. Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. Meals were appropriately spaced and flexible to meet people's needs. People were offered a choice of hot meals. Drinks, snacks and fresh fruit were offered to people throughout the day. People and their families comments included, "The food is good, and I get plenty of it" and "They get plenty to eat and drink"

People received their medicines safely. Staff had received appropriate training and their competency to administer medicines had been assessed. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given. There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Systems were in place to ensure prescribed topical creams were applied where required. The dates that topical creams containers were opened were recorded, including the date these should be discarded. This would help ensure people received these safely. Staff supporting people to take their medicine did so in a gentle and unhurried way and waited until their medicines had been taken before moving on. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire. Fire safety equipment was maintained and tested regularly. An emergency bag and file had been prepared, containing contact details for staff and management out of hours, together with personal evacuation plans for people. These included details of the support people would need if they had to be evacuated in an emergency. Staff had been trained to administer first aid.

Requires Improvement

Is the service well-led?

Our findings

People and their families told us they felt the service was not well-led. A family member said, "I think the management is pretty weak. It feels like there has been a 100% turnover of staff recently". During the inspection there was clear evidence of tension between the management team and the providers. Both the registered manager and the deputy manager expressed concerns over the intrusive management style of the providers. For example, one of the providers had taken responsibility for recruiting staff, creating the duty rotas and was responsible for completing the supervisions of all of the staff in the home. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Both the registered manager and the deputy manager expressed their frustration at not being able to manage the home day to day, including staffing arrangements.

Care staff were aware of the tension between management and the providers and they said this was affecting their morale and work ethic, which impacted on how they supported people within the home. Observations and feedback from staff showed the home's management team had a positive and open culture. Staff spoke positively about the registered manager and confirmed they were able to raise issues and make suggestions about the way the service was provided. However, there was uncertainty as to whether this would be acted upon by the providers.

People and family members were given the opportunity to provide feedback about the service provided through residents meetings and a quality assurance survey. We looked at the results of the last survey which was completed in September 2016, which was predominately positive.

We raised our concerns regarding the impact about the providers' management style with one of the providers and the registered manager. The provider accepted that there had been a breakdown in the relationship between provider and registered manager but said they would work towards resolving the issues. They subsequently informed us that responsibility for managing the home had been fully passed to the registered manager.

At the last inspect in August 2016 we found the provider did not have an effective system in place to assess, monitor and improve the quality of the service. At this inspection we found There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The provider carried out their own quality assurance process and provided documentary feedback of their findings to the registered manager. These included observational checks in line with the fundamental standards of care. The registered manager carried out regular audits which included infection control, the cleanliness of the home, medicines management, care plans, accidents and incidents. There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures, the medicine cupboard temperatures and fire safety. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

The home had a whistle-blowing policy which provided details of external organisations where staff could

raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

At the last inspection in August 2016 we found that the provider had failed to notify Care Quality Commission (CQC) of significant events. At this inspection we found the provider and the registered manager understood their responsibilities and were complying with the need to notify CQC of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the reception area and on the provider's website.