

Peninsula Care Homes Limited

Cornerways

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cornerways is a care home providing accommodation for up to 50 older people, including people living with dementia. At the time of the inspection there were 33 people living at the home.

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

People and their relatives told us there were enough staff. Our observations confirmed the service had enough staff to meet people's needs. During the inspection, call bells were answered in a timely manner and staff did not look rushed. Staff told us there were enough staff to meet people's needs.

The registered manager had been in post since June 2021, during their time in post the registered manager had made changes to how the service was run and how people received their care. Staff told us the registered manager was supportive and included them in decisions about any changes.

The leadership team had quality assurance systems in place which were used to drive improvement. We found risks in relation to nutrition, dietary requirements, falls and pressure care had been identified, and there were management plans in place to reduce these risks.

We found people were protected from the risk of acquiring infections and the service was clean. Personal protective equipment was readily available, and all staff were following the latest infection prevention and control guidance.

We have made recommendations about the management of some medicines and one aspect of the quality assurance process for medicines.

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

Rating at last inspection

The last rating for this service was Good (published 5 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about leadership, person-centred care, scalding, medicines management and personal care. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm on this concern. Please see the Safe and Well-led sections of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cornerways

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by one inspector, an assistant inspector and two Expert by Experience's. 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, senior care workers, care workers, the activity coordinator, domestic staff and the chef. We spoke with two professionals who were visiting the service.

We reviewed a range of records. This included 12 people's care records and multiple medicines records. We looked at three 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 improvement plans and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- In the majority of cases, there was accurate recording of the administration of medicines. However, we found examples of where some controlled medicines had not been recorded in line with current legislation. We checked the balances for these medicines and were satisfied that this was a recording issue and that people had received their medicines as prescribed.
- Some medicines once opened must be used within the manufacturer's expiry date. Although in the majority of cases we saw opening dates, we also saw two examples of this not taking place. By recording the opening dates, staff would have known when the medicine was due to expire.

We recommend the provider consider The National Institute for Health and Care Excellence (NICE) guidance on the safe use and management of controlled drugs (NG46) and The NHS guidance on medicine expiry dates.

- During the inspection we observed staff administering medicines safely. Relatives told us people received their medicines as prescribed. One relative said, "I am happy that my (person's name) medications are managed properly".
- People with occasional use medicines, such as 'when required' medicines, had protocols in place to support staff to refer to the GP when necessary.
- Staff had been trained in administering medicines and had their competency checked regularly.

Assessing risk, safety monitoring and management

- Records showed where people had been identified as at risk of falls, risk assessments had been completed and there were risk management plans in place. Staff were familiar with and followed people's risk management plans.
- People's risk assessments included areas such as mobility, pressure care and specific health conditions. Where risks were identified staff followed the guidance in people's risk management plans.
- People who were assessed as being at risk of malnutrition and dehydration had food and fluid charts completed and people were being regularly reviewed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at the service. One person told us "No fears whatsoever. It's just the way everybody is, the help they give you. If you need anything there's no problem, no fuss, it just happens". A relative said, "(Person's names) knows he is being looked after and tells me he's in the best place".

- Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Staffing and recruitment

- We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. A staff member told us "Yeah, I would say most of the time there is enough staff, sometimes we have people calling in sick and we will have agency in but I think it's pretty good most of the time". A relative told us " There's always somebody around. There's always a member of staff with people in the lounge area and when they're sitting outside".
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded to ensure action was taken to minimise the risk of reoccurrence.
- The registered manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at meetings and on an individual basis.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Overall, there were strong governance arrangements in place. Both the registered manager and provider recognised the importance of systems being effective to strengthen the quality of the service that people received.
- However, the concerns we found in relation to medicines had not been identified because they had recently adapted their auditing system.

Therefore, we recommend that the provider reviews their audit process in respect of medicines management.

- The registered manager was clear about their responsibilities for reporting to the CQC. Staff were also clear about their responsibilities and the leadership structure.

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

- People were given opportunities to contribute feedback and ideas regarding the running of the service. People and staff told us the leadership team got involved in the day to day running of the service.
- Staff were extremely complimentary of the support they received from the registered manager. One staff member said, "(Registered Manager) has needed to find her feet in getting to know the home, residents and staff. I think she is doing really well. She listens and she is open to anything you have to say whether it is good or bad or if you just want a moan. She will take it all on board and she involves herself with the residents on a daily basis".
- Relatives told us the service was well run. Comments included "The new manager has been a breath of fresh air", "She's very approachable", "Ultra-impressive, absolutely something else" and "I've found her quite straightforward and honest".
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience and safety. For example, the registered manager and provider had identified a risk in relation to some of the staircases in the service. We saw that plans were being developed to mitigate this risk.
- The registered manager had developed a service action plan. Action was taken to address any identified issues. The leadership team at Cornerways had a clear vision of how they wanted the service to run and put people at the centre of what they did.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities and acted in accordance with the duty of candour.

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

- Staff told us that they were involved in the development of the service, through discussions at staff meetings and handovers.
- People and their relatives had opportunities to provide feedback through surveys. People and their relatives also had opportunities to raise any comments via an open-door policy at any time.
- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely and in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.