

Amore Elderly Care Limited

# Coundon Manor Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Coundon Manor is a care home and is registered to provide personal and nursing care for up to 74 older people. At the time of our inspection 43 people lived at the home and one person was in hospital. Accommodation is provided in a purpose-built home across two floors. One floor provides specialist care to people who live with dementia.

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

Risks associated with people's care were not consistently assessed and well managed. Medicines were not always managed safely and in line with the providers policy. Despite these shortfalls, people felt safe living at Coundon Manor. Staff were recruited safely, and enough staff were on duty to meet people's needs and provide safe care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People provided positive feedback about the food and staff knew what people liked to eat and drink and understood people's dietary requirements.

Quality assurance checks were not always effective and robust enough to provide effective oversight of the service. As they had failed to identify the issues we found, such as gaps in the call bell audits.

A service improvement plan was under constant review, while the provider had addressed some of the concerns raised at our last inspection. Further improvement was required, to ensure people consistently received safe care and support. New systems and processes introduced also needed time to fully embed to ensure they were sustained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 July 2022) and there were breaches of regulation. The provider had received a warning notice following the last inspection and they had to be compliant with this. The provider was also required to send us an action plan telling us how they would improve and by when. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The overall rating for the service has remained requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

We undertook this focused inspection to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Coundon Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to people's safety and the governance of the service. We found the provider failed to meet the warning notice we issued at the last inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Coundon Manor Care Home

## 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 Health and Social 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

The inspection team consisted of two inspectors, a specialist advisor and an Expert by Experience. Our specialist advisor was a registered nurse who had expertise in supporting older people and people living with dementia. 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

Coundon Manor 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. An interim agency manager was supporting the home whilst active recruitment was taking place. They were unavailable during the inspection.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since they registered with CQC and sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually 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 seven people who lived at Coundon Manor Care Home and five people's relatives to find out what it was like to live at the home and to gather their experience of the care provided. We spoke with 17 members of staff including the managing director, the operations director, the quality manager, nurses, senior care assistants, care assistants and the housekeeper. We carried out general observations of the way people were supported.

We reviewed a range of records, including five people's care records. We looked at three staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.



# 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 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection, the provider's systems to manage risks relating to the health, safety and welfare of people were not effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been made and there was a continued breach of regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks associated with people's care were not always well managed. For example, staff had failed to follow instructions to ensure risks were mitigated for two people with diabetes. These people required their blood glucose levels to be monitored, if this exceeded a certain level, their ketone levels needed to be checked. Ketones are harmful substances that can build up in the body, if it starts to run out of insulin. We identified ketone checks had not taken place as required which posed a significant risk to their health. The nurse took immediate action and these checks were put into place before we left.
- Some people were at risk of developing sore skin and required staff to regularly change their position to mitigate this risk. Records showed people were not always repositioned in line with their care plan which placed people at increased risk of skin breakdown.
- Some people were prescribed creams to be applied directly to their skin. Some records did not show these creams had always been applied by staff as prescribed. This meant people's skin integrity was compromised.
- Medicines were not always managed safely. Records for two people who were prescribed 'as required' medicines had pre-populated times entered on them. This was unsafe practice, as increased the risk of people being given too much of these medicines.
- We identified two discrepancies for two people between the medication administration and stock balance records which confirmed they had not received their medicines correctly. This placed their health at unnecessary risk.
- In the medicines trolley we found insulin which had not been dated, when opened. The provider could not be sure that this insulin had not exceeded its 28-day shelf life and remained effective. We highlighted this to the nurse who replaced it immediately.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate risks associated with people's care were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Completion of hourly safety checks identified within people's risk assessments had improved since our last inspection.

- Care plans and risk assessments had been reviewed and were up to date.

## Staffing and recruitment

At the last inspection there was insufficient numbers of qualified staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were available when people needed them during our visit and people's requests for assistance were responded to promptly.
- Relatives told us staffing levels had improved. One relative told us, "I've seen a steady increase of staff and seen them having an induction. They appear knowledgeable in what they are doing and about my relative's needs."
- Staff were recruited safely in line with the providers procedures.
- The provider told us they are currently recruiting to fill their vacancies and book regular temporary staff supplied by an agency to provide continuity for the people living at the home.

## Learning lessons when things go wrong

- Some improvements had been made following our last inspection. However, further improvement was still needed to demonstrate people consistently received safe care.
- Staff recorded accidents and incidents for the management team to review. However, some records lacked detailed information to fully describe what happened and the actions taken to mitigate the risk of a reoccurrence. We brought this to the attention of the operations director who told us they would address this at the next staff meeting.

## Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I feel safe, staff come quickly when I use my call bell, to help me." Another person said, "I feel safe, it's quite a good place. I'd tell someone if I was worried."
- Five relatives told us people were safe living in the home. One said, "I'm confident my relative is well looked after. Staff appear knowledgeable on how to support them safely." Another said, "My relative receives very good care from the staff, we know they are safe."
- Most staff had attended safeguarding training and understood their responsibilities in relation to this.
- The provider understood their responsibility to report concerns to the local authority and to us, CQC, to ensure any allegations or suspected incidences of abuse were thoroughly investigated.

## 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

The provider facilitated visits for people living in the home in accordance with current 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to work within the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

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

- The service was now working within the principles of the MCA. People had been correctly identified as having their liberty restricted and the appropriate DoLS applications had been made.
- Relatives felt their family member had their choices respected by staff. One person told us, "During my visits, I see and hear staff speaking to all the residents fondly, in a reassuring way. They do offer them choices and listen to what the person wants."
- Staff understood the principles of the MCA and provided care and support in the least restrictive way.
- Records reflected people's choices and capacity assessments were in place where needed, for example, the covert administration of medicines (this is when medicine is hidden, for example in food or drink).

Staff support: induction, training, skills and experience

- Staff training and competency checks had improved since our last inspection. However, further improvement was required to ensure all staff, including agency staff have the training and skills needed to

provide effective care. The provider addressed this by considering the skills and competencies of staff before allocating them duties and scheduled dates for training were also in place.

- All new staff, including agency staff received an induction before working unsupervised.
- Staff told us, their training and support from the management team had improved. One staff member said, "Things have got a lot better; management are spending time on the floor observing care practices and listening to staff. We are all working hard, as a team to address the issues and give the best care to the people that live here."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed prior to moving to the home to ensure their needs could be met.
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and understand their needs.
- People had access to a range of health and social care professionals to support their health and wellbeing. One person told us, "I speak to the GP they come here to see me."
- One relative said, "Staff are alert to any changes in [Person's] health or presentation and they do arrange for the professional to come and see them, like the GP."

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

- People told us they enjoyed the food. One person said, "It's very good, plenty of choice."
- Relatives confirmed choices were offered. One relative said, "If [Person] doesn't want the meal, they will offer a sandwich, soup or some finger food based on their favourites to encourage them to eat."
- People were shown lunch options on display plates to support them to make a choice.
- Staff had a good understanding of people's dietary needs and followed recommendations made by health care professionals. For example, staff told us which people needed fortified meals. This is food that has extra nutrients added for people at risk of malnutrition.

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

- Further consideration was needed to ensure the environment met people's needs, particularly the needs of people living with dementia. The operations director told us they were exploring ways to enhance the environment.
- People were encouraged to personalise their rooms. Some people had photos of their family members and others had special items from home to ensure they felt comfortable in their surroundings.
- The provider had identified some areas of the home for re-decoration and this was underway at the time of our visit.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, the provider had failed to ensure governance and service oversight was effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17. The provider failed to meet the warning notice we issued at the last inspection.

- The provider had not taken all the actions required to demonstrate people always received high quality, safe care and support. The continued breach of some of the regulations demonstrated further improvements were needed
- The management team had not ensured the care and support people received was consistently safe. For example, staff's failure to follow guidance to manage people's diabetes safely. This placed people's health at significant risk.
- Managerial oversight of the home required further improvement to ensure people consistently received effective care and achieved good outcomes. For example, checks of care records had failed to identify people were not always supported to reposition in line with their risk assessments or had their prescribed creams applied, as directed. This placed people at an increased risk of skin damage and opportunities to drive forward improvements had been missed.
- The provider's systems and processes to monitor the service were not always effectively operated or embedded. As they failed to identify the issues, we found in relation to the management of medicines. For example, the unsafe practice of entering pre-populated times for 'when required' medicines. This placed people at risk of harm as they could be given too much of their 'as required' medicines.
- Environmental checks had not always taken place in line the providers expectations. For example, call bells audits had not been completed during June and July 2022 and the emergency lighting had not been checked since the 30 May 2022. These shortfalls were highlighted to the management team, who arranged for these checks to be completed, the next day.
- We acknowledge the management team had made some improvements and addressed some of the concerns raised at the last inspection. However, further improvements are required to ensure people

consistently receive safe care and support.

We found no evidence that people had been harmed. However, the provider failed to make enough improvements to the service to comply with regulations and the warning notice we issued. Governance and service oversight were not always effective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives spoke positively about the staff and improvements since the last inspection. One person told us, "The staff are good, they get on with what they need to, and I don't wait long." A relative said, "I can't praise this place enough, the staff are so kind, the communication and staffing numbers have also improved."
- Staff morale had improved since our last visit. Staff told us, "We feel listened to, supported and valued by the managers." Staff received guidance and support to fulfil their roles through individual and team meetings.
- The provider was actively trying to recruit a permanent registered manager. Day to day management support was provided by the operational director, interim clinical lead and a new interim manager who had been in post for nearly two weeks.

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

- The operations director and managing director understood the need to be open and honest when things went wrong in line with their responsibilities under the duty of candour.
- Throughout the inspection visit the senior management team were open and honest. They welcomed our inspection feedback and took prompt action to address some of the immediate concerns we identified. For example, the introduction of ketone checks for people with diabetes.
- Relatives confirmed they were kept informed. One relative said, "They always contact me, if anything at all changes." Another said, "I was contacted immediately when [Person] needed to go to hospital."
- Relatives told us they had regular opportunities to provide feedback about the home through 'engagement' phone calls and felt their views were listened to.
- The management team had an improvement plan in place which aimed to continuously improve the service. The senior management team told us they were committed to drive forward the quality of the service provided at the home. The managing director said, "I think we have made great areas of improvement; it takes time to embed the changes and to recruit the right staff with the right values."
- The providers' policies and procedures promoted inclusion and diversity and reflected the Equalities Act 2010.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not ensure that risks relating to people's care needs and medicines management were safely managed.

### **The enforcement action we took:**

Issued a warning notice.