

Cornwallis Care Services Ltd

# Karenza 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?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Karenza Care Home is a residential care home providing personal care to up to 22 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 20 people using the service.

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

Prior to this inspection CQC had received a number of concerns regarding low staffing levels and poor care outcomes for some people.

There were not enough staff to meet people's needs, even with agency staff covering some shifts. Some people told us they were not always able to have a wash every day with staff support. Staff confirmed this.

The service were recruiting to vacant posts at this time. Appropriate processes in place helped ensure safe recruitment.

Nearly half of the people living at Karenza required the support of two staff for all care and support. There were only two care staff planned to work with one nurse on duty at night. Staff told us people did not always have their needs met in a timely manner.

Parts of the Karenza building were in need of attention. One person's room had areas where the plaster had fallen off the wall. The ensuite toilet was in a very poor condition. The main lounge double glazing was in need of replacement and people's view of the grounds was obscured by moisture within the windows. This was reported to the provider.

The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.

People received their prescribed medicines in a safe way. Staff used an electronic medicines management system to record all administrations. Regular medicine audits were taking place.

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.

Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance. Guidance in care plans guided staff to help build independence wherever possible.

Identified risks were assessed and monitored. Care plans contained guidance and direction for staff on how to meet people's needs and reduce risks.

Care plans were electronic and contained current guidance and direction for staff to meet people's needs. Care plans had been recently reviewed.

The food provided at Karenza was delivered pre-prepared by an external company. People's feedback about the food was mixed. Staff were available to support people with their meals where needed.

The manager had only been in post for a few weeks prior to this inspection. They had already carried out audits and begun to review every care plan personally.

The manager and the provider had oversight of the service. An audit programme was in place to help identify any areas of the service that may require improvement. However, the poor standard of décor in parts of the service had not been addressed in a timely manner.

The manager had contacted people's families by letter to introduce themselves and invite them in to Karenza to meet and seek their views. Staff were being met with to address any immediate issues or identify any improvements needed. Staff confirmed things had begun to change for the better.

The manager understood their responsibilities under the duty of candour. The manager and the staff worked with local health and social care professionals to meet people's needs.

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

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 May 2022. Breaches of legal requirements were found in relation to staff support, premises and management oversight.

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection.

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

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.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Karenza 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 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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

Karenza Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

#### Registered manager

This provider 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. A new manager had been in post for three weeks. They had not submitted an application to register at the time of this inspection but were planning to do so.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service such as notifications. We used information sent to us by the provider in their PIR. A PIR is information providers send us to give some key information about

the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed 3 people's care plans and risk assessments. We reviewed all the staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with 10 people who lived at Karenza Care Home, 5 staff, the manager and the training, recruitment, and development manager. We also spoke with 2 relatives. Following the inspection, we spoke with the provider.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question 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.

### Staffing and recruitment

- Before this inspection we had received concerns regarding staffing levels and poor outcomes for some people at Karenza. The local authority safeguarding unit had called a multi-disciplinary meeting to discuss these concerns.
- Staff were required to work 12 hour shifts from 7am – 7pm. During the day four care staff and one nurse were on the rota. However, staff told us that four staff were not always present for the entire shift during the day. At night there were 2 care staff and a nurse on duty. With nearly half the people at the service requiring the support of two staff for all care and support, and the nurse occupied with the administration of medicines, it meant that once the 2 staff were supporting a person there was often no one left to respond, in a timely manner, to anyone else needing assistance.
- Staff told us, "On the rota today it looks like there are four of us, but out of the four, one doesn't start till 7.30am and one does not arrive till 9am. So, for the first hour or so there are not four staff. Then one goes home at 2pm, then we are short again. Nearly half of our residents need two staff to help them with everything, we cannot do it all" and "We don't have time to shower people, we are lucky if we have time to wash them sometimes."
- There were not always enough staff employed and on duty to meet people's assessed needs. There was only one member of staff working in the kitchen and one member of staff covering all the laundry and cleaning requirements for the entire service, six days a week.
- The new manager was recruiting one new member of staff for the kitchen and a new carer. Following the inspection visit, they also informed us, that an activities coordinator had been recruited from a sister service.
- During the inspection we saw staff tried to be responsive to requests for assistance and recognised when people needed support. However, staff told us they were short of staff, and they could not always meet people's needs in a timely manner.
- People told us they did not always get support with their personal care every day. Comments included, "I don't always get a wash. I can do somethings for myself, but I need help with other areas, and they just don't have time," "I have to do what I can for myself, it's not great. I don't get a wash every day," "They are short staffed; it takes ages for them to come when I use my call bell" and "We sometimes wait up to ten minutes for someone to come when we use the call bell".

The failure of the provider to ensure there were adequate numbers of staff to meet the assessed needs of the people living at the service was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. This included pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider followed safe processes to make sure staff recruited were of good character and had the skills and knowledge to carry out their role safely.

#### Assessing risk, safety monitoring and management

At our last inspection we recommended that the provider strengthened their monitoring systems regarding risk and reviews. One person was at risk of choking and their risk assessment and care plan had not been updated to take account of this risk.

At this inspection we found no one was at risk of choking. All care plans and risk assessments had been recently reviewed.

- Staff were aware of people's risks and how to keep them safe. We observed staff assisting people to move using a variety of aids. Staff were competent in managing this and treated people with dignity and respect whilst undertaking these tasks.
- Risk assessments provided guidance for staff about how to manage people's care safely. They covered areas such as skin integrity, personal care, behaviour's and falls. Staff recorded when they monitored people in line with the guidance in the care plans. The manager had an electronic screen providing them with a real time overview of all care being provided.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

#### Using medicines safely

At our last inspection we recommended that the provider introduces a system of ensuring that staff responsible for medicines were competent.

At this inspection, we found staff who administered medicines had undertaken a competency check.

- Staff used an electronic medicines management system when administering prescribed medicines.
- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Some people were prescribed medicines to be taken when required. Staff knew when to administer these medicines according to the guidance provided in the protocols.
- External creams and lotions to maintain people's skin integrity were applied during personal care. However, these creams were not always dated when opened. This meant it was not always possible to establish when the item should be disposed of. We were assured that the medicine audit would include this check each month going forward.

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

- The service had effective systems in place to protect people from abuse.
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns



they had to the management team.

- The staff team was aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Preventing and controlling infection including the cleanliness of premises

- 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.

Visiting in care homes

The service was supporting visits from friends and families. Protocols were in place should there be any disruption due to COVID-19 outbreaks

Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The manager told us they would be aware of any complaints or concerns raised. No complaints were in process at this time.

# 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 we have rated this key question requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we found the failure of the provider to provide suitable storage space at the service was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that a room was being used to store equipment, continence products and other items. There was little clutter in the corridors or communal areas. This meant the service was no longer in breach of regulation 15 for this reason. We did however find other concerns with the premises and a breach of regulation 15 remains in place.

- One person's room and ensuite was in poor condition and needed repair and redecoration. Plaster was exposed in a number of areas. The provider accepted that this room needed attention and we were given assurances that they were taking steps to address the matter.
- Large sliding double glazed doors leading from the main communal lounge to the garden were badly obscured by moisture between the panes. People could not see through these doors easily. Other windows in the service also needed repair due to moisture between the panes.

The failure of the provider to maintain the premises to a satisfactory standard is a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Dementia signage had been provided to help orientate people to their surroundings.
- Some people had personalised their rooms with familiar items and photographs.

Staff support, training, skills and experience

At our last inspection we found the provider had failed to ensure all staff received appropriate professional development, supervision and appraisal. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found staff were receiving supervision and they were no longer in breach of this part of regulation 18.

- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place between staff and their managers. The new manager had started to meet with the staff to initially deal with any concerns or issues.
- Staff had received required training. Staff confirmed they were prompted to attend updates when they became due.
- There was an electronic system that recorded staff training. This information was monitored by the provider.
- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently.
- Staff felt they were well supported by the new manager. Comments included, "Things appear to be getting better with the new manager, they have only been here a few weeks, but I raised something that is being dealt with, so that is good" and "I have been told by other staff that things are getting better, staffing wise, but it has been very difficult for a while now."

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

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Needs assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support to people.
- People, their families and relevant health and social care professionals were all involved in creating the care plan which helped ensure that the person's needs were understood and could be met.
- Staff and managers at Karenza Care Home were keen to provide the best care and support people well.

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

- Feedback from people about the food was mixed. Some enjoyed it, some did not. Some people commented that their food was sometimes delivered cold to their room. They told us, "My food is often cold," "The cook is fantastic" and "The cook is terrific, but the quality of food can vary at the weekends when they are not always here and can be too cold for us". This was raised with the cook who assured us this would be investigated. The manager confirmed that a new staff member for the kitchen was in the process of being appointed.
- People's preferences and dietary requirements were recorded in their care plan. Staff supported people with their meals where required.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. The new manager had already completed an audit of people's weights. People were regularly weighed, and action was taken if any unplanned loss was noticed.

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

- The provider had given the local authority and CQC notice that Karenza was to cease being a nursing home but continue to provide residential care only. The service was working closely with health and social care professionals to transfer people who needed nursing care to another service. This change will reduce the dependency levels of people living at Karenza.
- Staff referred people to other professionals when their needs changed. Tissue viability nurses were regularly supporting the service with any skin concerns.
- Care plans contained records of health and social care professionals visits to people.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in accordance with the requirements of MCA. Staff took the least restrictive option when supporting people. They sought people's consent before they delivered care and support to them.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interests.
- The manager had records of appropriate applications made to the DoLS team. There were no authorised restrictions in place at the time of this inspection.

# 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. At this inspection we have rated this key question 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

At our last inspection we found the failure of the provider to ensure there were effective systems in place for people's views to be sought and that quality assurance systems were effective was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the new manager had addressed this part of the breach and taken steps to improve the quality assurance at the service. However, the provider had not taken effective action to address the concerns found at this inspection. The service remained in breach of regulation 17.

- The provider and manager were aware of concerns identified at this inspection. However, there had not been effective action taken to address the concerns with the premises or identify how the staffing levels had impacted on the quality of care received. Opportunities to improve the service had been missed.
- Some staff told us they would not wish to have a loved one live at Karenza under the current staffing levels. They told us, "I would not want any of my family to come live here until we get more staff. We cannot give them everything they need" and "I would not be happy with one of my family not having showers."

The failure of the provider to ensure they effectively assessed, monitored and improved the quality of the service provided, was a repeated breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The manager had quality monitoring systems in place. There was an audit programme being completed which was monitored by the provider. The manager was being supported in their first few weeks in post.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. Staff told us the new manager provided effective and supportive leadership to the staff team and their individual roles and responsibilities were well understood.
- Important information about changes in people's care needs was communicated at staff shift handover meetings.
- The provider had worked with health and social care professionals to address concerns raised to the local authority safeguarding unit prior to this inspection.

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

- The new manager had written to all the families of people living at Karenza to introduce themselves and invite them to come into the service to meet in person or make contact by phone to raise any issues they may have.
- A residents' meeting and staff meeting were planned by the new manager. Staff and people told us they could speak with the new manager if they had any concerns.
- People commented, "We are asked for our opinions about our care and our daughter takes an active part" and "The home has been wonderful. I have had a letter from the new manager introducing herself."
- Staff had a good understanding of equality issues and valued and respected people's diversity.
- The service worked in partnership with health and social care professionals when assessing new people to move to Karenza, to ensure the service could meet their needs. This was evidenced in records we viewed. Records demonstrated appropriate referrals had been made to enable people to access health and social services when required.
- The provider had established good working relationships with professionals including health and social care professionals and commissioners of care.

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

- People who lived at Karenza were supported and encouraged to be as independent as possible. One relative told us, "The staff couldn't be kinder. I think the staff are capable and competent, they are able to tell us about how (Person's name) is doing when we call. We are kept up to date."
- Staff felt supported by the new manager. Their comments included, "Morale is ok, getting better," "I am happy here" and "The new manager is lovely."
- People's care plans and risk assessments had been kept under review. Daily records were recorded by staff. Where care plans directed staff to monitor specific aspects of people's care, we saw this was completed on the electronic system in a timely manner.

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 manager and the provider understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs, accidents or injuries.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Continuous learning and improving care; Working in partnership with others

- The manager was committed to ensure a culture of continuous learning and improvement was promoted.
- The manager and the provider completed regular checks on the quality of the service. However, they had not responded to people not always being supported to wash each day.
- Staff told us they were able to share their views and that the managers door was always open if they had to raise any issues. The new manager had already improved the staff morale.

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 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to adequately maintain the premises to a satisfactory standard.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to monitor, assess and effectively improve the quality of the service provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure there were always adequate numbers of staff to meet people's needs.