

Corton House Limited

Corton House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Corton House is a not for profit residential care home with charitable status and a Christian ethos providing personal care to 26 people aged 65 and over at the time of the inspection. The service can support up to 44 people. Accommodation is provided over two floors. Bedrooms have en-suite facilities and there are several communal spaces, including a communal lounge, garden room, activities room and dining room.

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

People were supported to stay safe. Risks to people, including environmental risks, were assessed and actions taken to mitigate them. Systems and processes were in place to safeguard people. There was enough staff to meet people's needs and staff were recruited safely. Medicines were managed and administered safely. Incidents, such as falls, were monitored and actions taken to help prevent reoccurrence. The environment was clean, hygienic, and well maintained. Measures to help prevent the spread of infection were taken.

People were supported to eat and drink enough. People's dietary preferences and needs were known and catered to. People's needs were supported in line with best practice guidance and legislation, this included in relation to people's individual health needs. The service worked alongside health and social care professionals to ensure people's needs were met. People were supported by trained and competent staff. Training had been delivered that was specific to people's needs in the service. 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.

A person-centred culture had been created through a range of systems which sought to involve people, capture and use their feedback. There was a clear governance structure in place, which included quality monitoring systems. The provider and registered manager were keen to provide the best service they could. A service development plan was in place to help continue to develop and strengthen the service. The service had long standing community links which they had retained. The service had also developed new community links for the benefit of people using the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 30 April 2020).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 March 2020. The service was rated requires improvement. This was the second time the service had been rated requires improvement.

We undertook this focused inspection to check the service had made improvements. This report only covers our findings in relation to the Key Questions, safe, effective, and well-led as these areas were rated requires improvement at the last inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Corton House on our website at 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 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Corton House

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 carried out by two inspectors 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

Corton House 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 the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, chair for the board of trustees, a trustee, the head of care, the head of catering, two care supervisors, and two care assistants. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider act to review deployment of staff and ensure consistent staffing levels. We made a second recommendation that the provider seeks advice and guidance from a reputable source on recruitment systems and checks. At this inspection the provider had made improvements.

- Safe recruitment practices had been followed. The provider had implemented a recruitment audit to ensure all checks and correct practices had taken place when appointing new staff.
- There was enough staff to meet people's needs. The registered manager had reviewed staffing levels in the home. More staff were on shift than their staffing tool allocated to allow for training and learning support to take place within the service. People and staff confirmed there was plenty of staff. One person said, "Yes, there certainly are enough staff. I don't have to worry about this as they come to you immediately when you call the bell."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people. Staff felt confident to raise any safeguarding concerns they had with the management team.
- Where safeguarding concerns had been identified, this had been responded to appropriately. This included reporting the concerns to other agencies.

Assessing risk, safety monitoring and management

- Staff supported people to stay safe. Risks to people had been assessed and actions were taken to mitigate these. For example, staff monitored the skin of those people at risk of skin breakdown. They also ensured people were regularly repositioned. One person told us, "I've been here for 2 years and had a few falls as I'm wobbly. They keep a close eye on me and are always popping in to make sure that I'm all right. I have no qualms about them."
- Staff took actions to ensure the environment was safe. This included undertaking regular fire and water safety checks.

Using medicines safely

- Medicines were managed and administered safely. Medicines were stored securely, and people received their medicines as prescribed. One person told us, "Yes, they come round regularly and are on the ball with this [medicines]."
- Staff had received training in medicine administration and their competency to do so was regularly assessed.

- Allergy information for people was not always clearly recorded at the front of people's medicine administration records. We made the provider aware of this and this issue was addressed during the inspection.

Learning lessons when things go wrong

- Incidents were reported and reviewed. The registered manager analysed incidents that occurred to help them identify any patterns or themes that could be addressed. Relatives told us that where appropriate they had been involved in discussing incidents involving their family member and the measures taken to address them.

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.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider seeks advice from a reputable source on person centred meal planning and delivery. At this inspection the provider had made improvements.

- Following our last inspection, the provider had reviewed meal time arrangements. A new head of catering had been appointed. Several approaches had been developed to help people have more input in to the menu and more flexibility with meal delivery was being promoted. For example, the head of catering attended the resident meetings, carried out surveys on menu changes and visited people at the end of the meal to seek feedback. A relative told us how their family member was involved in developing the menu and this had improved the amount they eat.
- Staff knew and supported people's dietary needs and preferences. It was clear from talking to staff and the examples given that meals were delivered with a more person-centred ethos. People spoke positively about the food being offered. One person said, "I'm happy with the food, there's a good choice and there's enough to eat. The roasts are good."
- Staff monitored people at risk of not eating and drinking enough. They recorded what people had drunk and eaten this was reviewed and discussed at their daily meeting.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people in line with best practice guidance and legislation. For example, staff used a clinically recognised tool to assess and monitor people's risk of malnutrition.
- Staff supported people to manage their health conditions. For example, the head of catering had researched how to support people in managing their diabetes by suggesting trialling specific dietary changes and monitoring if this improved their blood sugar levels.
- People were supported to stay healthy and access healthcare services. The service had recently arranged a special week with staff focusing on oral health. This included reviewing everyone's oral care equipment, undertaking an oral health assessment with people using the service, and carrying out a specific oral health competency check of staff.

Staff support: induction, training, skills and experience

- The provider had implemented e-learning for staff. They had recognised the importance of different learning styles and introduced approaches to help embed and support this learning. This included introducing quizzes on topics, face to face discussions on their learning, and competency assessments in a

range of areas.

- Training had been delivered that was specific to people's needs in the service. This included diabetes care, pressure area care, and dementia. Staff were positive about the training and support they received. People and relatives told us they felt staff were competent and able to support their family members needs.
- Champion roles for staff in different aspects of care had been established to help keep the service up to date and share information effectively.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies, such as district nurses to help provide effective care. For example, staff had been trained to undertake simple dressing changes and they recorded this and an assessment of the wound so health care professionals could review when they visited. One person told us, "If you need a doctor they get one in that day."

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

- The environment met the needs of those living in it. Appropriate signage, including pictorial signage, was in place. The environment, including the outside space, was accessible to those who required support with their mobility.
- A refurbishment of the service was underway. The lounge had been recently redecorated and new flooring installed. The provider confirmed plans were in place to carry this refurbishment through the home and update where necessary.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- People's mental capacity was assessed. Where people had been assessed as lacking capacity best interest decisions had been made which were recorded. Staff understood how to support people to make decisions.
- The service had reviewed and updated their records to ensure the information they held to about power of attorneys was accurate and up to date.
- A system was in place to give an overview of DoLS applications, when they were applied for and any other relevant information.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes were in place which helped create a person-centred culture. Feedback from people was sought in developing the menu and representatives from people using the home attended activities planning meetings.
- A more formal approach had been developed to engaging people and their relatives in reviewing their care. People and relatives told us they were consulted and listened to regarding their care. One relative told us, "We have ongoing dialogue as there are rapid changes. I feel listened to, can give my views, get information and am kept up to date. I feel that I am part of a team with the staff working for my [relative's] best interests."
- The service also engaged and supported staff. Systems had been established to help strengthen staff engagement in people's care. This included cross department meetings involving domestic staff, catering staff, and care staff as well as regular staff meetings. A new head of care had been appointed. Staff told us this had also strengthened the support they received.
- People had been well supported during the COVID-19 pandemic. Staff had worked hard to keep people positive and enhance their quality of life. A survey with people had been carried out on a one to one basis to help staff understand the impact on people individually and provide support. One person told us, "They have done as well as possible during the pandemic and given a little bit extra."

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

- Responsibilities under duty of candour had been met. When notifiable incidents had occurred in the service the registered manager had reported these. Relatives and staff told us the management team were approachable, open and honest.

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

- Some care plans we reviewed did not always have full up to date information, however this was minimal and had not impacted on the care provided. The registered manager told us they planned to review the electronic care planning and record system to help ensure staff updated information in care plans more effectively.
- A clear quality monitoring and improvement structure was in place. Regular audits were undertaken and

helped identify areas of improvement.

- The provider had continued to develop and strengthen its governance structures. Six further directors had been recruited to the board and there was a strong focus on identifying trustees with the skills needed to help drive the service forward.
- A range of sub-committees had been developed to help provide oversight on the day to day running of the service. The support in place to the registered manager in the form of supervision and management had also been strengthened.

Continuous learning and improving care; Working in partnership with others

- The provider had continued to improve and develop the care provided. This inspection found areas requiring further work at the previous inspection had been addressed and improved. A service development plan was in place. We found the provider and management team were committed to providing good quality care. A relative told us, "The service wants to do its best, 100 million percent and a little bit more. Communication is brilliant and I have every confidence in the manager."
- Despite the Covid-19 pandemic the service had continued to develop and retain its community relationships and focus. The service had a strong Christian ethos. It had adapted its provision around this to ensure people living in the service were still supported to practice their faith. During lockdown the service's chaplain wrote the service and the registered manager took the service within the home. During warmer weather a regular outdoors service took place in the gardens.
- The service continued to also foster its close relationship to the arts. Prior to the COVID-19 pandemic the service had a strong relationship with a London museum. People living in the service could attend virtual exhibitions or talks by the museum, this contact remained. The service had also explored other community art projects during the pandemic. People using the service had participated in an art project where their feedback and comments regarding nesting peregrines in Norwich Cathedral had been used to create an arts performance.