

# Maria Mallaband 17 Limited

# Corinthian House

## Inspection report

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27 July 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Corinthian House is a care home that can accommodate up to 70 people who require support with nursing or personal care needs, some of whom are living with dementia. At the time of our inspection, 33 people were living in the home.

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

The provider had worked to address the concerns raised at the last inspection and there were clear signs of improvement, although quality assurance systems needed to be more thoroughly embedded. Recording of people's daily care needed to be more consistent and detailed.

We received mixed information about staffing levels. Some people, relatives and staff raised some concerns about how many staff were available on each floor. At the last inspection, we made a recommendation for the provider to review their staffing levels and staff deployment. We requested the provider review this more thoroughly as a matter of priority, to ensure people's care needs were being appropriately met in a timely way.

People and relatives shared positive feedback overall about the quality of care in the home.

Medicines were managed safely. Individual risks to people were effectively assessed and monitored. More robust processes were in place to monitor people's risk of choking and weight loss. Risks to people's skin integrity was being managed in line with their care needs. Recruitment procedures were safely followed. Infection prevention and control measures were thoroughly implemented.

Staff told us there had been some improvement in the way they were supported to carry out their roles. The provider was improving the support available for nurses.

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.

The home had a friendly, welcoming atmosphere and staff were professional, kind and caring.

Some people and relatives said there were not always opportunities for regular baths or showers. There were regular planned activities being offered to people. We noted many people remained in bed or in their own rooms and it was not clear whether this was based on individual choice or assessed need. Where they did so, there were fewer opportunities for good quality and consistent interaction. We recommended the provider reviews each person's abilities and choices and continuously keeps this under review.

There was a manager in post who was not registered with the Care Quality Commission. They were absent at the time of the inspection. The deputy manager was in charge with support from the senior management team. People, relatives and staff reported recent improvements in relation to the running of the home.

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 12 December 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations 9 and 12, although remained in breach of regulation 17.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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, 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 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Corinthian 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 Health and Social Care Act 2008.

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 1 inspector and a specialist professional adviser on the first day, and 2 inspectors on the second day. An Expert by Experience supported the inspection on the first day. 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

Corinthian House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Corinthian House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection, there was not a registered manager in post. There was a home manager, who had not yet registered with the Care Quality Commission, and they were absent during the inspection.

## Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

Inspection activity started on 13 July 2023 and ended on 4 August 2023. We visited the location on 13 and 27 July 2023.

## What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams, infection and prevention control team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 11 people using the service and 6 relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We gathered information from 10 members of staff including the deputy home manager, regional director, head of quality, nurses, care staff and ancillary staff.

We reviewed a range of records, both on site and remotely. This included 6 people's care plans, risk assessments and associated information. We also reviewed multiple medication records. We looked at 3 staff files in relation to recruitment, training, supervision and appraisals. We reviewed a variety of records relating to the management of the service.

# 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. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection, systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12 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 12.

- Risks to people's care were assessed and managed.
- Staff understood the risks to people's skin integrity. Where people needed pressure relieving mattresses, the settings on each of these were documented and checked daily. However, records for people's re-positioning were not maintained consistently. The provider was aware of issues with completing documentation and had discussed this repeatedly with the staff team.
- Where people were at risk of choking, the provider had taken steps to improve monitoring and supervision at mealtimes. There was increased staff support for individuals to help them eat safely and this was in keeping with their care plans.
- The emergency evacuation folder containing people's personal emergency evacuation plans (PEEPs) was up to date and stored accessibly to staff.
- Equipment checks and routine maintenance were carried out. We discussed with the provider their responsibility to ensure all documentation was in place relating to lifting equipment, to support their compliance with health and safety regulations.
- Accidents and incidents were recorded, although there was not always enough evidence of actions taken to identify the root cause or identify opportunities to learn. For example, where people had unexplained bruises or skin tears. We discussed this with the management team who agreed to review their processes.

Using medicines safely

- Systems for supporting people with their medicines were safe.
- Some people living at the service required specialist equipment to allow their nutrition, fluids and medication to be administered directly into their stomach (PEG), due to risk of choking. There was improved management of people's PEG.
- Topical medicines were being applied as prescribed, although recording was not always consistent.
- Improvements had been made to ensure information was more detailed about people's 'as and when' required medicines, so staff had appropriate guidance.

- People's pain was being effectively monitored and staff took time to assess this carefully.

## Staffing and recruitment

At the last inspection, we recommended the provider reviewed their staffing levels and took action to ensure adequate deployment of staff. They had done this and the use of agency staff had reduced, new staff had been appointed, with the addition of a dementia ambassador role to provide specialist support.

We reiterated the need to re-visit this piece of work, to ensure people received timely and appropriate care. The provider gave assurances they would attend to this.

- People, relatives and staff gave mixed feedback about staffing levels, with some concerns shared about a lack of availability of staff on each floor. One person said, "Unfortunately, there are only two staff per floor so if they are tied up doing something for someone who requires 2-1 assistance, everyone else has to wait. The other day, I desperately needed the toilet and they were busy."
- We did not see people had to wait for their care needs to be met. However, staff told us they did not always have enough time to support people with their personal care, and completing care tasks was often rushed. Two members of staff said they were continually mindful other people were waiting for care whilst they were assisting others. They told us this meant they were not able to consistently provide support, such as for showers.
- Recruitment procedures were safely followed to ensure relevant checks were made before staff began working in the home.

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

- People were protected from the risk of abuse
- The management team understood their safeguarding responsibilities. They told us they were working closely with the local authority and making improvements to their reporting procedures .
- People told us they felt safe living at the service.
- Staff had received appropriate training in safeguarding and knew how to identify signs of abuse and report accordingly.

## 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 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

- Relatives and friends were able to freely visit people living at the home.

# 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.

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

At our last inspection the provider had not ensured care was appropriate and met people's needs. This placed people at risk of harm. This was a breach of regulation 9 (Person centred care) 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 9.

- There were improvements in the way people were supported with their nutritional needs.
- People were encouraged and supported to eat their meals and have regular drinks. Staff knew each person's individual food preferences and dietary needs and support was more person-centred.
- People and relatives shared positive feedback about the quality of the food. One person said, "The food is fantastic. It's all home cooked and they could cook those London chefs into submission." One relative told us, "Foodwise, '[my relative]' has a lot of protein drinks now. I would say they offer enough drinks through the day."
- The provider had taken action to ensure people's weight was closely monitored, and there were identified actions followed up when people had lost weight.
- At the last inspection, there was a lack of evidence of chiropody and attention to ensure people's feet were healthy. At this inspection, we found people had access to chiropody, as well as other relevant health checks. During the inspection, people's eye health was being checked by a visiting optometrist. However, there remained a shortfall in attention to people's oral health and daily mouth/teeth care, and access to a dentist.

Staff support: induction, training, skills and experience

- There was improved staff support and more staff had been inducted into their roles, with a reduction in the use of agency staff.
- Staff training was mostly well completed and where there were some gaps, we were assured this was work in progress. Staff told us they felt training was adequate and supported them to carry out their work.
- Staff said they felt better supported by the management team on the whole and the deputy manager

worked alongside the team to support them at busy times in the day.

- Staff supported one another. There was evidence of effective teamwork in the service, and staff communicated well to meet people's needs. At times there was a lack of cohesion between nursing and care staff. The management team had identified this and were taking steps to ensure more integrated working. Ancillary staff worked well to support the care team and they contributed to conversations with people as they went about their work.
- Supervisions and observations of practice were taking place. Although no formal clinical supervision was yet established for nurses, they had received input from a visiting chief nursing officer, offering support and discussing further training needs/development. Additionally, they had access to a registered nurse forum with regular updates regarding policy and procedure, best practice and updates from the NMC.

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's mental capacity was assessed, and staff supported individuals with decision making.
- DoLS authorisations were in place and renewed as necessary.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection, care was not always delivered in a way that met people's needs and preferences. This was a breach of regulation 9 (Person centred care) of 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 9.

- At our last inspection, there were concerns in relation to people's personal appearance and opportunities to support them with baths or showers. There were some improvements to people's personal appearance. Staff supported people to be dressed smartly and their hair brushed.
- Most people told us they had no concerns about support for personal care, although some people and relatives said showers were still not frequent. We discussed this with the provider, in relation to a possible link with staffing levels, which they agreed to review.
- Staff respected people's privacy and made sure care interventions were discreet. Staff knocked on people's doors before entering and spoke respectfully with people. When staff spoke with each other about individual people, they did so privately and professionally.
- People were supported to be independent and manage their care needs as much as they were able.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring and we saw many examples of patient and supportive interaction. Staff used banter with people appropriately and there was a friendly, welcoming atmosphere throughout the home.
- A dementia ambassador had been appointed and they supported people living with dementia, as well as modelling good practice to the staff team. They told us, "I am fully trained now, and the home are really good at getting me on all the necessary extra training courses. I see my role as improving the care we give to our residents. Getting our carers to see things from residents' point of view more. I am putting more 1-1's in place, looking at triggers and seeing how we can avoid them for individual residents. I work closely with the nurses, and we are looking at medications and also dietary needs of people and how we can change the environment to suit them.
- Where people had particular religious and cultural requirements, staff understood these and made every effort to ensure their needs were met.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and encouraged to express their views.
- A resident ambassador was nominated, and their role included seeking the views of other residents and sharing these with the management team. They told us the provider gave importance to this role, encouraged them to feed back any suggestions about how to improve the service.
- Relatives gave mixed feedback about being involved in reviewing their family member's care, although all relatives told us regular communication with them about their family members had improved recently.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection, care was not always designed or delivered in a way that met people's needs and preferences. This was a breach of regulation 9 (Person centred care) 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 9.

- Some people remained in bed all day and it was not always clear as to the reason. When people were supported to be in the communal areas, there was not always enough for them to do, or opportunities for consistent interaction with staff. The activities staff and dementia ambassador engaged with people as much as their time allowed.

We recommend the provider considers how all staff whatever their role, can include person-centred stimulation integrally as part of their work, to enhance people's daily experiences.

- One relative told us, "[My relative] enjoys the bingo once a week. [They are not] very mobile anymore so [they don't] get out as much. I haven't really seen the staff chat with [them] but they might do when I'm not
- Organised activities were available, such as games, and people enjoyed outings to local places as well as visits from an assistance dog. One person said, "There is an activities [staff] and they do all manner of things – bingo, play your cards right, jigsaws and we have games outside sometimes. We have a bus trip each week to the town or the supermarket."
- Where people were physically able, they accessed all areas of the home including the garden. One person told us they enjoyed reading their book under the gazebo outside.
  - The resident ambassador role was a positive enhancement in the home, as they were able to chat with people individually and help minimise the risk of feeling isolated.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's needs were assessed and care plans contained some person-centred information, although there were inconsistencies in the quality of information. Some aspects of care planning needed to be more detailed, particularly with regard to people's cultural and social preferences. We discussed the need for care information to be more discreetly available in people's rooms, rather than displayed for staff guidance. The

provider told us they would address this and be more person-centred in the way information was available to remind staff of care delivery.

- People's care plans referred to their end of life wishes and preferences. Relatives gave very positive feedback about the quality of end-of-life care provided and told us staff went out of their way to ensure care was delivered. They said the care their loved one needed was being delivered and fully met their expectations.

Improving care quality in response to complaints or concerns

- The provider had suitable policies and procedures in place to manage and respond to complaints.
- People and relatives told us they understood how to raise a complaint and they were increasingly confident this would be addressed. They told us the deputy manager was approachable and receptive to any matters they wished to raise.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's communication needs and they made adaptations where necessary to ensure information was understood.
- One person had a declining ability to understand English, and so Punjabi speaking staff were able to support with their communication. This was particularly helpful when sharing information between the person and visiting professionals.

# 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 inadequate. At this inspection the rating has changed to 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; 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; Continuous learning and improving care

At the last inspection, systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had taken action following the last inspection, to strengthen the quality assurance processes in the home. Systems and processes were being established to ensure more effective management oversight and monitor risks to individuals. These systems were still being embedded.
- The quality assurance processes were driving improvements in many aspects and the provider was aware of areas still in need of continued development. For example, the provider's own audits mirrored the inspection findings in relation to the quality of daily records needing improvement. However, these audits did not result in sufficient action taken to maintain accurate, complete and contemporaneous records of the care people required and received. Management attempts to drive improvement in recording and reviewing were not proving effective. Record keeping was inconsistent, lacked detail and not completed in a timely manner to be able to demonstrate care delivery.
- The senior management team were supporting the deputy manager in the running of the home. The manager who had been appointed at the last inspection had not yet been registered with the CQC and was absent at the time of this inspection, so the registered manager post was not fulfilled.
- There had been action taken to address 2 of the 3 breaches identified at the last inspection, although where we had made a recommendation in relation to reviewing staffing levels and deployment, improvements were still to be made.

Systems were not yet robust enough or fully embedded to demonstrate effective oversight and management of the service, or to ensure records of care were complete and up to date. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Lines of accountability in the management and staff teams were clear. Quality checks were more regular. For example, the home manager's walk round and key clinical indicators monitoring. Communication systems were clear and directive. For example, flash meetings, multi-disciplinary team involvement and clinical governance meetings, all supported staff's understanding of risks to individuals.

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

- The provider was working hard to address the culture in the home and improve staff morale. Many staff said they felt more motivated and were confident improvements were being made throughout the service. Staff say they felt listened to and enjoyed coming to work more than previously.
- Staff told us the deputy manager worked alongside them to support the team and they found them to be approachable. Some staff said they felt unsettled at the recent changes in the management of the home.
- People and relatives shared mixed feedback about the management of the service. Many reported improvements, particularly during the last 3 months. One relative said, "The [deputy] manager is easy to talk to. I had a problem recently and he was on top of it straight away. He seems to be getting things going in the right direction again." Another relative was not confident the improvements would be sustained and said, "[The deputy manager] has been there for a few months and it has improved a bit, but he is trying to plug holes on a sinking ship."
- Information was displayed for relatives and people in prominent areas and they told us they felt informed and included, with increased involvement in what was happening in the home.

Working in partnership with others

- The service worked closely with other professionals to support care delivery. This included working with health care professionals from multidisciplinary teams to make sure people's health and social care needs met.
- Feedback we received from visiting professionals was largely positive. They told us staff communicated well with them and took into account any advice provided in support of people's care.

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	Systems were not yet robust enough or fully embedded to demonstrate effective oversight and management of the service, or to ensure records of care were complete and up to date.