Morris Care Limited

Corbrook Park

Inspection report

Audlem Road
Audlem
Crewe
Cheshire
CW3 0HF

Tel: 01270812324
Website: www.morriscare.co.uk

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 25 and 26 January 2018. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were coming. We last inspected the service in December 2016 and at that time identified breaches in three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were related to safeguarding, consent to care and good governance.

We took action by requesting the provider send us an action plan stating how and when they would achieve compliance. During this inspection we found there had been improvements made in line with the provider's action plan. As a consequence of these improvements the service was no longer in breach of the regulations detailed above.

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

Corbrook Park accommodates up to 80 people across two separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. At the time of the inspection there were 68 people receiving a service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found improvements had been made and where necessary any safeguarding concerns had been identified and reported to the local authority. Policies and procedures were in place to safeguard people from abuse. Staff we spoken with had received safeguarding training and were able to tell us of the different types of abuse that someone could encounter. They told us how they would report any poor practice or abuse to the registered manager.

People felt safe and told us that they received the support that they needed, in a way that respected their wishes. We found sufficient staff to meet people's needs in a timely way. We were informed that if short staffed, agency staff could be used. The organisation also had a pool team of staff from across a number of locations to provide cover if necessary. The registered manager had recently recruited a number of new staff.

Medicines were managed safely. Staff who administered medicines had completed training and we saw that competency assessments were carried out to ensure staff remained safe to administer medicines.

We saw that mental capacity assessments were being undertaken and these were decision specific. We found that improvements had been made to the process followed when administering medication on a covert basis (when food is hidden in food or drink). In the care files reviewed, we found that the Mental Capacity Act 2005 had been followed correctly.

People were positive about the food available at Corbrook Park and we found that people's nutritional needs were met effectively.

We found that staff were skilled, knowledgeable and well trained. They received an induction when they began their employment at the service and received on-going training updates. However, whilst some staff had received supervision this had not occurred as frequently as required by the organisation.

We saw that people were well cared for and comfortable at the service. The people and visitors who we spoke with were very complimentary about the care that they received and told us that the staff were kind and caring. We observed that staff were skilled and patient, treating people with dignity and respect. People were able to make choices about the way that they were supported.

People told us they received care that was tailored to meet their individual needs. Care plans contained personalised information to help staff support people as individuals in a way that suited them best. They were person centred in many aspects, although limited in regards to people's social occupation, well-being and activities they may like to take part in. Yearly reviews needed to be undertaken for some people and the registered manager planned to ensure that these were completed as soon as possible.

There was a complaints policy and procedure in place. We reviewed any complaints received by the care home and saw that a number of complaints that had been made in the past 12 months. These had been dealt with in a timely and appropriate manner.

People were enabled to take part in person-centred activities and encouraged to maintain hobbies and interests.

We found that the home was well-led. People knew who the registered manager was and felt able to raise any concerns with him. The registered manager was well supported by a deputy manager. Staff told us that they felt well supported. We saw that regular team meetings were held and staff communicated well. There were quality assurance processes in place and people's feedback was sought about the quality of the care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff received training in safeguarding and understood their responsibilities to protect people for harm.

There were sufficient staff to meet the needs of people living at the home.

Where risks had been identified, there were appropriate risk assessments in place to mitigate the risk.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff were skilled and well trained. Staff members had induction training when they joined the service and staff had regular on-going training.

Improvements had been made to the application of the MCA. Staff had an awareness of the need for consent and understanding of the MCA.

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were complimentary about the support they received and told us that the staff were kind and caring.

People were treated with dignity and respect.

Staff respected people's wishes and choices and people were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Care plans contained personalised information to help staff support people as individuals in a way that suited them best.

People were enabled to take part in person-centred activities and encouraged to maintain hobbies and interests.

There was a complaints policy and procedure in place. We saw that a number of complaints that had been made in the past 12 months. These had been dealt with in a timely and appropriate manner.

Is the service well-led?

Good

The service was well-led.

Staff said they felt well supported and worked as a team.

People and relatives were encouraged to give their feedback about the service.

Improvements had been made to the service and appropriate quality assurance checks were in place.

Corbrook Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 January 2018 and was unannounced. The inspection was carried out by two adult social care inspectors and two experts 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. The service was aware of our visit to conclude the inspection on the second day.

We received a Provider Information Return (PIR) from the registered manager, before our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law.

We contacted the local authority before the inspection and they told us that the service was subject to an improvement action plan and that a number of actions had been met. We checked to see whether a Health Watch visit had taken place. Health Watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. We read their latest report available from August 2017, which contained positive information about the service.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we spoke with 22 people who lived at the service and seven relatives/visitors, to seek their views. We spoke with 17 members of staff including, two nurses, one nursing assistant, seven care staff, an agency member of staff, the registered manager, the deputy manager, one domestic, the head chef, the social life coordinator and the maintenance person. We also spoke with a visiting health professional and contacted another health professional by phone.

We looked at the care records of six people who lived at the home and inspected other documentation related to the day to day management of the service. These records included, staff rotas, quality audits, training and induction records, supervision records and maintenance records. We toured the building, including bathrooms, store rooms and with permission spoke with some people in their bedrooms. Throughout the inspection we made observations of care and support provided to people and observed the lunch-time meal.

Good

Is the service safe?

Our findings

At our inspection in December 2016 we found that safeguarding concerns had not always been identified and reported appropriately. We also found that the provider's governance systems had not effectively identified some shortfalls around medicines management. This was a breach of Regulation 13 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took action by requiring the provider to send us an action plan setting out how they would address this issue. During this inspection we found improvements had been made and the provider was no longer in breach of these regulations.

People who used the service told us that they felt safe. One person who lived in the home told us, "I feel really safe and I am looked after very well". People told us they trusted the staff and felt comfortable to raise any worries they had with the registered manager or any member of staff.

We spoke with visitors to the home, they told us, "(Name) is definitely safe living here" and "(Name) is safe here. I have no concerns regarding their safety. The staff are very good" and "I visit at different times of day because of my work and I always see enough staff."

We found improvements had been made and where necessary safeguarding concerns had been identified and reported to the local authority and to CQC. The management team maintained a safeguarding folder which demonstrated that appropriate referrals had been made and any action taken in response.

Policies and procedures were in place which staff followed to help them safeguard people from abuse. Staff had received safeguarding training and were able to tell us of the different types of abuse that someone could encounter. They told us how they would report any poor practice or abuse to the registered manager or the nurses. They were also able to demonstrate how to contact the local authority safeguarding team. We saw posters around the home, giving guidance and contact details of how to raise a safeguarding concern.

People living in the home and relatives told us that there was always enough staff on duty. Some people commented that their call bell wasn't always answered quickly, but they understood that staff couldn't always get to them straightaway. We checked response times to call bells and found that people did not have to wait any considerable length of time for their call to be answered. People told us there were always lots of staff there to help them and felt they could easily call for help if needed. During the inspection we observed staff answering calls for assistance promptly. A relative told us "I visit at different times of day because of my work and I always see enough staff."

Staffing levels were based on people's dependency levels and staffing levels had recently increased due to an increase in people's needs. We were informed that if required agency staff could be used. The organisation also had a pool team of staff from across a number of locations to provide cover for staff absence if necessary. Overall people told us that they were supported by familiar staff, one person commented, "I know all the staff here we usually always have the same staff so it's nice". The registered manager explained that they currently had a vacancy for a member of night staff. There was a recruitment

plan in place and seven new members were due to staff in the next few weeks. A health professional told us that the turnover of staff had improved and they now found that staff were more settled and knowledgeable about people's needs.

We looked at the recruitment and selection process and found that there was a robust system in place. The process for all staff included, taking up of references, applications, interviews, literacy assessment, probation period and mandatory training. Checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff being employed. The DBS is a national agency that checks if a person has any criminal convictions. We also saw that satisfactory checks had been carried out for staff that had been recruited from overseas.

We checked the arrangements for the management of medicines in the care home and found them to be safe. There was an up to date medication policy and procedure in place. Qualified nurses were responsible for administering medication and we observed medicines being administered safely. We saw that training and competency assessments had been undertaken for all of the nurses

The arrangements for the storage, recording and administration of medication was satisfactory. Medication was stored in trolleys which were usually left tethered to the wall or in locked rooms when not in use. However on one occasion we found that a trolley had been left unattended in a corridor and whilst it was locked, it had not been tethered to the wall. We brought this to the attention of the deputy manager. Medication administration records (MAR) were correctly completed following the administration of any medication. The individual MAR charts contained information about people's allergies and a photograph of the person, helping to reduce the risk of potentially giving the medication to the wrong person. Records of the daily room and fridge temperatures had been maintained

Protocols were in place for when medicines were prescribed to be taken 'when required,' these additional instructions were needed to guide staff how and when this medication should be given. We found that the instructions could be more individualised for medicines, such as painkillers, sedatives and laxatives to ensure that staff knew when to administer these to people who may not be able express their needs.

We saw that regular checks were done by staff each week and that medication audits were carried out.

Care files contained individual risk assessments which identified risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as nutrition, pressure ulcers, falls and choking. Assessment tools had been used to identify if there was any level of risk, such as the Waterlow assessment tool in respect of pressure area care and the Malnutrition Universal Screening Tool (MUST). Where risks had been identified, there were appropriate risk assessments in place that detailed the identified risk and the action that needed to be taken to minimise the risk.

During the inspection we observed staff moving people around the home in wheelchairs and using hoists to transfer people safely from one area to another, for example, from a bed to an armchair. We saw records that showed when people had been identified as being at risk of skin breakdown and guidance was in place in how to support each individual. This was in-line with guidance in their care files and good practice in managing pressure area care. Appropriate equipment for people with decreased mobility such as profiling beds and alternating mattresses were in place to promote skin integrity and to prevent skin breakdown.

People told us that the care they received ensured they were kept safe. One visitor told us their relative used to have some falls, now they use a hoist for transferring, which has prevented falls from taking place. The care home had also adopted the Herbert Protocol and we saw evidence of this within people's care files.

The Herbert Protocol is a national scheme being introduced by the police and other agencies, which encourages care staff to compile useful information, which could be used in the event of a vulnerable person going missing. A sensor alarm had been installed to the bottom of the stairs in the Cedar unit which alerted staff if a person attempted to go up the stairs without assistance. We tested this out and found that staff came immediately when the alarm sounded. At least one member of staff was expected provide supervision in the lounge area at all times and we found this was the case during the inspection.

Accidents and incidents were monitored and appropriate steps taken to protect people from the risk of harm. Staff completed accident and incident forms when any incidents occurred. The management team also completed a monthly log which reviewed any accidents and incidents as well as other risks to ensure that appropriate action had been taken to prevent a recurrence of the event. For example, some people had pressure mats next to their beds which would alert staff if they tried to get out of bed without assistance.

We reviewed the health and safety documents and the home's maintenance book. We saw that any repair/ job that was needed was entered into the book and when completed it was signed off by the maintenance man. The repairs had been completed promptly.

We found that all of the required health and safety inspection certificates were in place including, gas, electricity, water (legionella) hoists, passenger lift, fire safety certificates, fire extinguishers, environmental health and portable appliance testing (PAT). During the second day of inspection, a fire alarm test exercise was carried out We observed members of staff reassuring people that it was a test and as the alarm sounded we saw all of the fire doors close automatically. This helps to ensure that if there was a fire, the closed doors would help to reduce the spread of fire and allow more time for people to evacuate the building. We noted that sluice rooms were not kept locked and raised this with the registered manager, as this could pose a potential safety hazard. He confirmed that key pads would be fitted as soon as possible.

All areas of the service were clean and tidy and infection control procedures were followed to keep people safe. Staff were provided with personal protective equipment (PPE) gloves and aprons. The home was equipped throughout with hand washing facilities. However on one occasion we noted that a member of staff did not use gloves appropriately when carrying out a clinical procedure. We raised this with the registered manager who told us that this would be addressed. We found hand gel and paper towels in each toilet and bathroom. There were signs in appropriate places which gave guidance about washing your hands.

The laundry was adequately equipped with washing and drying machines, to meet the needs of the people living in the home. The laundry was neat and tidy, with individual named baskets for people's clothes.

Good

Is the service effective?

Our findings

At our inspection in December 2016 we found that the provider was not fully compliant with the MCA and we were not assured that people were being deprived of their liberty lawfully. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took action by requiring the provider to send us an action plan setting out how they would address this issue. During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

People living in the home and their relatives offered positive comments about the care and support provided. They told us, "I am very happy here, couldn't think of living anywhere else" and "Its fine being here, I can please myself. I know I can always get help".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications had been submitted appropriately to the supervisory body (local authority). There was a DoLS log in place to alert the management team to when renewal applications were due to ensure authorisations were kept up to date. We checked that any conditions on authorisations to deprive a person of their liberty were being met.

Staff carried out capacity assessments and these were decision specific. For example one person had capacity assessments for decision around the use of bed rails and whether to have a flu vaccination. We saw that where people lacked capacity to make certain decisions, best interest decisions were then being made on their behalf and the records of these decisions and the people who were involved was kept on people's care files. However, there had been an incident several months prior where it had been necessary to undertake some medical tests for people in their best interests. The MCA had not been followed correctly and best interest decisions had not been recorded in consultation with people's relatives. The registered manager told that they had learned from this incident and believed that this would not happen in future.

We found that improvements had been made to the process followed when administering medication on a covert basis (when food is hidden in food or drink). In the care files reviewed, we found that the MCA had been followed correctly. The deputy manager also undertook a regular audit of the documentation where medications were administered covertly to ensure that they complied with the MCA. However we noted that in one case staff had not always followed a person's care plan to ensure that medication was offered overtly prior to administering the medication covertly. This had been raised by a visiting best interest assessor and the registered manager told us that staff had been reminded about the correct procedure to follow. This will

be monitored by the management team.

People's care records demonstrated how their physical and mental needs were assessed on admission to the home and reviewed on a regular basis. Care records contained information which took into account the advice and guidance of other health professionals when planning outcomes. For example, guidance from speech and language therapists (SALT) was used in developing eating and drinking care plans with an outcome of providing a safe diet for people who had difficulty swallowing

People's nutrition and hydration was monitored to ensure their nutritional needs were being met. We saw records of people's weights being regularly updated. Where any weight loss was identified, staff had contacted other professionals such as a dietician for advice if required. Care records included information about each person's nutritional needs.. Staff were aware of the need to follow the speech and language therapist (SALT) instructions. One person had transferred to a pureed diet and as a consequence had improved and put on weight.

However during the morning of the inspection we noted that one person remained in bed, having been supported with their personal care earlier in the morning by the night staff. We checked and found that this person had not had any breakfast or a drink until very late in the morning. There was no record that the person had been offered or had received a drink. Staff told us that he had been checked and that he had been too sleepy, however this was not recorded. We raised this with the registered manager.

The head chef had a good understanding of people's personal preferences, including their likes and dislikes and any special diets such as diabetic soft diets/pureed or thickened fluids. One person confirmed, "I'm a vegetarian and they're very accommodating to it". We looked around the well equipped kitchen and saw that a detailed planner with people's individual choices and specialised meals for the people they prepared meals for was in place.

People we spoke to told us, "The "food is very good" and "You can get more if you want, or ask for something else if you don't like it". A visitor commented that "(Name) can be quite fussy with food, I had concerns at first about their nutrition but they work with them and ensure they get everything they need". We observed the lunchtime meals and saw that there were tablecloths on tables, napkins and condiments. The food was well presented, looked nutritious and was hot enough, with plenty of choice and assistance provided to people where necessary. We observed drinks and snacks being offered to people between meals.

People told us that staff were competent and good at their job. Their comments included, "The staff are excellent, nothing is too much trouble" and "I can't fault them (staff). The carers are marvellous; they look after (name) really well."

Staff spoken with told us that they had completed an induction and this had included working alongside more experienced staff. The induction process in place for new members of staff had incorporated the standards laid out by the care certificate. The care certificate is a national set of standards that care staff are expected to meet. This helped ensure that staff had the knowledge and skills necessary to carry out their role effectively.

Staff training records showed that staff had completed training in a number of areas such as moving and handling, safeguarding, dementia care, infection control and first aid. Training records evidenced that people received ongoing refresher training.

We asked staff about the training that had been provided, some of the comments were, "We have face to

face training, much better than the on-line training"; "If we see anything we need, we just ask for the training, they are good with that. I asked to do palliative care training, which I did" and "I have had a lot of training and we have regular refresher courses".

We noted that a number of staff did not speak English as a first language. We discussed the importance of effective communication with the deputy manager especially for those people living with dementia. The deputy manager told us that all staff undertook a language skills test to ensure that their level of understanding was safe and effective. If further support was required then the service provided this support through on-going learning.

Records showed staff had not received regular supervision sessions and the registered manager confirmed this was the case. Supervision is a process, usually a meeting, by which an organisation promotes best practice and provides guidance and support to staff. The manager explained that since coming in to post they had created a new timetable for these sessions and we were shown the plan for the year ahead. Staff spoken with told us that they had received some supervisions and appraisals and felt they now received the right level of support. They felt that communication between staff had improved.

We looked at a sample of six care files of people living in the home. Records showed a range of health professionals had been involved in people's care. This included hospital staff, consultants, GPs, speech and language therapists and dieticians. People were also supported to attend hospital appointments. There was a local GP surgery attached to the home and one of the GP's visited at least weekly. We spoke with one of the visiting GP's, who was complimentary about the service and told us that improvements had been noticed over the past 12 months.

People's bedrooms were comfortable and well decorated. They contained individualised items, such as photographs, ornaments, paintings, fresh flowers and some people had their own telephones. The Cedar Unit supported people living with dementia; we found that overall the environment was conductive to the needs of people living there but may benefit from further signage to help people to identify toilets and bathrooms more easily. We saw that the majority of bedrooms displayed people's names to help them identify their room.

Good

Is the service caring?

Our findings

People who lived at Corbrook Park told us they were happy and felt well cared for. They offered positive comments such as, "Oh yes they are really caring, the girls (care staff) are great", "Can't speak highly enough of them (staff)", "Always good to me (staff). Some of them are brilliant" and "They look after me so well, they're compassionate and understanding."

Two visitors told us, "They are really good with (name) she would tell me if not, I have seen the way she gets treated, it's marvellous" and "The staff are good and kind, they always welcome me when I visit. Don't know where we would be without them".

We observed staff interactions with people and we saw staff were kind and caring in their approach. Staff chatted with people in a friendly way, were patient and gave people time to respond. For example we observed a member of staff seated with a person and they had their arm around them to comfort them. Staff told us they supported each person with as much choice as possible, such as what time they wanted to go to bed and when they got up. Where possible people were involved in the planning and decisions around their care. For example we saw in one person's care plan that staff were encouraged to "Ensure that (name) is empowered and assisted by all means to enable her to make decision on her day to day activity."

Staff had received ongoing training in dignity and diversity. We spoke with members of staff about how they would ensure that dignity, respect and privacy were promoted. Some of the comments were, "I always knock on a person's door before entering and wait to be invited in, explain what I am going to do and always ask permission"," I put a sign on the door, when providing personal care and always ensure the person is covered with a towel" ,"If a person is safe to be left alone, I will leave them for a while for privacy, for example if receiving a telephone call" and "I always say, if a person is not in their room, then the door should be closed, it's just like their front door". We saw an example where staff took action to ensure that a person's dignity was maintained. The staff member noticed that a person wasn't fully clothed and sensitively supported the person in a dignified manner.

We observed respectful and positive interactions between members of staff and people who lived in the home, visitors and relatives.. We saw that there were "Do Not Disturb" signs available for residents' rooms, which were used to protect people's privacy. People told us the staff were very respectful. They said they were called by the name they preferred. Comments included, "They (staff) are courteous and polite in the way they speak and treat me" and "They are fantastic, don't know what I would do without them". Visitors said, "I would recommend anybody to come and live here, (name) is treated with dignity and respect" and "It's like home from home for (name). All her needs are catered for; she is very well cared for".

Equality and Diversity was part of the provider's mandatory training requirements to ensure people were cared for without discrimination and in a way that respected their differences.

We found filing cabinets containing archived care documentation, throughout the unit. The cabinets were unlocked. We raised this issue with the registered manager and he informed us that it would be immediately

dealt with. We also noted that staff needed to be mindful to ensure if they were working on care plans or other documentation in the lounges, that these were not left unattended if they were called away.

The staff supported people to maintain relationships which were of importance to them. There were a number of dual occupancy rooms which enabled couples to stay together. We also saw that where a couple lived on the two separate units they were frequently able to spend time and have lunch together. A relative commented, "They try to get to know the whole family so that they can support and understand them." Visitors and relatives told us that they were able to visit at any time and were made to feel welcome. One person reported "Because of my work I visit at different times of day and night. I am always welcomed and staff ask how I am. I have seen consistent care across the day."

Good

Is the service responsive?

Our findings

People told us they received care that was tailored to meet their individual needs. One person said, "They spend time with me and explain things." Relatives told us "If I have any questions or concerns they listen to me and provide me with answers I can understand as quickly as possible, such as when (relative) was changing medications they explained them all to me" and "The slightest change in health or anything such as a doctor's visit and they call me on the day to update me."

Care plans contained personalised information to help staff support people as individuals in a way that suited them best. We saw pre-admission assessments were completed to help the service determine whether they were able to meet a person's needs prior to them moving in.

During our discussions with the registered manager, care staff and nursing staff, they described the care and support provided as detailed in each person's care file. One member of care staff explained how they took a person centred approach and commented that "Everyone is unique". Staff told us that they took account of people's histories and preferences when providing support. For example, a nurse explained about two people living with dementia and how knowing about their previous occupations helped to understand some of their current behaviours. The nurse was very knowledgeable about the best approach to support these people. In another example staff explained how by understanding and supporting a person with personal care in a similar way to the routine they had whilst at home, had helped reduce the person's anxiety around this task.

People and relatives were involved in the planning of care and choices were respected. For example one person told us "I like to make suggestions as I used to work in this line, they always listen and have even made some little changes from my suggestions, such as being able to have my breakfast in the lounge. "

We saw plans of care were in place for topics such as: communication, mobility, mental health, nutrition, falls, personal care, medication support and skin integrity. Care plans had been reviewed monthly to ensure that they reflected people's current needs. The care plans provided relevant and appropriate information. They were person centred in many aspects, although they were limited in regards to people's social occupation, well-being and activities they may like to take part in. We raised this with the registered manager who told us that information about people's life histories was recorded in a document called "All about me" which was kept in people's bedrooms and contained some information about their preferences and likes. However we found that information in this area was not always detailed and care plans would benefit from further information.

The registered manager told us that a full review of people's care should be undertaken every 12 months, with people and where appropriate their families. However they advised us that they were behind with these at the current time. This was an area that the registered manager had planned to address and the reviews were now being diarised. He also had plans to introduce a key worker system to help with this process.

Folders were kept in people's rooms that contained people's charts and a summary of their care. Charts

were kept to demonstrate that people had received support with for example, positional turns or food and fluid intake. The care summary included information about people's specific needs such as communication or moving and handling. This enabled information to be easily available to staff.

People's care records showed that they had been offered the opportunity to discuss their end of life wishes. Where people did not want to be resuscitated in the event of a decline in their health, a signed form completed by a health professional was displayed at the front of their care record. This helped ensure staff had access to important information. The GP also supported the home to develop care plans which considered priorities for end of life care.

As part of their assessments people were asked whether they had any specific communication needs, which was recorded. Any support people needed with communication was included within their care plans, such as when people might need additional support and what form that support might take. Some people had hearing loss or had restricted vision. Staff offered support to meet people's identified needs. For example where people had sight loss staff had supported them with use of an I-pad to complete questionnaires.

People were enabled to take part in person-centred activities and encouraged to maintain hobbies and interests by a social life coordinator. The registered manager told us that a new second coordinator was due to start employment at the home. There was a programme of daily activities available for people to participate in if they wished, this included, quizzes, yoga, musical movement, walks in the garden and entertainers. The social life coordinator had recently formed a choir called "The Corbrook Singers" and people were invited to join or watch.

We observed some poetry reading, which was attended by 16 people and very inclusive, everyone participated. The activity programme and information about upcoming events was available to people through a monthly "Snapshot" newsletter. This also sought people's views about the activities on offer and provided the time and details of twice daily activities.

People living with dementia were occupied and stimulated. People living with dementia may retreat to past memories and these resources allowed them to recreate past activities. There were specific items such as dolls available and one person was occupied and very contented in caring for the baby doll.

We asked other people if they had any complaints or if they had ever complained. None of the people we spoke with had made a complaint. Comments included, "Never had to complain, but would not hesitate if I needed to" and "I've never felt any need to complain, but I wouldn't be worried if I had to (manager) is always open and friendly and only too happy to help".

There was a complaints policy and procedure in place which was followed. We reviewed any complaints received by the care home and saw that a number of complaints that had been made in the past 12 months. These had been dealt with in a timely and appropriate manner. One visitor said they had complained about the cleanliness of their relative's room.. They told us that the registered manager had dealt with the matter satisfactorily and professionally. We checked the record of complaints and saw that the registered managed had responded by letter, acknowledging that the complaint was upheld. There was an apology, identifying what action had been taken. The apology and the process followed was open and transparent.

Good

Is the service well-led?

Our findings

At our inspection in December 2016 we found that the provider had failed to have robust systems in place to recognise and address the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took action by requiring the provider to send us an action plan setting out how they would address this issue. During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

People told us that they knew who the registered manager was and all of the feedback received regarding the management was positive. Comments included, "The manager is approachable, he will listen to you" and "The manager is really good and deals with things. It has improved so much since he came". One relative said "(Manager) is lovely, always has time and a smile for you".

We saw that suitable management systems were in place. The registered manager was registered with The Care Quality Commission (CQC) since March 2017. The registered manager was very well supported by a deputy manager.

The management team were available throughout the inspection and engaged positively with the inspection process. They demonstrated good knowledge of all aspects of the home including the needs of people living there and the staff team. Documentation was organised and available on request throughout the inspection. The registered manager was clear about his role and responsibilities.

Staff were motivated and positive about the management team. They told us that they felt supported and able to raise any concerns. We received feedback to indicate there had been improvements to the service since the current registered manager came into post and staff felt they now worked well as a team. Staff said that they found the registered manager to be approachable and supportive. They included "The manager is approachable, he will listen to you"; "Since the new manager came, things have improved, the staff turnover is much less than it was" and "I feel we have a good strong care team and good leadership."

Observations made during the inspection demonstrated that staff were generally organised and direction was provided by senior staff. Staff told us that communication was good and there was a handover at every shift. The deputy manager also attended each handover to ensure she remained up to date with any changes. Staff told us, "The team is very connected, we know what's happening" and "If I find a better way to approach someone, I will share with others (staff)."

Regular staff meetings were held. Staff told us that their opinion was sought in these meetings about any improvements that could be made to the quality of the care. Other staff meetings were held including a weekly heads of department meetings and three monthly health and safety meetings.

People's views on the quality of the service were sought. The registered manager involved people and their relatives in discussions about the running of the home and regular residents and relatives meetings were

held. One visitor told us, "I always receive the minutes from the relatives meetings, if I am unable to attend." People were supported by staff to provide feedback about the service using questionnaires. The social life coordinator supported people to complete the questionnaire if they were unable to fill these out themselves.

There were arrangements in place to regularly assess and monitor the quality of the service. Night checks were carried out and we saw records which demonstrated that the registered manager recently visited the home during the night to monitor and meet with the night staff. The outcome was positive, giving reassurance about good practice and company policies being adhered to.

We saw that the management team undertook a range of checks on the service. Some of these checks included health and safety, medication, infection control and care files. The deputy manager also undertook a weekly wound monitoring check to ensure that appropriate action was being taken. The registered provider ensured that unannounced audit visits took place, as well as a monthly quality monitoring visit from the regional manager. The two most recent scheduled visits had been postponed due to unforeseen circumstances, but another was scheduled in the near future. A home improvement plan was in place and any issues identified from the audits were included in the plan, this ensured that any issues were followed up and completed.

We found that whilst improvements had been made regarding many aspects of the service there were still some areas where tasks had not been completed as frequently as required by the organisation. This included care plans audits, supervision sessions and care plan reviews. The registered manager was aware and told us that these had been rescheduled to be completed on a monthly basis going forward.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection taking place we reviewed the notifications that we had received from the registered provider and found that this was being done in all areas apart from DoLS notifications. The registered manager ensured that all notifications were subsequently sent and assured us that these would be submitted in future.

The registered provider is required by law to display the most recent rating awarded by the CQC. During the inspection we observed that this was on display as required.