

Grand Care Limited

Corbett House Nursing Home

Inspection report

40-42 Corbett Avenue
Droitwich
Worcestershire
WR9 7BE

Tel: 01905770572

Date of inspection visit:
09 March 2017
10 March 2017

Date of publication:
19 April 2017

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 was unannounced and took place on 9 March 2017. We arranged with the registered manager to return on the 10 March 2017 to finish our inspection.

The home is registered to provide accommodation and personal care for adults who require nursing care for a maximum of 25 people. There were 24 people living at the home on the day of the inspection.

At the last inspection on 15 and 17 March 2016 the service was rated as requires improvement, this inspection was made to see if improvements had been made. Since the last inspection the manager had registered with CQC. 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.'

People told us they felt safe and well cared for. Staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safe. People told us staff were available and responded when they needed care.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. People were supported by staff to have their medicines when they needed them.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). Staff sought the consent of people before providing care and they could choose the support they received. People's rights and freedoms were respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them.

People using the service spoke positively about their care. People were supported to eat a balanced diet and with enough fluids to keep them healthy. People's needs were met as there were good links with health and social care professionals. Where needed staff sought and acted upon the advice received.

People told us the staff were caring and respectful. People were relaxed around the staff supporting them told us they had developed good relationships with the staff. People said their privacy and dignity was maintained and our observations supported this.

People had expressed their views and gave feedback about the care so that their individual needs were met. People said staff listened to them and they felt confident they could raise any issues should the need arise.

Staff spoke highly of the management team and of the teamwork within the home. Staff were supported through supervisions, team meetings and training to provide care and support in line with people needs and

wishes. The quality of the service provision and care was monitored by the provider and actions taken where required to maintain or improve the standards.

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.

People received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns.

People said staff met their needs and provided support when they needed it.

People were supported by staff to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good care.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People were supported to eat a balanced diet and menus offered choice. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People said they liked the care staff who supported them. People and relatives said staff provided support and care to people with dignity and kindness.

People and relatives valued the positive relationships they had with staff. Relatives were free to visit whenever they wanted and felt welcomed and supported by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

People and their relatives were supported by staff to raise any comments or concerns about the service.

Is the service well-led?

The service was well-led.

People were cared for by staff that felt supported by the management team.

People and their relatives were encouraged to voice their opinions and views about the service provided.

The management team had systems in place to check and improve the quality of the service provided and take actions where required.

Good ●

Corbett House Nursing Home

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.

On 9 March 2017 we conducted an unannounced visit. We arranged with the registered manager to return on the 10 March 2017 to finish our inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority and the clinical commissioning group (CCG) about information they held about the provider.

During our inspection we spoke to nine people who lived at the home, we also spoke with three relatives who were visiting on the days of our inspection.

We spoke to the registered manager, the provider, the deputy manager (nurse), six care staff and one cook. We also spoke to two healthcare professionals who were visiting the home. We looked at records relating to the management of the service such as, care plans for five people, the incident and accident records, medicine management, complaints and compliments, two staff recruitment files and staff meeting minutes.

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff providing care. One person said, "I feel safe, there is enough staff around day and night." Another person told us, "I feel absolutely safe; the social environment makes me feel safe." One relative told us staff knew the support their family member needed, they said, "[Family member] needs hoisting, it's the safest way of moving for them. There's no problem; staff do it with kindness."

Staff told us they had received training in safeguarding and identified the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager or nurse, so plans would be put in place to keep people safe. Every staff member we spoke with was confident if they raised concerns that action would be taken to protect people. Staff described how they regularly shared information about people's well-being and safety as part of staff discussions.

People told us staff were available when they needed them. One person said, "When I press my buzzer they [staff] come in good time." Another person told us, "Staff come when I need them." Two relatives we spoke with told us they had no concerns about the staffing levels, one relative said, "People are responded to in a reasonable timeframe."

Five members of staff told us staffing levels ensured people were safe and were responded to. One member of staff said, "People are safe definitely. All people are responded to." The registered manager told us that staffing was based on people's needs and was reviewed to reflect any changes. Staff told us that sickness or leave were covered from within the team and the registered manager would also provide cover. One member of staff said, "[Registered manager] is very good, they will always lend a hand." This was acknowledged by one relative we spoke to who said, "The management and nurses get involved in caring for the residents."

People told us they felt supported to maintain their safety and one person told us how staff used a mobility aid to help support them move safely, they told us, "I feel safe when they do this." Another person told us, "I use my [walking] frame, I can't walk without it. Staff make sure I don't fall." They added, "Staff keep it [walking frame] in good condition for me." One person who chose to stay in their room told us, "A member of staff comes in to check on me" they felt supported as staff made regular checks to ensure they remained well. Staff we spoke with were clear about the help and assistance each person needed to support their safety. People were encouraged to walk to the communal lounge and staff ensured they stayed within reach of the person should they need assistance.

We employment checks had been completed, which showed the steps the provider had taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

People we spoke with told us they were satisfied with their medicine support. One person said, "I get my medicines when I need them, one in the morning and one at night." Another person said, "Medication is given on time, they make sure you take it and they never forget to give it you." We observed a medicines round with a member of the nursing staff and looked at the medicines records for three people. People were offered their medicines with the nurse offering support and guidance. One person told us, "They [staff] ask if I'm in pain and they sort the medicine for me." Written guidance was followed if a person required medicines 'when required'. For example, to relieve pain.

The registered manager undertook a monthly check of the MAR (medicine records) and we saw that action was taken if errors, for example, missed signatures, were found. The registered manager also completed staff medication competency assessments. One member of nursing staff said, "The manager does an observation to check that things are done correctly."

Is the service effective?

Our findings

All people we spoke with said the care and nursing staff knew how to look after them. One person said, "The care I receive is excellent, they all look after me well". A second person told us, "The staff know what they are doing when they look after me." One relative said there was good teamwork amongst the staff and they said, "The care is first class, I've no complaints; they've [staff] never let me down." Two relatives spoke positively about the staff and how they supported their family member's health needs. One relative said, "They [staff] are very responsive to health needs, it gives me peace of mind to know [family member] is so well looked after."

All staff we spoke with told us they received training that helped them to do their job. Staff were able to give an example of how training had impacted on the care they provided. For example, one member of staff told us that end of life training was very good and gave them the confidence and knowledge to provide support. They said, "It's vitally important to get it right and the training was very good."

One member of staff told us their induction training had provided them with the right level of support. They said, "I did three shadow shifts working with other staff and seeing how they approached things. It was good because the staff were really helpful and supportive."

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 we spoke with said that had a choice about their day to day decisions and staff would listen to their requests or decisions. Two people told us they chose to spend time in their individual bedrooms and a relative told us their family member chose to spend time in the quieter lounge. Care staff and nursing staff we spoke with understood people's right to choose or refuse treatment and would respect their rights. One person told us, "I choose what time I get up and go to bed. Bedtime for me depends on what's on TV, it's my choice."

Staff understood the importance of obtaining people's consent when supporting them. One person said, "They [staff] ask if it is okay to do things before giving me my personal care." We saw staff asking for people's consent before providing support and when one person refused support the staff member respected this and said they would come back later to check again. Two staff members told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices.

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) We checked whether the service was working within the

principles of the MCA. The registered manager had submitted applications where required to ensure that their rights were protected and they could continue to receive the care and support they needed. We also saw where the registered manager had arranged meetings of relatives and relevant professionals to discuss and agree decisions in a person's best interests.

People told us they enjoyed their meals and that a choice was always offered. One person said, "There's always plenty to eat and they offer me choices." One person told us their meals were brought to their room as this was where they preferred to eat.

We saw that people were offered a choice of drink and when meals were served. When one person did not eat their meal, they were given encouragement by a member of staff. We saw that people who were not able to eat independently, were supported to do so in a way that met their needs with staff assisting them. We saw one person was offered a cutlery aid to assist them eat independently.

We spoke with the cook and they told us they looked to meet with people when they first came into the home to discuss their likes and dislikes. The cook was knowledgeable about people's preferences and dietary needs. For example, where people required softened meals. One person told us, "I am never hungry. I am diabetic and staff know what my preferences are."

Since our last inspection, the provider had introduced quarterly food questionnaires to get people's feedback on the meals provided. One member of staff said, "The questionnaire means improved choices which reflect the resident's choices." We saw the last questionnaire showed people said they would like a choice of bread; in response a choice was now offered.

We saw that people were supported to have a choice of drinks and snacks throughout the day. The registered manager told us since the last inspection they had changed the staffing rota so that one member of staff was available throughout the day to offer drinks to people and snacks to people and ensure drinks jugs were topped up. One member of staff said the change had provided better support to people. They said, "The 'floater' keeps an eye on people and tops up drinks, it works well."

People told us they were supported to access healthcare professionals, for example the chiropodist and optician. The GP also visited regularly or if people were unwell. One person commented, "We have a chiropodist and a doctor if we need [them]." One relative said, "There is no hesitation in calling the GP if [family member] needs it." We saw referrals had been made to the speech and language therapy team (SALT) and the falls clinic for specialist advice on people's mobility support. We also saw that people had been supported to attend consultant hospital appointments in support of their long term health conditions. One member of staff said, "We have a good relationship with the visiting health professionals."

Is the service caring?

Our findings

People spoke positively of the staff and said they were caring and respectful. One person told us, "I am looked after with quality care. I can't speak highly enough of the care staff. Excellent staff, I've no problems at all." Another person told us, "The staff are smashing." All three relatives we spoke with also told us they felt staff were caring. One relative said, "The staff are extremely good, it's as close to being in your own home as you can get."

We heard and saw positive communication throughout our inspection and people were relaxed around the staff supporting them. One relative said, "The staff are very good, very warm and genuine." Staff were aware of people's well-being and levels of anxiety. We saw staff offering people reassurance when they needed it. For example, when one person became anxious several members of staff took time to talk with them and offer reassurance.

People were supported to stay in touch with family and friends. We saw staff help one person use a mobile phone to ring their relatives. One relative said, "When family ring the home, staff take the phone [to the person] so they speak to their relative."

People told us they had developed good relationships with the staff. One person said, "I know I can speak to staff about anything I want or need." We saw that staff spoke with people in a friendly manner. One person told us, "I like to have a laugh with staff; I get along with them all." Staff also told us they had good relationships with people. One member of staff said, "The best thing is how well we get on with people, we get to know them and we have a good laugh. You develop relationships and care for them and their families."

Staff stopped and chatted with people as they walked around the home, offering support and reassurance where necessary. One person told us how staff had supported them in taking a bath. They said, "I was a bit unsure, but it was brilliant." Staff told us an important part of their role was to encourage independence. One person said, "The staff here encourage and support me to be as independent as I can be." We saw one person sort their clothes for laundry, they told us they enjoyed doing what things they could themselves. They said, "I like to do what I can to help and stay busy."

People told us they were involved in planning their care. One person told us, "Staff ask my opinion." Another person commented, "They make changes if I ask." One relative confirmed they were also involved in reviews of their family member's care. They told us, "I've been involved in my [family member's] care plan and it has been reviewed already this year." Staff took into account people's individual needs and responded accordingly. For example, we also saw one member of staff supporting a person with their meal, they chatted easily with them and shared a joke and provided assistance in a dignified manner.

Relatives we spoke to said they felt welcomed at all times and visited when they chose. One person said, "I have lots of visitors, they can come whenever." One relative commented, "There are no restrictions on when you visit. I always feel welcomed [by staff]." Another relative said, "When I come to visit I am made welcome,

staff and management are approachable."

People said they felt respected by the staff and who treated them with dignity. One person commented, "I am very happy here, they [staff] treat me with respect." Another person said, "Staff knock and wait for response before entering my room." Relatives confirmed they felt people were treated with dignity and respect. One relative said when staff were providing care, "Doors are always shut and they [staff] put a notice on the door so no one walks in."

We saw staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they moved to a more private area. Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I love getting to know the residents, they like me and we get on well. The whole [staff] team are very committed to the people we care for."

Is the service responsive?

Our findings

At the last inspection on 15 and 17 March 2016 we found that activities needed to improve and be more meaningful for people. We made a recommendation that the provider seek advice and guidance from a reputable source about providing meaningful activities for people with dementia.

At this inspection we found that improvements had been made. We saw an activities plan was in place. On the first day of the inspection we saw people enjoying a pampering session, with several people enjoying having their nails painted. On the second day we saw people enjoying an armchair exercise session. One member of staff said of the activities available to people, "There's been a massive improvement since the last visit [inspection]. People are better supported now."

On the days of our inspection the activities co-ordinator was not in work. In response the provider had arrange for one of the existing care staff to do additional shifts to provide activity support. We spoke to the member of staff and they said, "I enjoy doing activities with people. The manager has improved activities, there's more to do for people and they have introduced some fun activities, like more parties."

People told us they got to do things they chose and the activities they enjoyed. One person said, "I am happy with my books and my TV. I am a great reader and I have books brought in for me. Staff do ask me to join in with other activities but I am happy here [in my room]. I can choose what I do and don't want to do." Another person told us, "A member of staff takes me and another resident to church on Sundays." We saw another person had been enrolled in a community walking club.

People told us activities and celebrations in the home were advertised on the information board and staff told them 'what's going on.' One relative told us families were encouraged to attend the parties and celebrations. They said, "There always something going on. Staff ask and encourage [family member] but they don't always want to join in; it's their choice."

People and relatives told us staff knew people well. One person said, "They [staff] all seem interested in who I am and what I've done." A relative said, "They know [family member] well. They know their little ways." Another relative told us how staff had recognised when their family member did not like a recommended change in their diet. They told us, "[Family member] didn't like it. Staff took advice and changed it back straight away. As far as I am concerned they respond very well." Within people's care records we saw an assessment of people's needs. The care plans provided guidance for staff to support the person with all aspects of their daily. Staff told us this information was useful alongside getting to know people by talking with them.

Two relatives we spoke to told us communication was good and staff let them know when things changed in their family member's health. One relative told us, "Communication is good, they let me know if [family member] is unwell and I know I can ring anytime for an update." Another relative said, "Anything I phone up for they help with and they take everything I say on board."

We spoke with two healthcare professionals who were visiting on the home on the days of our inspection. They told us they were impressed at how well staff knew people who were at the home for short term respite care. One healthcare professional said, "They [staff] are very responsive. Everything I need [information] when I visit is always available and if they don't know, they find it out."

Staff were able to tell us about the level of support people required, for example people's health needs and number of staff required to support them. We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for each individual people in the home was discussed. For example, one person had attended a hospital appointment and staff were updated. Staff we spoke with told us communication was good and one member of staff said, "The handover is informative, its gives us what we need to know."

People said they felt able to complain or raise issues should the situation arise. One person told us, "I felt confident to raise a concern on behalf of another resident. This was considered and resolved to our satisfaction." Other people we spoke with told us they had no complaints and had not had to raise any issues. One person told us, "I've nothing to complain about but I would certainly let staff know if I did." One relative told us, "I feel comfortable to raise any concerns or complaints to the manager or deputy, they are approachable." Staff also told us they felt able to raise any complaints or concerns on behalf of people if required and they were assured that action would be taken.

The registered manager was clear of the actions they would take if a complaint was received including logging the complaint, investigating, responding to the person and taking any learning for improvements.

Is the service well-led?

Our findings

At the last inspection on 15 and 17 March 2016 we found that improvements needed to be made in the management of the home. We found action was required to ensure the further improvements were made in record keeping for DoL applications and supporting activities for people.

At this inspection we found improvements had been made. People told us activities had improved and we saw that an activities questionnaire had been sent to all people living at the home in November 2016. The responses showed that overall people were happy with the level of activities and commented that they were satisfied that they could choose which activities to participate in.

We also found that a form designed to track DoL applications was now embedded and working to record the status and applicable dates of all applications. The deputy manager told us, "The new form works well and I have also received more DoLS training. It's a big improvement."

People we spoke with told us they were happy living at the home and it was well run. One person said, "I'm quite happy here. Everything runs well. It all seems to go swimmingly." Relatives also spoke positively of the home. One relative we spoke with told us that they were very happy with the care provided and they spoke passionately about how they wanted their family member to stay after a period of short term care. Another relative told us, "It's relatively small, so it's a more homely environment. It's well managed with a nice mixture of staff. The service is appropriate and caring."

We spoke to two healthcare professionals who were visiting the home on the days of our inspection; both of whom spoke positively about the service and told us the people they had visited were happy at the home. One of the healthcare professionals said, "It's a good home. I know the care they provide and when I heard one person was coming here I was relieved because I knew the care they needed and I knew they would be well looked after here." They added, "I've seen three people here and their families are all very happy and want them to stay."

Since the last inspection the manager had registered with CQC. People spoke positively about the registered manager and the changes they had brought to the home. One person said, "[Registered manager's name] comes round to see us, they are very good." A relative also commented, "[Registered manager] is very, very good. They have a natural warmth with people." One person told us they would go to the registered manager if they had concerns. They told us, "I would speak to the manager if I did not feel safe." Relatives told us they felt the registered manager was approachable.

Staff spoke positively about the management of the home and said they received regular supervisions and support. One member of staff said, "The manager is very good, I really rate them; they put the residents first." Another member of staff commented, "[Registered manager] is amazing, I could never fault her." Staff told us supervisions gave them opportunity to discuss issues and also discuss any further training needs. One member of staff said, "I can speak to the manager if I have any issues or need any advice."

The registered manager felt that all staff worked well as a team and staff confirmed this. One member of staff said, "The care is excellent because they carers are very good. They love what they do and put the residents first." Another member of staff said, "It's good teamwork here, everyone gets on well." One relative told us, "The staff respect the manager."

Staff told us communication was good and we saw that care staff meetings had been held where staff were able to raise issues and ideas and the registered manager gave feedback. One member of staff said, "We can add items to the agenda; if you raise issues they do address them and the provider will take action too."

The registered manager had systems in place to check and review the service provided. They told us that they worked one shift 'on the floor' each week as this ensured they knew people living at the home and the care and support they were receiving. We also saw that there were reviews and check of areas such as medicines, care plans and equipment. Checks showed actions taken to make improvements for example, discussion topics in staff meetings.

The provider sought feedback about the service provided. One relative said, "We are encouraged to give opinions through survey's and questionnaires." We saw that the provider had sent a survey to all people living at the home and their relatives in March 2017 asking for feedback on the care provided. Whilst the questionnaire was still out for response, six people had already responded giving an overall positive rating and saying they would recommend Corbett House to other people.

We saw that three people had responded to the questionnaire to say that the environment of the home was 'adequate.' Two people and two relatives we spoke with told us that they felt the environment needed to be improved, for example, painting of chipped paintwork and replacing worn carpets. One person said, "The care is good but I do wish they would brighten it up a bit." One relative said, "The home does need doing up but it's the care that is important and the care is good." The provider told us plans were in place to build an extension to the home and at the same time redecorate the existing home. They advised that following feedback they were planning to immediately replace carpet in the hallways.

We saw that resident and relatives meetings were held. The last meeting held in December 2016, recorded that people were happy with the improvements being made in the service provided. One area of discussion was the building of the new extension and refurbishment of the home. The provider had asked for feedback from people and relatives and any suggestions they would like to make. Previous feedback had suggested improvement to the garden area and the provider told us in response, raised and accessible flower beds were planned.

The registered manager said the checks and audits together with questionnaires and feedback had been used to make improvements in the service provided to people, for example, the improvement in activities and records. The registered manager said, "I am very proud of the changes and improvements we have made."

The registered manager said they received good support from the provider. They commented that the provider was very 'hands on' and visited the home each week to provide support and ensure things were running smoothly. The registered manager also completed daily updates of any admissions, incidents and staffing so the provider could be assured of actions taken.

The provider spoke positively about the registered manager and the improvements they had made, they told us, "[Registered manager] is very enthusiastic, they are very passionate about care. If they say something is needed, I know it's needed. They work the floor and are part of the team."

