

# Omega Elifar Limited

# Corbiere

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Corbiere is a residential care home providing personal and nursing care to four people. The service is provided in a bungalow in a residential area. It has fully accessible rooms and facilities. A maximum of four people who have learning disabilities or autism can be supported in the home. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and / or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff had good awareness of signs and symptoms of abuse and had confidence any concerns would be dealt with by the registered manager. Risk assessments were completed and regularly reviewed. The premises were safely maintained, and regular checks were made to equipment and systems. Staff were safely recruited and there was minimal reliance on agency staff.

Medicines were safely managed and the process of two staff administering all medicines minimised the possibility of errors. Medicines were kept to a minimum and the provider subscribed to STOMP, a campaign to minimise overmedication.

People's needs and wishes were assessed according to current good practice guidelines and both assessments and care plans were regularly reviewed to ensure they were current.

Staff had supervision regularly and found it to be helpful. Training and shadowing of experienced staff took place when a staff member commenced in post and new staff had to become familiar with people's needs before working with them.

People chose what to eat and were supported to maintain a healthy weight by staff. Staff were kind and caring and supported people respectfully. People were encouraged to make day to day decisions and maintain and develop skills.

Care plans were person centred and care delivery was as the person wanted it to be. Staff knew people well and provided information in appropriate formats for them. People had one-to-one staff which enabled them to access the community and maintain relationships with friends and family.

There was a complaints procedure and the provider had clearly worked with a complainant to solve the

concern they had.

The registered manager showed strong leadership and supported staff and people effectively. There was a clear management structure and senior staff worked alongside care staff. The registered manager was aware of their responsibility to submit notifications to CQC and of the duty of candour.

The provider had forged links with health and social care professionals which ensured positive outcomes for people living at Corbiere.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

This service was registered with us on 23 November 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Corbiere

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Corbiere 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We 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 reviewed information we already held about the service including notifications. Notifications are sent by the service to inform us about important events.

We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided and observed three other people. We spoke with five members of staff including the registered manager, senior care workers, and care workers.

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

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding, could identify and would report any signs and symptoms of abuse. There was a clear procedure for dealing with safeguarding concerns and staff were confident that any concerns raised by them would be dealt with by either the registered manager, area managers or senior staff in the service.
- Alerts were made to the local authority as needed and the registered manager notified the Care Quality Commission of any safeguarding issues that had arisen.

Assessing risk, safety monitoring and management

- There were thorough risk assessments of people in the service, their care needs and needs concerning behaviours they may have. Risk assessments were reviewed regularly, and people received the additional one-to-one support identified in their assessments.
- The premises were well managed and regular safety checks were completed for systems including the fire alarm.

Staffing and recruitment

- Staff were safely recruited, and all relevant pre-employment checks and documentation as required by Schedule 3 of Regulation 19(3)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014 were available for all staff records reviewed.
- Staff told us there were sufficient staff available to support people living in the service. There were four people living in the service, all of whom had allocated one-to-one time which was achieved through use of regular agency staff as needed.
- We saw careful management of people's one-to-one support, staff would wear wrist bands that matched ones worn by people, so it was always clear to people who was their current support worker.

Using medicines safely

- Medicines were safely managed. We observed a medicine round. Medicines were given in the morning and evening and always by two staff which minimised the risk of errors in administration or recording.
- Some people were receiving psychotropic medicines to support them in managing behaviours. These were regularly reviewed, and doses were at the minimum possible level to support the person.
- The provider had subscribed to STOMP, 'stopping the over medication of people with a learning disability or autism or both'. This meant that people had medication reviews and annual health care reviews with their GP to ensure they were receiving prescribed medicines at an appropriate level.
- Clear care plans were in place should someone need PRN, (as required) medicines for their behaviours, time scales and specific behaviours were noted as were the specific times to administer.

- Oxygen was stored at the service for use by a person. This was safely stored in a cupboard with external ventilation to prevent the build up of oxygen should there be a leak.
- Rescue medication for seizures was in use. There was a clearly defined pathway for administration of the medicine and for any additional actions to take should someone have a seizure.

#### Preventing and controlling infection

- The service was very clean and there were no malodours. People could clean their own rooms or staff supported them with this. We saw staff cleaning thoroughly and using appropriate products and personal protective equipment for different tasks.
- A weekly registered manager checklist showed that rooms were regularly checked for hygiene and any areas found not meeting their expected standards were identified.

#### Learning lessons when things go wrong

- The provider had an exceptionally good review system for any behavioural issues. Frequency, location, type of behaviour, day of the week among several other areas were reviewed to ascertain whether there were triggers or any actions could be taken by the provider to minimise future occurrences.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and wishes were assessed in line with current good practice standards. Assessments and care plans were regularly reviewed and whenever possible, staff sat with people and discussed how they wanted their care to be delivered.
- Care plans were comprehensive and showed how people wanted their care to be delivered. Care plans were evident for all aspects of people care. In particular, we saw clear epilepsy and behavioural care plans.

Staff support: induction, training, skills and experience

- Staff participated in supervision with senior staff on a regular basis and had an annual appraisal. We saw records to show that supervisions took place at least every two months. The service was very small, and the registered manager and senior care staff were usually available should a staff member need support outside of supervision.
- Staff were trained in a range of areas to ensure they could support the people living in the service. The provider used a mix of a well-known online and book-based training and face to face training.
- Staff completed an induction and several shadowing shifts before they worked independently in the service. They became familiar each person's needs and care plans before working with them as the service supported people with complex needs.
- During a probationary period, staff received additional support in the form of extra supervisions to ensure they were clear about their role and any training needs were being met.

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

- Three of the people living at Corbiere ate from a menu they planned with staff each week. They had a selection of meals they enjoyed choosing from, and they had weekly special menu evenings where they would make healthy versions of popular takeaway foods or have an international food evening.
- People were supported to maintain a healthy weight. Medicines taken by people living in the service had contributed to them gaining weight over a period of time. The registered manager was aware they needed to minimise future weight gain and ensured that most meals were cooked from healthy eating plan cook books.
- One person wanted to have more control of what they ate so planned their own meals each week with staff. They also cooked their own meals on occasion as they wanted to become more independent.

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

- The provider had good working relationships with several health and social care professionals. They had very good access to professionals to support with behaviours in terms of providing plans to manage

challenging behaviours or adjusting people's medication.

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

- The service was located on a bungalow with gardens which had been adapted to provide appropriate accommodation for the people living there. There were accessible bathing facilities and each person had a room decorated according to their taste and containing their personal items.
- There was ample shared accommodation, a large lounge and conservatory gave room for people to be alone if they wanted and the kitchen and dining room could be closed off to maintain people's safety should an incident occur. The kitchen had been open plan with the dining area however this had proved to be a risk as people could access items they could use to harm themselves or others. The provider had added an additional door to close off the kitchen.

Supporting people to live healthier lives, access healthcare services and support

- People had annual health checks, medicines reviews and accessed specialists such as psychology, neurology and psychiatry as required.
- We saw that a person who had been feeling unwell had a GP phone consultation to see if they needed to attend the surgery or not. The GP was supportive of the service and completed required checks.

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

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Appropriate mental capacity assessments had been made and DoLS authorisations were in place for everyone living in the service.
- People were consistently offered choices about what activities to do, what to wear and what to eat. More significant decisions were supported by relatives who had the legal authority to do so.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw kind and caring interactions between people and staff. Most staff had worked with people living at the service for a long time and there were positive and affectionate relationships.
- One person told us, "The staff look after us well."
- Support plans reflected people's personal, cultural and religious needs and staff members received training in equality and diversity.

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

- People were supported to participate in care plan reviews and care was delivered as they wanted it to be. If this was not possible, compromises were sought which provided an acceptable alternative for them.
- Day to day decisions were made by people including what they wanted to wear, what they wanted to do and what to eat.
- Staff knew people well and could provide appropriate behavioural support when needed due to being able to see changes in people's demeanour or body language which might indicate a person was struggling in that situation.

Respecting and promoting people's privacy, dignity and independence

- People clearly felt at home in the service and moved freely around the building. People's rooms were their own and staff knocked and waited for an answer before entering.
- People were enabled to prepare meals with staff support and were supported to complete tasks of daily living to maintain their independence.
- People were treated with respect both by staff and each other, and staff were respectful with colleagues having positive working relationships, the impact of which meant people were cared for by staff who were happy in their roles.
- People's care records were stored securely and accessed only by those authorised to do so.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and contained information about people's likes and dislikes and how they wished their care to be delivered. A section of the care record was 'what is important to me' and listed what meant a lot to the person.
- Care plans had detailed information about supporting people with behaviours including possible triggers, signs they may not be coping in the current situation and actions to take should they become distressed.
- Care plans were reviewed monthly and people contributed to them. Some people would participate in a review with their key worker while other people would talk about their care in informal settings with staff asking how things were for them conversationally as they disliked participating in reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the requirements of the Accessible Information Standard.
- Information was mainly shared verbally in the service however we saw use of symbols and larger print.
- One person had a visual activity programme which was used, with positive results, to maintain their focus and at times support them to remain calm.
- People received person centred care and much of the care planning referred to detailed knowledge of people's communication, both how they communicated and received communication as this was central to achieving successful outcomes for them.

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

- People received one-to-one support which enabled them to be involved in activities and access the community. People had their own activity timetables which may include attending community-based groups, informal community visits, supported work opportunities or activities within the home.
- People were supported to maintain relationships with friends and family outside of the home. Attending social groups such as a music and movement sessions ensured people maintained some friendships and people were supported to visit family as they wished.
- Support was in place for people both in the home and community. The provider was responsive to the changing needs of individuals having increased one person's support to two-to-one when accessing the community.

#### Improving care quality in response to complaints or concerns

- We saw complaints that had been dealt with in line with the providers procedures. For example, the home was in a residential area and at times, if people had been unhappy there had been some noise in the garden which had been heard by neighbours. The provider had contacted them and invited them into the service to meet people and see what they did. When we inspected, the situation appeared to be resolved.
- People living in the home were not specifically aware of the complaints procedure however they knew what to do if they were not happy with anything. One person told us, "If I had any concerns I would say, and it would be dealt with."

#### End of life care and support

- Currently the service was not providing end of life care to anyone however the registered manager was clear that should people become unwell they would be supported to remain at the home until it was no longer possible, or they wished to move.
- No end of life plans were in place for people as when we inspected, everyone living at the service was young and was not living with a life limiting condition and end of life plans were not relevant though would be completed gradually.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was homely and relaxed, and people received person-centred support. People regularly accessed the community and appropriate support was given which enabled people to achieve positive outcomes.
- The registered manager was committed to enabling people to lead fulfilling lives and providing them with support to do so.
- Staff were positive about the support they received from the registered manager and other senior staff and we observed professional and fun interactions among staff and people throughout our inspection.

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

- The registered manager understood their responsibilities under the duty of candour.
- When things went wrong learning was taken from the event and care plans, behavioural support plans and staff practice were updated to ensure that the possibility of a reoccurrence was reduced.

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

- There was a clear structure to staffing within the service however the registered manager and senior staff were actively involved in the day to day tasks around the home. The registered manager was approachable and friendly and provided the team with strong leadership both as a manager and when working alongside staff.
- Notifications were submitted as required and the registered manager was aware of their responsibilities to keep CQC and other professional bodies informed.
- Regular audits ensured that the registered manager had clear oversight of the service and identified and acted on any areas for improvement, for example ensuring that care plans had been reviewed and safety checks carried out.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff meetings ensured that staff were kept updated about people in the service and gave a forum to discuss any concerns and gain advice or share successes with colleagues.
- There were no resident meetings, this was due to the needs of the people currently living at Corbiere, they

did not enjoy group discussions. Individual views on issues affecting the whole service were sought to gain consensus when needed.

- Equality training had been completed by all staff and the provider had an equality and diversity policy which was available to staff.
- The provider worked closely with health and social care professionals to ensure that together they achieved positive outcomes for people living at Corbiere.