

Grand Care Limited

Corbett House Nursing Home

Inspection report

40-42 Corbett Avenue
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Corbett House Nursing Home is a residential care home providing personal and nursing care to up to 35 people. The service provides support to younger adults and older people, including people living with dementia. At the time of our inspection there were 22 people using the service.

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

Improvements had been made to the provider's quality assurance systems and processes. People's medicines were now stored, administered, and managed safely. Action had been taken to ensure the safety of the premises mitigated risks to people and staff. The provider had effective procedures in place to maintain the hygiene and cleanliness of the home.

Since our last inspection there had been changes in management. A new home manager was in post.

The provider had safeguarding systems and processes in place to help keep people safe. Staff knew people well and understood their individual risks and knew how to protect them from avoidable harm. Staff were recruited safely and had received relevant training to enable them to carry out their roles effectively. Staffing arrangements met people's needs. The provider had procedures in place enabling staff to record and report any accidents or incidents. The manager analysed these to help them identify any patterns or trends to prevent similar incidents or themes from reoccurring.

Staff supported people 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.

Staff knew people well and were knowledgeable about their health conditions and needs. People were referred to healthcare professionals as required. People were supported to maintain a healthy and nutritious diet and were offered choices. People had their needs assessed.

The manager completed a variety of audits and checks and was developing these further to ensure systems were robust and effective.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 June 2023) and there were breaches of regulation 12 and regulation 17. We served a Warning Notice in relation to good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Corbett House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Corbett House Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, a nurse specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

At the time of our inspection there was not a registered manager in post. The service had a manager in post who had applied to register with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spent time seeing how people were cared for and spoke with 1 person living at the home and 2 visiting relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 9 staff, including a team leader, care staff, a registered nurse, the chef, the manager, the clinical lead, and the providers. We also spoke with a visiting health professional for feedback on their experience of care and working with the management and staff team. We looked at a range of records. This included 5 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service. After the inspection we requested further records in relation to the management of the service. We also spoke with a further 2 relatives for feedback on their experiences of care.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection, the providers systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people living at the home had been assessed, planned for and monitored. The provider and manager told us they would further enhance the risk assessments currently in place. For example, in relation to smoking.
- Improvements had been made in relation to people and staff's health and safety. For example, there were no exposed wires.
- Since our last inspection the provider had made improvements to their systems and processes to safely manage people's medicines.
- People's prescribed medicines, including topical creams were now being consistently stored and monitored in a new clinic room with temperature control. The clinic room was clean and very well organised.
- The provider had changed to a new system for administering medicines. Staff who administer medicines spoke positively about the new system and told us it was working well.
- Systems for reordering and ensuring appropriate stock for 'as and when' (PRN) medicines for people were in place. For example, medicines for pain relief.
- Audits and checking arrangements were in place. For example, daily, weekly and monthly checks to ensure medicines had been given as prescribed, stock count tallied, and medicines had not passed their expiry date.
- The provider had implemented learning following our last inspection and made the necessary changes and improvements highlighted at our last inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The provider had made significant improvements since our last inspection. For example, a new kitchen had been fitted.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Friends and family were able to visit the home with no restrictions. Relatives spoken with confirmed this. One relative said, "Made to feel more than welcome." Another relative said, "Everyone is very inviting and welcoming here which is nice."

Systems and processes to safeguard people from the risk of abuse

- We observed people in the home and interacting with staff. People were relaxed and engaged with staff. A relative said, "I have no concerns at all over the care my relative is receiving here (at Corbett House Nursing Home)."
- People were supported by staff who were trained and understood how to recognise and respond to concerns. Staff knew what actions to take to keep people safe from harm. One staff member said, "I would record any concerns and tell the manager and deputy manager." Another staff member said, "I would report any concerns and I would be listened to. There is also a phone number to report anonymously if need to."
- Staff had undertaken safeguarding training and there were safeguarding policies in place.

Staffing and recruitment

- Staffing arrangements meant people did not have to wait for assistance. We observed staff responding to people when they needed them. One relative told us, "I think this place is lovely, always plenty of staff around if you need anything."
- Staffing levels were monitored and adjusted when required to ensure people's current needs continued to be met. Staff spoken with confirmed there were enough staff.
- Staff had been recruited safely. New members of staff were subject to pre-employment checks to ensure they were suitable to work with people who lived at the home. These checks included references and a disclosure and barring service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 were assessed. Care plans and risk assessments were in place and described risks to people and guidance for staff on how to minimise risks to people. Staff reviewed care plans regularly and as people's needs change.
- People and relatives were involved in their care. One relative told us, "If I have any questions about my relative's care, there is always someone in the office who can answer them for me."
- Staff knew people well and were kept up to date with changes to people's care and support needs through daily meetings and handovers.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and well trained. The provider ensured staff received the necessary training to ensure they had the skills to effectively carry out their roles and meet people's needs.
- Staff spoke positively about the support and training they received. One staff member said, "If I asked for more training, I would receive this."
- Relatives spoke positively about staff. Comments included, "Staff are very kind, and Corbett House Nursing Home is one and truly the best home I've come across for care" and, "I visit weekly and see carers and the nurses; they all have the right attitude."

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

- Staff understood people's dietary preferences and understood how to meet these. Where required staff supported people with their eating and drinking.
- Staff offered people choices and provided people with snacks and drinks between mealtimes. One person told us, "The food is good here, with good portions and 3 or 4 choices which is really good, you certainly need food choices as you don't want the same thing every day."
- Staff monitored people's weight to ensure this remained stable and people remained well. Where needed, fortified foods and milkshakes were provided.
- Where required staff monitored people's food and fluid intake. One relative told us, "My relative's fluid and food intake are being recorded to make sure they are not dehydrating."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care documentation detailed referrals were made where appropriate for people. For example, referrals

had been made to the tissue viability nurse. Any advice and guidance provided was acted on to ensure people's skincare was appropriately managed.

- Staff knew people well and were knowledgeable about their health conditions and needs. Any changes to people's health and well-being were communicated effectively to staff. For example, during daily meetings.

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

- There had been significant improvements to areas of the home. For example, a new treatment room, a brand-new kitchen and communal toilets and bathrooms had been refurbished since our last inspection. The provider and manager told us refurbishment is ongoing. For example, painting walls and corridors when required and continually improving signage in the home to help people navigate their way around the environment and identify key rooms.
- People had access to communal areas such as a lounge, dining room and outdoor space.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training in the MCA. Staff asked people for their consent before assisting them and we saw people were supported and encouraged to make their own choices where they were able to.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection, the provider's governance systems were not effective in areas including quality assurance and auditing systems. These shortfalls placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection there had been a further change in the management team. A new manager had been in post since August 2023. The manager had submitted their application to register with the Care Quality Commission (CQC) as registered manager for Corbett House Nursing Home. The provider had also recruited a clinical lead.
- Improvements had been made since our last inspection. For example, oversight ensured medicines were now stored securely in a new clinic room.
- In addition, environmental risks had now been rectified. The home was clean, the provider had installed a whole new kitchen and there were no exposed wires.
- The manager completed a range of audits and checks relating to the service. The manager told us these would be further developed to drive through improvements.
- Despite there being further changes in management since our last inspection staff spoken with were positive about the manager. One staff member told us, "It's better this time around, in relation to management. I feel more relaxed, it's much better here." Another staff member said, "Everyone is working together, including management."
- The provider and management team were open and transparent and engaged positively during the inspection.
- The manager was committed to continuously learn and improve care. For example, the manager and a nurse had recently attended wound care training to improve knowledge in management and treatment of wounds to promote healing and prevent infection.

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

- The provider and manager understood their responsibilities under the duty of candour to be open and honest with people, and their relatives, if something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were engaged in how the home was run and had opportunities to feedback about the care provided. For example, during regular conversations, reviews, through resident meetings and surveys.
- Relatives spoken with were positive about how the providers and staff engaged with them. One relative described a situation where the provider had effectively communicated and supported them. Another relative spoke positively about a staff member and said, "They [staff member's name] look after my relative really well, they are really good with them, they are lovely with how they talk to my relative and how they move my relative when needed."
- Staff had regular meetings. For example, one to one meetings and team meetings. Staff told us they were able to discuss their views and opinions and were listened to.

Working in partnership with others

- The staff team worked with health and social care professionals. This included GPs, advanced nurse practitioners, social work teams and advocates to ensure people were supported appropriately and had their needs met.