

Grand Care Limited

Corbett House Nursing Home

Inspection report

40-42 Corbett Avenue
Droitwich
Worcestershire
WR9 7BE

Tel: 01905770572

Date of inspection visit:
01 October 2019
02 October 2019

Date of publication:
31 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Corbett House is a care home that provides nursing and personal care for up to 35 people within one large adapted building. It provides care to people requiring general nursing care some of whom live with dementia and have physical disabilities. At the time of our inspection, 33 people were living at the home.

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

Staff practices to manage and administer people's covert [disguised in food and drinks] medicine required improving to ensure people's needs and safety were fully promoted. Improvements were also required in infection control measures.

People were cared for by staff who knew how to keep them safe and protect them from abuse. The provider's recruitment procedures were followed so people were not placed at avoidable harm by potential staff who were unsuitable to provide care. Sufficient, knowledgeable staff were available to meet people's needs. People told us when they needed assistance, staff responded promptly so people's safety needs were not compromised.

People's needs were assessed, and care was planned and provided to meet people's needs. Care was provided by staff with training and the general manager understood this needed to be provided on a regular basis. People received their medicines from trained staff whose competencies were checked. Staff felt well supported in their roles.

People had a nutritious diet, and they enjoyed the food offered. Staff ensured people had enough to drink to meet their individual needs.

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.

Staff worked in close liaison with local health and social care services to ensure people had access to any specialist support they required.

People were complimentary about the caring nature of staff. Staff promoted people's right to make choices in every aspect of their lives and supported people's levels of independence. People were supported with dignity and respect and end of life care was centred around each person being comfortable and pain free.

People's care and support met their needs and reflected their preferences. People had the opportunity to participate in fun and interesting things to do both on a one-to-one basis and in groups.

The general manager was committed to continual improvements within the service. This included

improvements to the home environment and facilities to ensure these were suitable for people's needs.

There was a positive and open culture which was led by the management team. A range of effective quality checks were in place to monitor the quality and safety of the service provided so people continued to receive quality care.

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

Rating at last inspection

The last rating for this service was Good (published 20 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and specialist nurse advisor on 01 October 2019. One inspector concluded the inspection on 02 October 2019.

Service and service type

Corbett House 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.

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.

Before the inspection visits we looked at the information we had received about the service since the last

inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and the clinical commissioning group who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We spent time with people and spoke with five people who used the service and four relatives about their experience of the care provided. We also spoke with nine members of staff including the general manager, quality assurance manager, deputy manager, floor manager, cook, activity co-ordinator, nurses and care staff. A visiting healthcare professional and a building contractor employed by the provider also spoke with us during our inspection. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including accident and incidents, relatives and staff meetings and quality assurance checks.

The general manager is also the nominated individual/provider and is responsible for supervising the management of the service.

After the inspection

The general manager sent us information which included the actions they had taken to drive through improvements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff's covert medicine practices did not consistently show people's medicine was managed and administered in the most safe and effective way for each person. For people who received their medicines covertly [hidden in food or drink] there were no documented directions on how to administer the medicines effectively and safely from healthcare professionals such as a pharmacist.
- A staff member mixed one person's covert medicine with another medicine before administering it to the person in food. There was no precise indication on the covert medicine documentation to show what the person's medicine should be given with other than 'With food'. This was raised with the general manager and staff member who acknowledged this and took immediate action to remedy the shortfalls we had identified.
- A staff member whilst preparing one person's covert medicine for administration touched a tablet without protection on their hands and fingers. The staff member acknowledged this was not in line with amongst other things, reducing cross contamination.
- The minimum and maximum temperatures to store medicines were not consistently recorded to show these had been checked daily and stayed at the recommended range. A staff member was already aware of this and was following through with staff to ensure this practice was improved upon. We will check this at our next inspection.
- People told us they received the level of support they needed to manage and take their medicines safely. One person told us, "I am confident that my medication is being administered correctly".
- The medication administration records (MARs) we looked at showed medicines were in stock and people had not missed doses of their medicines due to stock availability.
- Protocols for medicines which had been prescribed to be taken 'when required' were available. Ongoing improvements were being made to the protocols to ensure they held all the relevant information to guide staff.
- Staff were trained and had competency checks undertaken to support staff in following safe medicine practices. Medicine records were checked by the management team and should errors be found action was taken straight away to remedy these.

Preventing and controlling infection

- We found staff practices did not always put their infection prevention and control training into practice. For example, staff had left loose toilet rolls on top of two communal toilets situated in a bathroom and shower room which posed a cross contamination risk. In addition, there was liquid in a toilet brush holder and a yellow bin was unclean on the inside. The infection prevention and control lead and the general manager were made aware of these shortfalls in practice and immediately took action to rectify these. This

included reminding staff about their daily practices in promoting and reducing cross infections.

- People who lived at the home and relatives said staff always followed safe practice and wore protective equipment when needed. We also found this was the case during our inspection.
- The home environment was clean and odour free.
- Staff received training in preventing and controlling infections and understood their responsibilities in reducing risks.

Assessing risk, safety monitoring and management

- People felt safe and well cared for by the staff. One person told us the staff helped them with their care needs which made them feel comfortable and safe. Another person said staff always checked they had safely returned home. Relatives we spoke with told us they had no concerns about their family members.
- Staff understood the known risks of the people they supported and explained the measures they took to reduce these risks. Staff were able to explain actions they took to support people with their needs whilst promoting their safety.
- Assessments were completed to provide staff with guidance about people's risks related to their health and safety and took action to reduce these. This included meeting people's physical needs by using various pieces of equipment in line with their care plan so people's needs were safely met.
- The general manager made sure staff were reviewing the information in people's individual fire evacuation documentation to ensure this remained accurate.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and we saw people looked comfortable in the company of each other and the staff. One person said, "I couldn't be more safe."
- Staff showed they understood how to recognise if anyone was at risk of abuse and how to report any concerns they had for people's safety.
- The general manager was aware of the local authority's safeguarding processes. The general manager showed they knew their responsibility to communicate and share information with relevant professionals and other agencies. At the time of our inspection there were some safeguarding concerns which were being investigated by the local authority.

Staffing and recruitment

- The general manager had developed a dependency tool which assists in identifying the number of staff required on each shift, based on the needs of the people living at the home. The general manager used this information to draw up rotas with staff who have the right mix of skills and knowledge to meet people's individual needs.
- Although staff told us they were busy they also felt the staffing levels maintained at the home enabled them to safely meet people's individual needs. Staff did not feel people waited for unreasonable amounts of time to have their needs met.
- During our inspection visits, there were enough staff on duty to respond to people's needs and requests without unreasonable delay,
- Staff told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. The general manager ensured they had strong systems in place to ensure safe recruitment practice.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- Incidents and accidents were monitored so any themes and trends could be identified, and action taken to prevent any reoccurrence.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 care needs were assessed before moving into the home, to ensure effective care could be planned and provided.
- People's cultural and social needs were identified so staff could be aware and meet these. This included where people preferred a female staff member to support them with their personal care needs.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff support: induction, training, skills and experience

- People who lived at the home and relatives told us staff understood their needs and provided effective care. One person said, "They [staff] know my needs very well and know what they are doing." Relatives also expressed positivity about staff practices meeting their family member's needs.
- Staff received a range of training in a variety of areas and their practice was regularly monitored by the management team. Nursing staff told us they were supported to maintain their professional registration to ensure they kept up to date with best practice.
- New staff received an induction which included shadowing more experienced staff and completing the nationally recognised care certificate. This supports staff to gain the skills needed to work in a care environment.

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

- People told us they enjoyed the food provided. One person commented, "Meals are very good." Relatives said the food was home cooked and looked appetising.
- The support offered to people to effectively meet their eating and drinking needs varied dependant on people's preferences. People were promoted to be as independent as possible when eating and drinking and were offered discreet support if needed.
- Care plans recorded people's meal preferences, allergies and the support people required with dietary needs.
- The cook we spoke with explained a range of fresh food was purchased and prepared to provide a variety of choices for people's meals. The cook told us they spent time with people discussing meals to gain their views about the food.
- People's eating and drinking needs were monitored. When concerns had been raised, healthcare professionals had been consulted such as speech and language therapists.

Supporting people to live healthier lives, access healthcare services and support; staff working with other

agencies to provide consistent, effective, timely care

- People were supported to manage their day to day health and had access to ongoing support from their GP and other professionals including physiotherapists and podiatrists. One person told us they regularly saw and spoke with their GP which they valued.
- Staff liaised closely with professionals and acted swiftly on their recommendations.
- The GP was complimentary about how staff met people's health needs including would care to promote people's skin healing.

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

- People told us they found the home comfortable, and they were able to personalise their own individual rooms.
- People chose where in the home they wanted to spend their time and had access to garden spaces which were safe.
- Ongoing refurbishment was taking place. This included an extension to the premises with new rooms.
- Staff and the management team were considering ideas to make the home environment dementia friendly which they had planned to do once the refurbishment work had finished. Staff talked about providing people with stimulation and points of interest in the corridor areas. This would be a real improvement for people. We will follow this through at our next inspection.

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 general manager and staff we spoke with showed good understanding into people's rights under the MCA.
- People told us staff sought their consent and respected their choices and decisions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People told us they felt well cared for and treated with respect. One person told us, "I love it here, lovely carers [staff]."
- Staff had a good rapport with family members. One relative told us, "[I'm] quite impressed, all the staff seem very caring. [Family member] is definitely happy here." Another relative said, "[Family member] is well cared for by staff."
- Staff showed sensitivity and consideration about issues around equality, diversity and human rights when discussing people, they supported. The ethos of the management team was inclusion, to ensure all the people they supported felt included and valued when staff supported them. One person said, "They [staff] are so kind to me. Nothing is too much trouble."
- People were treated with care and respect. We saw people were comfortable in the company of staff. They were smiling and laughing together, and enjoyed responsive physical comfort from staff, such as hand holding, when they needed such. A building contractor expressed how staff were always kind and caring towards people who lived at the home.
- The general manager had a caring approach toward people and the staff team. They had a strong drive to lead by example to make sure people were provided with care which was centred around them and staff took pride in their caring roles.

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

- People explained they made decisions about their day to day support. One person told us, "I can go to bed when I want. They [staff] always check with me."
- People who lived at the home and their relatives were regularly asked for feedback to ensure they were happy with the support staff provided. We saw results from satisfaction surveys were shared with people and their families and there were on-going improvements.
- When people needed support to make their views and wishes known, they had access to the support of an advocate.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. Relatives told us their family members were treated with dignity and respect.
- Staff were respectful of people's needs. All staff we spoke fondly about the people they supported and spoke of respecting their wishes and constantly looking at how they could improve people's well-being.
- People's rights to privacy and confidentiality were respected.

- We saw staff providing people with support in a sensitive manner. For example, staff adjusted people's clothes when they were required in a discreet way. As staff passed people they stopped to chat with them and used touch in a kindly manner.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People who lived at the home and relatives we spoke with felt involved in the care provided. One person told us, "They [staff] always make time to speak with me [and] check everything is okay." One relative told us, "I feel very involved and they [staff] know my [family member] so well." Another relative said, "Staff really know [family member] and are monitoring their needs, what [family member] drinks and [makes sure] they have plenty to eat."
- People's care records contained detailed information for staff on how best to support people with all aspects of their life. They also included information about their health needs and the care people required to manage their long-term health conditions. A staff member told us people's care records were in the process of being reviewed and updated.
- Staff showed through discussion, and conversations they had with people who lived at the home, they knew people's current needs.
- We saw staff were responsive to people's needs during our inspection and relatives we spoke with confirmed they felt staff knew people well. A relative told us, "When they first came in they asked us [family member's] their likes and dislikes and food choices."

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.

- Staff knew how to communicate with people to understand their wishes. Staff found different ways to ensure they understood people's needs, for example, understanding facial expressions and body language.

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 were supported to access the community when agreed as part of their assessed care needs.
- For those people who preferred not to go out of the home, the activities co-ordinator alongside care staff arranged activities to take place at the home, inviting relatives and the local community to join in.
- Visitors were welcome, we saw when visitors arrived they were greeted by their name.
- People were supported to spend time in private with their visitors if preferred and or go on trips out with their visitors.
- People had support to participate in fun and interesting things. The provider employed an activities

coordinator who took the lead in planning and conducting activities. These activities included one-to-one time with people, fun exercise sessions and group games, reminiscence work, sing-alongs and hand massages.

- People spoke to us about the range of ways in which they enjoyed spending their time. One person said they enjoyed going out into town and on public transport to visit their relatives. Another person said they liked games and talking with staff.
- People were supported to follow their hobbies and interests. For example, an area in the garden was made for people to grow vegetables and one person said how much they enjoyed watering the plants.
- There was a 'dreams come true' pot where people could put their wishes in which were then brought alive by staff.
- People's faiths and spiritual beliefs were discussed with them and regular church services were available for people to attend.
- During our inspection people participated in different things for fun and interest such as a game and there was lots of banter which showed people were having fun and enjoying this.

Improving care quality in response to complaints or concerns

- People who lived at the home and relatives did not have any complaints but were confident the general manager and staff would listen and resolve them. One person said, "I'm not complaining at all, [they] treat me very well."
- There was a complaints policy and a procedure for logging and responding to complaints, which showed that any complaints had been responded to.

End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- People's care records had some information regarding people's wishes and choices such as funeral directors' information. A staff member acknowledged this was an area where they had already identified could be improved upon. We will follow this through at our next inspection.
- Staff explained they would involve other agencies to support people who chose to remain living at the home at the end of their life.
- We saw thank you cards from relatives of family members who had passed away. One relatives' comment read, 'We are very grateful for the exceptional care and understanding your staff showed towards [family member].'

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Since our last inspection the registered manager has left their post. The general manager who was also the nominated individual and provider was currently recruiting to the post of registered manager.
- The general manager had developed an open culture within the home and promoted positive team working practices. People who lived at the home, relatives and staff told us they felt supported by the general manager and could speak with them whenever they wished to. One relative told us, "[general manager] is really helpful [and] gives you time to chat about my [family member]."
- The general manager showed a clear understanding of people's individual needs and preferences. For example, the general manager was open when discussing the areas, we had identified as requiring improving and acted to reduce risks to people by taking action straight away. This culture showed the general manager wanted to ensure staff practices were as good as they could be to support people who lived at the home.
- We saw people who lived at the home and their relatives were relaxed in the presence of the general manager who maintained a visible presence around the home environment during our inspection.
- Staff told us they were well-supported and valued by an approachable management team who listened to their views. On this subject one staff member said, "[General manager] is a good manager [and] is supportive and approachable."

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

- We saw evidence of the application of the duty of candour responsibility when complaints had been received. For example, when corresponding back to the person raising concerns and/or complaints an apology was made and; once the investigations had taken place the outcomes of these were shared together with any learning.

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

- The general manager was supported by a deputy manager. The general manager had given some thought to making the management structure more robust. For example, they had employed a quality assurance manager to support ongoing improvements. The general manager recognised quality checking systems needed to be as effective as they could be.
- Staff were also supported with their care practices, so they could be the best they could be.

- People who lived at the home and relatives we spoke with gave positive feedback about the care they received.
- The service was led by a supportive management team. Staff understood their duties and the leadership structure had clear lines of responsibility.
- The general manager understood the requirements of registration with us and a copy of the latest inspection rating and report was on display at the home as required. This is so people, visitors and those seeking information about the service can be informed of our judgments.

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

- People who lived at the home and relatives, told us they felt included in developing the home. This included being involved in the refurbishment and redecoration of the home environment.
- The general manager used different systems to seek feedback to ensure people's voices were heard. People and their relatives were encouraged to contribute their views through questionnaires and review meetings. Where improvements were identified there was an action plan in place to ensure improvements were completed.
- Staff told us they too could express their views and ideas for developing and improving the services provided. One staff member explained how staff could suggest ideas at staff meetings and they felt the general manager and floor manager listened to them and respected their views.
- There were systems in place, so people had the support they needed. These included referrals to external professionals to support people's diverse needs.

Continuous learning and improving care

- Accidents and incidents were reviewed, and learning used to improve the quality of care provided.
- The management and staff team were committed to providing care centred around each person which respected people's diversity, personal and cultural needs.
- The general manager was receptive to feedback throughout the inspection and was keen to continually drive through further improvements. For example, we spoke about staff practices and having training and access to information about infection prevention and control, which was readily acknowledged. Although they had already taken some steps they gave their assurances further improvements would be made to further promote personalised and consistently responsive care.
- The general manager was passionate about continuing to make changes for the benefit of people who lived at the home. These included a café scheme in the reception area of the home and raising funds for a 'magic table' to stimulate people's different senses.

Working in partnership with others

- The general manager worked with local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance on some medical conditions.