

# Corbett Care Limited

# Corbett Care

## Inspection report

448-450 Green Lane  
Ilford  
Essex  
IG3 9LF

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10 July 2017

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 10 July 2017 and was announced because the service looks after people with learning disability. We needed to be sure some one would be available to assist with the inspection.

At our last comprehensive inspection of this service in February 2017, we identified seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the service was rated overall inadequate. The breaches related to the provider not having a registered manager in place to run the service. There were insufficient systems in place or continuous oversight to make improvements. We found a lack of sufficient risk assessments and guidance for staff. We had concern around medicine management, the staff recruitment process, insufficient training and support for staff, a lack of person centred support plans and lack of activities.

After the comprehensive inspection, the provider wrote to us to say what action they would take to meet legal requirements.

As part of this inspection, we checked if improvements had been made by the provider in order to meet the legal requirements.

The service is registered to accommodate up to ten people with learning disabilities who may also have mental health needs. People living at the service were supported by two personal assistants during the daytime, who they directly employed and were therefore outside the scope of our inspection. People were only supported by staff employed by the provider during the evening and night. There was one person using the service at the time of our inspection.

The provider did not have a registered manager in post, although at the time of writing this report, they informed us of their intention to make an application to become the registered manager and had taken the necessary steps to apply to the Care Quality Commission. 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.

During this inspection, we found people were not protected against the risks associated with the unsafe management and use of medicines. Staff did not receive regular competency checks to ensure they had the correct skills for administering medicines.

Records relating to the recruitment of new staff showed that relevant checks were completed before staff worked unsupervised at the service.

A safeguarding procedure flow chart was in place and staff were aware of their roles and responsibilities to report safeguarding concerns. Staff had undertaken safeguarding adults training and they were aware of the

signs and symptoms of abuse. A policy and procedure about the use of restraint was in place and staff were given clear guidelines about the circumstances in which restraint was to be used.

Support plans we looked at included specific risk assessments which identified risks associated with people's care and guided staff about how to minimise risks in order to keep people safe.

Staff were supported to carry out their role through regular supervision and support and received relevant training required to meet people's needs.

We saw people had a hospital passport which was comprehensively completed in order to promote their health and wellbeing.

Staff had completed training in relation to Mental Capacity Act 2005, and understood the principles of the Act and how to support people in line with these.

The provider had implemented some systems for continuous oversight of the service, to make improvements in all aspects of the service.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The provider had a medicines policy and procedure in place for staff to follow. However, improvements were needed to check staff were competent to manage medicines.

People were protected by the provider's recruitment process.

Risks were clearly identified with strategies in place to minimise risk. This enabled staff to support people safely.

Staff were aware of the signs and symptoms of abuse and the procedure to follow if abuse was suspected. They had completed safeguarding adults training.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Systems were in place to ensure that people were not unlawfully deprived of their liberty. However, staff did not demonstrate appropriate understanding of the Mental Capacity Act 2005.

People were supported by staff who had received training to carry out their roles.

Staff were supported through regular supervision and guidance by the provider.

People's healthcare needs were met.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind, respectful and treated people with dignity.

The staff were friendly and polite when providing support to people.

### Is the service responsive?

**Good** ●

The service was responsive.

People had support plans which were personalised and care was delivered to cover all aspects of their needs.

Any complaints or concerns were listened to and addressed satisfactorily by the provider.

People were encouraged to undertake activities of their choice and staff facilitated their participation.

### **Is the service well-led?**

The service was not always well-led.

The provider did not have a registered manager to operate the service.

Although some improvements had been made, more needed to be done to improve oversight of the service.

The provider had implemented a system to check the quality and safety of the service. A system had recently been implemented to allow people and their representatives the opportunity to provide formal feedback about the service.

However, due to the lack of a registered manager it was difficult to assess how the provider would monitor if improvements were sustained in the long term.

**Requires Improvement** 

# Corbett Care

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 10 July 2017 and was announced. The provider was given 24 hours' notice because the location provides a learning disability service to younger adults who were often out during the day, we needed to be sure that the provider would be in to assist with the inspection. The inspection team consisted of one inspector.

Before the inspection, we considered information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection, we were unable to speak with people who use the service because they did not communicate verbally. We spoke with one member of staff involved with people using the service, a relative, the interim manager and the provider of the service. We looked at care and other relevant records of people who used the service, staff records and a range of other records relating to the running of the service.

# Is the service safe?

## Our findings

All the people we met required high levels of personal care and support with all aspects of daily living. We were not able to seek people's views about the service because they did not communicate verbally.

Relatives had confidence in the staff who provided support. One relative said, "Yes he is safe here. So long as we listen to each other it's fine."

At the last inspection, we found that people were not protected against the risks associated with the unsafe management and use of medicines. At this inspection, we looked at the medicine administration procedure followed by staff and checked the Medicines Administration Record (MAR) charts. We found that although improvements had been made in the accuracy of recording medicines, these were still handwritten onto MAR charts. The administration instructions were not clearly stated on the MAR chart. The provider informed us that staff read and followed the instruction on the boxes.

Staff had undertaken on line administration of medicines training and were booked to attend refresher training in August 2017. There were no records to show that their competency to administer medicines safely had been checked, in order to ensure that they were following the correct instructions for medicine administration and keeping accurate records. The above concerns meant that people were not protected against the risks associated with the unsafe management and use of medicines.

At the last inspection we found that staff frequently administered 'as required' medicines to people (known as 'PRN' medicines). There was no PRN protocol in place to ensure staff were aware of the circumstances in which the medicines should be administered. At this inspection we found that this had been developed and placed in the medicine folder. Staff were aware of the protocol and followed the procedure when administering PRN medicine.

Therefore, although some improvements were made with regards to medicine management, more work needed to be done to ensure compliance with the management of medicines in the home. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider informed us that they would switch to use a monitored dosage system to ensure compliance with the management of medicines.

At the last inspection, we found that the provider did not have a satisfactory recruitment system in place to ensure that staff were suitable to work with people in need of support. At this inspection, we found improvements had been made to the staff recruitment process. We checked the staff recruitment file of a newly recruited member of staff as well as four existing staff files. We found that the provider had followed the principles of safe recruitment. They carried out relevant checks before they employed staff in order to make sure staff were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on people who intend to work with children and adults, to help employers make safer recruitment decisions. Two references were

obtained as well as proof of identity from each member of staff, including copies of their passport and driving licence. Staff confirmed that they had undergone the required checks before starting to work at the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom.

The provider also used agency staff. We asked them how they checked if the right agency staff were being employed. They explained that the agency only sent staff who were familiar with the people who used the service and had the necessary skills to provide appropriate support. The provider explained that they had continued to receive the same staff members when needed, in order to provide continuity and ensure that they were familiar with the needs of people using the service. People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding adults training and were clear about their responsibility to ensure that people were safe. They were aware of their responsibilities to raise concerns about suspected abuse and the records they needed to keep. Staff knew that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. They were aware of the provider's whistle blowing policy and knew how to report issues of poor practice. Whistleblowing is a means of staff raising concerns about the service they work at, if they felt they were not being listened to by the managerial team.

The provider informed us that people who used the service were subject to restraint to prevent harm to themselves and others. We saw that all staff had received restraint training, including the personal assistants. We saw that the personal assistants and Corbett Care staff used an ABC record (noting what occurred before, during and after the behaviours, recorded in a hard back book) about when/ how people were restrained and how long for. A risk assessment and clear guidelines for staff about the circumstances in which restraint was to be used were in place. Staff understood that restraint was to be used as a last resort and they would consider other less restrictive techniques prior to this.

At the last inspection we found that risks to people were not appropriately assessed. Sufficient strategies were not in place for staff to understand how to mitigate those risks. At this inspection we found that risk assessments were part of support plans. These related to specific aspects of the support provided such as managing epilepsy, medicine management and behaviours that challenged. For example, in one care record it was written, "If I experience a seizure, (when having a bath) turn the taps off, ensure the plug is not blocked and call for assistance. Please support my head as there is a risk I may submerge under water. Please follow my epilepsy support plan."

At our last inspection we found that the service was not registered with the environmental health agency. At this inspection we found that the service had registered with the environmental health agency and we saw that staff were booked to attend food hygiene training in August 2017.

Staffing levels were sufficient to meet people's needs and to support them with what they chose to do. This was both in the service and out in the community. There was a stable staff team and any absences were covered by them or regular bank staff. This meant people received consistent support from staff they knew, who were aware of their needs and of the support needed to maintain their safety. Staff and relatives confirmed that staffing levels met people's needs.

We saw gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and were safe to use. This helped to ensure people were cared for in a safe environment.



## Is the service effective?

### Our findings

At the last inspection we found that staff had not been sufficiently trained to carry out their role and support people living at the service. At this inspection we found that some improvements had been made.

We looked at the training matrix for staff and found that the provider had made arrangements for an external training provider to deliver mandatory training to the staff. This was observed on the day of inspection when all the staff were booked to attend two days classroom based training which covered topics such as understanding your role, duty of care, equality and diversity, health and safety. Other training attended included autism awareness and positive behaviour support which was relevant to meet the needs of the people who used the service. We saw that further training in relevant areas was planned to be undertaken in August 2017 as well as completion of the care certificate training. The Care Certificate is a set of minimum standards that social care and health workers work towards in their daily working life and sets the new minimum standards that should be covered as part of induction training of new staff.

The staff files we checked contained job descriptions and contracts of employment for clarity of job roles and when these began. We looked at how staff received support at the service in relation to supervision and guidance to carry out their role. We checked staff files and found that the last supervision meeting held with staff was carried out in May 2017 by the interim manager and further meetings were planned on a two monthly basis. A supervision meeting was held between a staff member and their manager to discuss any concerns, their progress and training requirements. Staff confirmed they received supervision which they found supportive. Appraisals were planned for when staff had worked at the service for a year.

Previously, the provider informed us that people's main representatives were responsible for maintaining their health and wellbeing. They transported people to health appointments and liaised with the health professionals directly on behalf of people. The representative attended appointments with people and received correspondence relating to people's health appointments. At this inspection we found that the same arrangement was in place, however, the person's representative, the care co coordinator and the provider now worked closely to attend to people's health needs. We were informed that this arrangement had helped to avoid confusion and people received the health care they needed in a timely manner.

We saw people had a hospital passport. This had been updated and outlined information about people's health care needs and medical conditions. It was comprehensively completed outlining how people presented their conditions and included the actions required to manage these, the behaviours people presented, their communication methods and how these should be managed in order to promote people's health and wellbeing. People routinely saw their GP's, nurse practitioners and dentists as well as mental health practitioners.

People were provided with a choice of suitable, nutritious food and drink. They were encouraged to eat and drink sufficient amounts to meet their needs.

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 so that they can 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found one person whose DoLS application had been authorised as they did not have the capacity to make decisions.

Staff told us they had completed e-learning training in relation to the MCA and further class room based training was planned in August 2017. When asked about consent to care, staff said they would seek people's consent before providing care and support. They told us they would never force people to do anything they did not want to, but would try and encourage people or try again if unsuccessful. Although staff had been trained in MCA, during our discussion, they remained unable to demonstrate appropriate knowledge and understanding of the Act.

We found that although improvements had been made in relation to the issues identified during our inspection in February 2017, further action is required to embed the training, support and supervision provided to staff in order to assess if these improvements can be sustained in the long term.

## Is the service caring?

### Our findings

We found that people were supported by their personal assistants during the day time. However, we noted that Corbett Care staff interacted with people in a friendly manner and were able to communicate with them. Staff said they knew the people who used the service well and knew how to respond to them.

Each person had their own room where they were permitted privacy. Staff were aware of the need to maintain people's privacy and dignity and said they would knock on doors and ask before entering people's rooms. Staff explained to us the importance of informing people of what was going to happen during care and were able to communicate with people and understand their actions to ascertain what they needed.

Staff told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence.

We saw that support plans were personalised and included information about how people preferred their care to be provided in an inclusive way. People's history and how they communicated was stated in the support plans.

Staff respected people's confidentiality. They treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information about people was kept securely in the office.

## Is the service responsive?

### Our findings

At the last inspection of this service in February 2017, we found that people's needs were not appropriately assessed and care was not planned and delivered to meet those needs.

At this inspection we found that a comprehensive re- assessment of people's needs had been carried out. Support plans were developed based on this assessment and covered all areas which people required support with.

We saw that the staff had developed a comprehensive picture exchange communication system (PEC) folder which they had gradually introduced, to communicate with people in order to better understand their needs and wishes and how best to meet these. This was work in progress.

The support plans included pertinent information for staff, so they knew how to support the person according to their needs, preferences and wishes. For example, we saw that one person had a positive behaviour support plan in place to support them to manage their behaviours. This person did not communicate verbally. They used gestures and facial expressions to communicate their needs. We saw that specific guidelines were in place for staff to recognise how to pre-empt a situation and take action to avoid confrontation, for example "[the person] does not like crowded areas and doesn't like the vehicle (when out and about) to be stationary for long."

We found that their positive behaviour support plan included their preferred communication methods and activities they liked, such as, "I like spinning my soft toys and looking through magazines as it is soothing." and " If I take my shoes off, it means I don't want to go out."

People's likes, dislikes and preferences were now clearly stated in their support plans. The provider was aware that the development of personalised support plans which give guidance to staff about people's specific care needs, communication methods and how best to support them in differing situations, were key requirements in ensuring people received care and support in accordance with their identified needs and wishes. This information was required when there was a new and changing staff group as well as when people accommodated do not communicate verbally.

At the last inspection we were concerned that people did not receive adequate stimulation and were at risk of social isolation, as the provider had not identified appropriate, meaningful activities so that people could undertake activities safely.

At this inspection, the provider informed us that people were encouraged to engage in a range of indoor and outdoor activities, depending on how they were feeling. They told us that it was difficult to arrange planned activities due to the nature of people's condition. However some of the activities planned indoors included the use of an exercise ball and small massage balls for hand and foot massage. People were also encouraged to go out for a daily walk and use the exercise equipment in the park as well as cycling. This was work in progress as the staff and provider were exploring further activities for people to participate in.

Staff told us that in addition to support plans and records, they got updates at shift handover from other staff (personal assistants). Therefore, staff had current information about how people were that day and the level of support required.

The provider had a complaints system to record concerns and the action that had been taken as a result. We saw a pictorial complaints procedure which was displayed. Relatives were confident that their concerns would be listened to and acted upon. We looked the complaints folder and noted that any complaints received were adequately responded to according to procedure.

## Is the service well-led?

### Our findings

Staff and relatives told us that the provider was approachable and supportive. At the last inspection in February 2017, we found that the provider did not have adequate systems in place to assess and monitor the quality of the service in order to drive improvement. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. This ensures that they provide people with a good service and meet appropriate quality standards and legal obligations. We also found that the provider did not have a registered manager in overall charge of the service.

At this inspection, we found that although the provider had recruited an interim manager, they had decided not to progress their application to register with the Care Quality Commission as a registered manager. This meant that the provider did not have a registered manager in overall charge of the service. At the time of writing this report, the provider informed us that they intended to manage the service and were in the process of making the required application to the CQC.

After the inspection the provider informed us that they had also appointed an external consultant to guide and assist them to progress their plans to further develop the service. In view of this, they sent us a comprehensive plan of action going forward.

As at the last inspection, we found that the dual arrangement of the staffing structure in the service continued. The arrangement was that staff of Corbett Care and personal assistants (appointed by the parent) provided support within the service at different times. We found that this arrangement continued at this inspection.

The provider had developed a system to monitor the quality of service provided, to ensure it was safe and met people's needs and to help drive improvements. The provider told us that they monitored the service both informally and formally. Informal methods included direct and indirect observation and discussions with people, staff and relatives. Formal systems included audits and checks of medicines and records. We saw that the provider had developed a customer satisfaction survey, which asked people and their relatives to rate various aspects of the service.

Any issues identified were noted and monitored for improvement. This was work in progress which required further development.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. At the last inspection, the provider had not notified CQC of reportable events such as safeguarding incidents and hospital admission. They now kept CQC informed of notifiable incidents.

At this inspection we found that the provider understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure the proper and safe management of medicines.