

Grand Care Limited

# Corbett House Nursing Home

## Inspection report

40-42 Corbett Avenue  
Droitwich  
Worcestershire  
WR9 7BE

Tel: 01905770572

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15 March 2016  
17 March 2016

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 15 and 17 March 2016.

The home is registered to provide accommodation and personal care, and the treatment of disease, disorder or injury for a maximum of 25 people. There were 25 people living at the home on the day of the inspection.

Since the last inspection the registered manager had left the service and a new manager had been appointed but had not yet registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

People said they would like more activities as there was little to do and our observations supported this. We recommend that the service seek advice and guidance from a reputable source and based on current best practice about providing meaningful activities for people with dementia.

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

The deputy manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). However records showed DoL applications had not been reviewed to ensure that they reflected current information. People told us that staff sought their consent before providing care and they could choose the support they received.

People's nutritional needs were met but people felt the food they received could be improved. People told us that although there was choice, meals could be repetitive and the quality could be improved. People were supported with drinks throughout the day.

People were supported to access health care professionals and staff responded to the advice received in providing care to people.

People were involved in making decisions about their care and treatment and were encouraged to express their views and give feedback on the support they received. People said staff listened to them and they felt confident they could raise any issues should the need arise.

Staff said they were supported by the management team and the provider and the manager had implemented recent improvements. There were systems in place to check and improve the quality of the service provided and take actions where required. Some improvements had been implemented but further actions were required to ensure the changes were made in a timely way.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

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

People were safe and staff were available if they needed care.

Staff supported people to take their medicines when they needed them.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and on-going support.

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

People were supported to access health professionals and their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People told us they were supported by staff who were kind and caring.

People felt listened to and received care that respected their dignity and privacy

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive support to engage in meaningful activities to meet their personal needs.

People and their relatives were supported by staff to give feedback on care and raise any comments or concerns about the service

**Is the service well-led?**

The service was not consistently well-led.

There were systems in place to check and improve the quality of the service provided and take actions where required. Some improvements had been implemented but further actions were required to ensure the changes were made in a timely way.

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

**Requires Improvement** 

# Corbett House Nursing Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 15 and 17 March 2016 and was unannounced. The inspection team consisted of one inspector, a special Nurse advisor and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority and Clinical Commission Groups (CCGs) about information they held about the provider. The CCGs informed us that they had undertaken a recent visit to the provider.

During our inspection we spoke to eight people who lived at the home, we also spoke with two relatives who were visiting the home on the day of 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 spoke to the provider, the deputy manager, two nurses, five care staff, the activities co-ordinator and the chef. We looked at records relating to the management of the service such as, care plans for five people, the incident and accident records, medicine management and three staff recruitment files.

# Is the service safe?

## Our findings

People told us they felt staff looked after them and they felt safe. One person told us, "Carers ... make sure I am safe and well." Two people we spoke to told us how staff supported them by making sure they were close by when they needed assistance. One person commented, "Staff walk with me to keep me safe and make sure I don't fall over."

Staff we spoke with showed an awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. The two care staff we spoke to confirmed they had attended safeguarding training and had a good understanding of the different types of abuse. Staff were confident that people were treated safely and were able to raise concerns with the manager if they needed to. They said they were confident that action would be taken as a result.

Staff we spoke with were clear about the help and assistance each person needed to support their safety. Staff told us of the risks they needed to be aware of when providing care and the actions they would take to keep the person safe. For example, we saw staff helping people with their mobility and using equipment, this was done safely with staff giving reassurance throughout.

People told us they felt staff were available if they needed them. One person said, "Staff are good they come when I need them." Two people told us that on occasion they had to wait for staff and they would like staff to have more time to spend talking with them. Two relatives we spoke with told us they had no concerns with staff levels and staff were available to support their family members.

The provider told us staff levels were based on the care needs of the people at the home and this was reviewed monthly. They confirmed that if there was an increase in the amount of support needed then the staffing would be changed to respond to this.

We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed and that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. Staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks helped the provider make sure people living at the home were not placed at risk through their recruitment process.

People that we spoke with told us nursing staff looked after their medicines and they were supported to take their medicines when they needed them. One person told us, "Staff give me my medication at the same time every day." Another person commented, "Staff always give me my medication and stay with me until it's taken." One person told us how staff supported them with their pain relief, they said, "When I am in pain, staff give me pain killers to help."

We saw that a record was maintained of medicines given and there was guidance for staff to follow if a person required a medicine 'when required.' There were systems in place to record the administration and

disposal of medicines. Nursing staff told us they received training on medication management. One nurse told us they had recently been on the training and it had reinforced their knowledge. Monthly medicine checks were made by the manager.



# Is the service effective?

## Our findings

People we spoke with felt staff had the knowledge to support people with their needs. One person told us, "The way staff know how to care for me means that they must have been trained because they know what they are doing." A relative told us, "Staff are well trained, can't fault them at all." Staff we spoke with told us that training helped them to do their job. All three staff confirmed that the training was good and they were able to give an example of how training had impacted on the care they provided. For example, training on mobility equipment which made them more confident in their support to people.

Staff told us they were supported by the management team and that they received regular supervisions. The supervisions gave them opportunity to discuss issues and also discuss any further training 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.

We saw that where one person needed help a best interest meeting had been held with their relative, staff and their GP. People told us that staff sought their consent before providing care and they could choose the support they received. We saw staff asking for people's consent before providing support. One person told us, "They tell me what they would like to do and ask was that okay." We saw that when one person refused support the staff member respected this and said they would come back later to check again.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and saw that the manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. Applications had been made and one DoL was in place. We saw that people moved around the home freely and could choose how to spend their day in their own home.

People told us food could be good and was plentiful and confirmed they were given a choice at mealtimes. However they commented that the quality of meals was inconsistent and that menus could be repetitive. One person said of the food, "It's a bit hit and miss, some days it's very runny and doesn't look nice to eat," and a relative commented, "Food is mixed and can be unappetising." Two members of staff confirmed the meals could be improved.

We saw a lunchtime meal on the day of our inspection; the meals looked appetising and we observed people enjoying their food. We saw that people were supported with drinks throughout the day. One person said, "There are drinks and snacks around during the day if I need them. If in the night, I was hungry or thirsty the night staff would give me something." Another person commented, "I have drinks and snacks in my

room and if I need anything else carers get it for me."

We spoke to the chef who was knowledgeable about people dietary needs, for example where people required softened meals. They told us how they met with nursing staff each week to discuss any changes in people's nutritional needs, for example if people were losing weight. They advised that they spoke to people during meals times to get feedback on the meals. They told us a choice was always offer but if a person didn't like the options they would make them an alternative.

When we asked the provider about the meals provided they stated they felt the quality of meals was good but they agreed that meals could be less repetitive and that new menus needed to be planned. They advised they had recognised the need to improve meals and had appointed a new qualified chef to introduce and create a more varied menu and improve the dining experience.

People told us they were happy with the actions taken by the staff in monitoring their healthcare needs. One relative told us that there had been an "Undoubted improvement," in their family member's health in their time at the home.

We saw that people were supported to access healthcare professionals. On the day of our inspection a nurse had requested a GP visit for one person who was unwell. One person told us, "If I need to see my doctor they arrange it for me and to see other health professionals if needed." A relative told us, "Staff bring in the GP, I don't have to worry." Another relative told us they were happy with the actions taken by the staff in monitoring their family member's healthcare needs. They told us that when their family member had been unwell, the GP had visited regularly and their condition had now improved.

# Is the service caring?

## Our findings

People we spoke with told us staff were caring and they were well looked after. One person said, "If I am upset...carers will sit and talk to me, they listen very well." Another told us, "The carers are very good; nothing is too much trouble for them." One relative commented, "Staff are very, very kind. It gives me peace of mind."

We heard and saw positive interactions throughout our inspection and people were relaxed around the staff supporting them. One relative told us, "We feel our relative is well cared for by the carers."

During our conversations, staff we spoke with had a good knowledge of people's individual needs. One relative told us staff knew their relative well they told us, "Staff know their likes and dislikes." Staff were knowledgeable about the support people required and we saw them give choices in a way that people could understand.

Staff told us that the benefit of being a smaller home is they got to know everyone well. They told us people's preferences were recorded on a 'cloud' sheet' which they found useful, but they told us the best way to learn about people was by talking to them.

People we spoke with felt that the staff knew them. We saw that staff understood how people expressed how they felt. We also saw staff responded to the body language of one person and offered support in a timely way. When one person showed signs of being anxious, a member of staff went to their side. They held their hand, smiled and offered reassurance. We saw that the person became more relaxed.

People told us they felt they were listened to by staff. People told us they chose how to spend their day and where they like to be. One person told us, "I choose to spend my day in my own room because that's what I want." A relative told us their family member stayed in their room because they liked to stay private and they preferred their own company. A relative commented that they felt involved in their family members care and told us, "They (staff) do listen."

People's friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed at all times and could visit freely. One relative told us, "I am always welcomed." Another relative told us they liked the fact it was a smaller nursing home and that it had a, "Homely feel," which they appreciated when they visited.

Two people told us how staff treated them with dignity and respect and one person told us, "They (staff) protect our privacy and dignity by ensuring doors and curtains are closed." Relatives said they felt their family members were respected by the staff and they said staff treated them with dignity. Throughout the inspection we saw staff knock on bedroom doors and wait for a response before they entered.

We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped

out of the communal lounge area. We also saw staff provide support that respected people's dignity, for example when one person had fallen asleep and their drink had gone cold, when they awoke the carer approached them and said, "That doesn't look like a nice cup of tea, shall I make you another?"

## Is the service responsive?

### Our findings

We spoke to people about their hobbies and interests and how staff supported them. One person told us, "I spend time in my room; I don't go into the lounge because there's nothing to do." One member of staff commented, "People are safe here but it would be nice to have more time to give them person centred care."

We noted that although some people stayed in their rooms a number of people sat in the lounge during the day and participated in group activities. The manager had looked to improve activities for people and we saw that each person had an activity box which had been developed to reflect their personal interests and memories. For example, one person liked cats and the selected items included pictures of cats and books.

On the days of our inspection we saw that when the activity box was put in front of them, people were unable to access the items and there was little or no encouragement from staff to access the items or talk and reminisce with them. We also noted an activity board which indicated there was a knitting club on the day of our inspection. We observed although there were knitting items available staff did not offer them to people.

On the second day of our inspection we saw two different activities offered to people, however people did not engage in the activities or lost interest as staff had were not proactive in supporting people.

The provider acknowledged that activities for people needed to improve and be more meaningful. They advised the manager had identified this need and had introduced the activity boxes in January and had also arranged some new events, for example a bonfire and Christmas party. This was acknowledged by one relative we spoke to who told us, although their family member chose not to join in activities, "The new manager has some good ideas and called us (relatives) in for a meeting," they added, "[Manager's name] is trying harder than before." The provider also advised they were looking to source training on meaningful activities for the two activity co-ordinator staff to attend.

People were supported by staff that understood their individual needs. Within people's care records we saw an assessment of people's needs. One member of staff told us this assessment helped to develop a care plan for the person to ensure they received the care appropriate to their needs.

We saw that staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for individual people was discussed. For example, a GP had been contacted to reassess medication which staff had reported was ineffective. Staff were also advised to encourage fluids for another person to ensure they remained well. These and other updates were discussed and shared with new staff coming on shift.

One relative told us, "If we have any concerns we talk to staff, they are very helpful, they listen to our concerns and put things right, just little things so no need to complain." People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no

complaints and had not had to raise any issues. There was a complaints procedure and we saw that complaints received had been investigated and the conclusion of the complaint recorded.

Two members of staff told us if they had any concerns they could report them to the manager. One of the staff gave an example of a concern they had raised. They told us that it had been dealt with and resolved and it was, "Actioned immediately."

We recommend that the service seek advice and guidance from a reputable source and based on current best practice about providing meaningful activities for people living with dementia.

## Is the service well-led?

### Our findings

There had been recent changes in the management of the home. The registered manager had left and a new manager had been appointed along with a new deputy manager. On the day of our inspection the manager was on planned leave so we met with the deputy manager and the provider.

There were checks in place to review the service and care provided. For example, the manager completed a walk around of the home; although this was not currently recorded the provider told us any issues identified could be picked up immediately. There were also monthly checks of medicines, accidents and care plans and where issues identified action taken. We also saw that the manager provided a weekly report to the provider giving updates on any actions.

We found that although the manager had introduced some improvements in activities, further action was required to ensure the changes were embedded and also further improvements made in a timely manner. For example, the provider acknowledged more support and training was required for the two activity co-ordinator staff.

We found that some improvements had been made in record keeping, for example care plans had been audited and improved. However some records still needed improving for example, DoL applications had not been monitored and when one approval had expired and there was a delay before a new application was made. Records also needed to show when applications were reviewed to ensure that they reflected current information on people's care.

When we asked the provider about this they acknowledged improvement was needed. They told us that another external agency had visited the home identified that DoL reviews had not taken place. The provider showed us a new form that had been designed to track the applications. On the day of the inspection we were unable to determine how effective the system was as it had not yet been fully embedded. The provider also told us that they intended to improve their knowledge and that of senior staff by arranging DoL training for them.

We noted that some daily record files, which included peoples personal information were left showing in communal areas during our inspection. We spoke to the provider who advised that this had previously been identified and new files had been ordered to keep people's information private and maintain confidentiality.

People were positive about the home and the care they received. One person told us, "This is a good place to live," and a relative told us, "Overall it's very good." Another person told us, "There's nothing I would change about the home."

The provider told us that the manager spent time on the floor supporting staff and this had led to improvements in care. This was confirmed by staff who told us the manager was supportive and they could approach them for advice. One member of staff said, "[Manager's name] was a nurse so she knows the job. She understands." Staff spoke positively of the management and the changes made. One member of staff

said, "The manager is doing their absolute best."

The deputy manager advised they could ask the provider for advice and they told us the provider gave, "Hands on support." Three members of staff that we spoke to said the provider was supportive and they could approach them at any time with any issues or concerns. They told us they also attended staff meetings and if they were unable to, minutes would be made available to them so that they knew what had been discussed. All of the relatives we spoke to told us they had no concerns and felt the home was well managed.

People knew who the manager and provider were. We saw that the provider talked to people and visitors, who all showed they were familiar with them. One person told us, "The manager comes around to see if we are okay." A relative also commented, "The new manager is friendly and available."

The provider had sent a questionnaire to all residents and relatives. Responses showed people and relatives were satisfied with the care and support given and with all relatives stating they would recommend Corbett House.