Grand Care Limited

Corbett House Nursing Home

Inspection report

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Droitwich
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

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 20 people using the service.

People's experience of using this service and what we found
The provider's quality assurance systems and processes were still not as effective as they needed to be. We found improvements needed to be made to people's medicines in one part of the home as these were not consistently stored, administered, and managed safely.

The provider's checks to ensure the safety of the premises did not consistently mitigate risks to people and staff as timely improvement action had not always been taken. The provider had procedures in place to maintain the hygiene and cleanliness of the home however, these were not always effective.

There had been changes to the staff running the home with a new manager and deputy manager only being in post for a few days when we undertook our inspection.

People and relatives shared positive feedback about how staff supported their care needs and people felt safe.

Staff understood how to recognise and report potential abuse. The risks associated with people's individual care needs were assessed and plans were in place to manage these.

Staff were recruited safely. There were enough staff to care for people, and people did not have to wait long if they wanted assistance.

The provider had procedures in place enabling staff to record and report any accidents or incidents. However, actions identified were not consistently addressed, therefore there was a lack of continuous learning and improving people's safety and outcomes.

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.

People were supported to access the health care they needed. People had a nutritious diet, and they enjoyed the food offered. People had their needs assessed and the provider had plans to continue with improvements to the home environment to ensure this was adapted to meet people's needs.

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 25 February 2023) and there were breaches of regulation 12 and regulation 17. We served a Warning Notice in relation to good governance. At this inspection we found the provider remained 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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 remained requires improvement. This is based on the findings at 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.

Enforcement and Recommendations
Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider, and we will meet with provider following this report being published to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always 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 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. The Expert by Experience carried out telephone calls to people following our onsite inspection.

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.

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 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 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 a visiting relative. 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 7 staff, including care staff, a registered nurse, the chef, the manager, the deputy manager, and the provider. We looked at a range of records. This included 3 people's care records and multiple medicine records. We looked at a 4 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 6 relatives for feedback on their experiences of care.

Requires Improvement

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 remained 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.

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.

Not enough improvement had been made and the provider remained in breach of regulation 12.

● The provider's systems and processes to safely manage people's medicines were not always safe on the first floor of the home.
● Whilst we found no harm to people, we identified action had not been taken to ensure medications had been reordered for 1 person. The person was taking this medication regularly as detailed on the back of the medication administration record. This medication was not in stock should the person require this, to be administered for pain relief.
● People's prescribed medicines, including topical creams, were not consistently stored and monitored. Some medications were stored in a vacant room with no temperature control or checking arrangements as some medications had reached their expiry date. Temperature control is necessary as without this there is a risk medicines could lose their effectiveness or change form and become difficult to use.
● The provider had failed to assess and identify other potential risks to people and staff's health and safety. For example, there were exposed wires.
● Lessons were not always learnt. For example, the provider had not acted and addressed some of the concerns we identified at our last inspection.

There was no evidence anyone had been harmed; however, this was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The administration of people's medicines was working well on the ground floor.
● Staff that administer medicines were trained and had their competency to administer medicines checked.
● The risks to people's health, safety and welfare were assessed, recorded, and kept under review. For example, we saw staff carrying out the required observations in place for people in line with their care plan.

Preventing and controlling infection
● We were not assured the provider was promoting safety through the layout and hygiene practices of the

premises. Whilst we found some improvements had been made since our last inspection further improvements were needed. For example, the extractor fan situated over the cooker in the kitchen had a build-up of dust and dirt, the bottom of the fridge was rusty, there were stained pans and exposed wires. The provider and new management team developed an action plan to rectify these shortfalls in a timely manner.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received safeguarding training and understood their responsibility to keep people safe and to record and report any concerns.
- One relative told us, "This is the best home [family member] has been in. [Family member] is very happy there. I think that proves they feel safe." Another relative said, "Just by having someone (staff) there my [family member] feels safe."

Staffing and recruitment

- Staffing arrangements met people's needs. During the inspection we saw staff were present in communal areas. Relatives told us staff were always available. One relative said, "[Family member's] room is on the first floor and there are always 3 or 4 staff up there. In the lounge area there are also 2 or 3 staff. I've never been into the lounge when there's no staff in there." Another relative told us, "The staff are always around to help [family member]."
- The provider monitored and adjusted staffing levels in line with people's current care needs.
- The provider described how they minimised the impact of current levels of agency staffing and promoted continuity of care, by using regular agency staff whenever possible.
- Staff files contained appropriate checks, such as 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.

Good

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 requires improvement. At this inspection the rating has changed to 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 had been assessed. This included likes, dislikes, preferences, health and support needs and routines.
● People and relatives were involved in the planning of care. One relative described how they were part of the initial assessment where information was gathered about their family member's care requirements. Another relative said, "The family are involved. There was a review of [family members] care plan a couple of months ago." A further relative said, "We can always chat to the staff and do, which is helpful."
● Staff had a good knowledge of people and their individual care and support needs.

Staff support: induction, training, skills and experience
● Staff were provided with relevant training to ensure they were able to meet the needs of the people they were supporting.
● Staff competencies were checked. This included staff medication competencies.
● Relatives were complimentary about staff and confident in their skills in supporting their loved ones. One relative said, "Totally confident. They're (staff) confident and we have confidence in them." Another relative said, "The staff are relaxed and seem to enjoy looking after people. There's a confidence there, for sure. There's only ever been the same staff since [family member] been in there." A further relative said, "The staff are brilliant. [Family member] compliments the staff. [family member] has had the same staff for the whole time he's been there."

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain a balanced diet. Where required staff assisted people with eating and drinking in line with their support needs and preferences.
● People were offered choices of food and drinks and provided with alternatives if they didn't want what was on the menu.
● A relative described how their family member was now eating proper meals at the table and told us, "This is a step up from when [family member] went into the home as [family member] wouldn't sit down and the staff followed her around with finger food and fortified drinks on the go. This means she is now not losing weight." Another relative said, "The food is much improved. The last few months [family member] has put weight on which is great and proves [family member] is eating much better."
● People were provided with snacks and drinks throughout the day. One relative told us, "The home are doing such a good job with [family member]. [Family member was getting UTIs all the time in previous places but [family member] only had one infection in the last two years. The staff keep her hydrated and I

think that's the difference. They understand her and what she needs."

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

- In people's care documentation, we saw examples of a range of referrals to, and communications with, community health and social care professionals. This included liaison with the advanced nurse practitioner regarding people's individual health needs.
- People's care documentation included information about their medical histories and long-term health conditions to ensure staff were aware of their associated needs.
- Staff monitored any deterioration in people's health and wellbeing, including skin breakdown or unplanned weight loss, and helped them access professional medical advice or treatment as needed.

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

- The provider was continuing with the refurbishment of the home environment. This included plans to improve signage in the home to help people navigate their way around the environment and identify key rooms.
- People had access to communal spaces and an outside area.
- People's bedrooms were personalised with items that were important to them. However, the manager is passionate about further encouraging this to promote a homely environment.

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.

- The provider ensured people consented to their care in accordance with the MCA. For people who lacked capacity to consent to their care and accommodation DoLS applications had been made with people's family or representative to make decisions in their best interests.
- Staff understood their responsibilities for ensuring people could make decisions about their care and support. They helped people to make decisions by offering choices and offering these choices in a way they understood.
- Where DoLS authorisations had been granted for individuals, the provider reviewed and complied with associated conditions.

Requires Improvement

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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.

Not enough improvement had been made and the provider remained in breach of Regulation 17.

● Since our last inspection there had been a change in the management team. The new manager had been in post for 3 days and the new deputy manager had been in post for 2 days when we undertook our inspection.
● Some improvements had been made since our last inspection. For example, wardrobes were now secured to the wall. This meant these were no longer a risk of falling on people.
● However, the systems in place to monitor quality and safety were not robust enough as they had not always identified where improvements continued to be required with action taken in a timely manner were needed. For example, medicine audits had been carried out however action had not been taken to address areas of concern. The medicine audit completed on 13 March 2023 and 10 April 2023 identified medicines were not stored securely in an appropriate designated area. This had not been addressed or resolved.
● The provider had failed to address and rectify some of the environmental risks we had identified during our last inspection. This included unclean areas within the home and exposed wires which placed people at risk from avoidable harm.
● The provider's quality assurance systems and processes were still not as effective as they needed to be.

Despite some improvement, governance systems and oversight were still not robust which put people at risk of harm. This means the provider remained in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us they were feeling confident the new management team would make the required changes and drive through improvements.
● The provider and management team were open and transparent and engaged positively during the

inspection.
● The provider and management team provided us with an action plan following the inspection visit.

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 understood their responsibility to be open and honest with people, and relevant others, if things went wrong with the care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relative's feedback were sought through regular conversations and resident meetings to drive through improvements. For example, minutes from residents' meetings showed people had been consulted about planning for a party for the King's coronation.
● Staff were provided the opportunity to feedback on people's care and support through daily meetings, team meetings and supervisions.

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's needs were met. Any advice was recorded in people's individual care plans for staff to follow.

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 had failed to reduce potential risks to people in relation to medicine management and the home environment to ensure people's risks were consistently managed.