

Welford Healthcare MC Ltd

Corbrook Park

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Corbrook Park is a residential care home providing personal and nursing care for up to 80 people. The service provides support to people within 2 separate units, one of which specialises in supporting people living with dementia. At the time of our inspection there were 68 people using the service.

People's experience of the service and what we found:

Overall, there were enough staff to meet people's care and support needs. However, people told us and records showed that at times, people were kept waiting for call bells to be answered.

We have made a recommendation in relation to the allocation and deployment of staff.

The provider assessed risks associated with people's care and support. However, staff had not always robustly followed plans to mitigate aspects of risk. The manager took action to address this straight away.

People told us they felt safe living at Corbrook Park. Staff followed procedures to help protect people from abuse and harm.

People received safe support with their medicines from staff members who had been trained and assessed as competent. The environment was clean and well maintained. Staff followed procedures in relation to infection prevention and control.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice.

People and staff were positive about the management of the service. There was a new manager in post, who was focused on providing person centred care for people. People were mainly complementary about the support they received and said they were involved in decisions about their care.

Overall, the provider had systems in place to identify improvements and drive good care. They worked in partnership with people and other organisations.

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 3 Feb 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a

focused inspection to review the key questions of safe and well-led only.

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

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 the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow Up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Corbrook Park

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.

Inspection team

The inspection team consisted of 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.

Service and service type

Corbrook Park 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. Corbrook Park 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. There was a manager who had applied to register.

Notice of inspection

The inspection was unannounced

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 11 living at the home and 2 relatives, to gain their views. We spoke with 13 staff including the manager, head of quality, nursing, care and ancillary staff. We also spoke with a visiting health professional. We observed how staff supported people and provided care.

We reviewed a range of records, including 11 people's care records and various medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

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 Good. At this inspection the rating has changed 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.

Staffing and recruitment

- Overall, there were enough staff to meet people's care and support needs.
- The provider used a staffing tool based on people's dependency to assess the number of staff required. Managers had focused on the recruitment of new staff and the use of agency staff had reduced.
- However, we received mixed feedback about staffing levels and some people felt staff did not always respond quickly enough. Comments included, "I think there are enough staff, I can find staff if I need,"; "There are not enough, and they need directing" and "I have to wait a long time for my bell to be answered."
- Records relating to call bell response times confirmed people on occasion waited for quite some time for staff to respond. The manager was already monitoring and addressing call bell response times.

We recommend the provider reviews the allocation and deployment of staff, taking into account the layout of the building.

- The provider operated safe recruitment processes.

Assessing risk, safety monitoring and management

- The provider had a process to assess risks to ensure people were safe. Plans were in place and various actions had been taken to mitigate identified risks
- However, in some cases staff had not always followed these plans. For example, a person's care plan said their toiletries should be stored securely due to risk of harm, but these were accessible in their bedroom. The manager took immediate action to address this to prevent reoccurrence.
- Where people had chosen not to follow specific professional guidance, such as in relation to eating and drinking, staff had not always ensured suitable risk assessments had been recorded. Again, the manager took immediate action to address this.
- Risks in relation to the environment and fire safety were managed effectively.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had received training in safeguarding and understood their role to protect people from harm or abuse.
- Systems were in place to ensure any concerns were appropriately reported and actions taken in response.
- People told us they felt safe living at the home. They commented, "I am safe, and it is a happy culture in the main. I wouldn't want to go anywhere else," and "I feel safe, and everything works and the staff are kind."

Using medicines safely

- People were supported to receive their medicines safely.
- Staff had received training and their competency had been checked.
- Audits were undertaken in relation to medicines safety.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The environment was clean and well maintained.
- Staff received training in relation to infection control and prevention.
- We observed there were sufficient supplies of PPE.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The manager was proactive in capturing learning from any incidents or accidents and sharing this with staff.

Is consent to care and treatment always sought in line with legislation and 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Appropriate DoLS applications had been made and a system was in place to monitor these.
- Staff sought people's consent to provide care and support. People told us, "I can make decisions about my care" and "I can get to do what I want."

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 Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a management structure that monitored the quality of care to drive improvements in service delivery.
- The provider carried out various audits and checks. A quality manager supported the manager and an action plan was in place to make ongoing improvements.
- However, we identified some issues in relation to the robustness of risk management and the deployment of staff, which managers were monitoring.
- Managers were open and transparent, responding immediately to any issues raised during the inspection.
- There was a new manager who has applied to register with CQC. A new deputy manager had also been appointed. Staff were supported with training and guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems to provide person-centred care, which overall achieved good outcomes for people.
- People were generally positive about the support they received and told us they were supported to make choices about their care.
- Staff were positive about the management of the service. They told us managers were accessible, supportive and responsive. A staff member commented, "He [manager] is in touch with people. He's always around the building and will pick up on things."
- Staff awards were in place. People were able to nominate staff for recognition.

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 responsibilities under the duty of candour.
- The home's current rating was on display and they had notified CQC of any events as legally required.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- They had implemented a new electronic care management system, which was in transition from the old system.

- The provider supported staff to ensure the system was fully embedded and all required records were consistent and up to date.

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

- People and staff were involved in the running of the service. Staff fully understood and took into account people's protected characteristics.
- An issue was raised with us about some staff experiences of racism whilst at work. This was not in relation to the provider, manager or staff. The manager confirmed they had taken action to deal with this. However, not all staff were aware of the actions taken in response. We raised this with the manager for further consideration.
- The provider was arranging workshops to support staff in relation to values, inclusion and diversity issues. This was part of their pledge to provide inclusive services for LGBT+ people.
- Regular meetings were held to engage with people, relatives and staff. A person told us they attended monthly meetings, commenting, "We can say anything and they listen."

Working in partnership with others

- The provider worked in partnership with others.
- A visiting health professional spoke very positively about staff knowledge and communication.
- Staff consulted with various health and social care professionals including GPs, speech and language therapists, and mental health workers.