Corbett Care Limited

Corbett Care

Inspection report

448-450 Green Lane
Ilford
Essex
IG3 9LF

Date of inspection visit:
05 February 2019

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an announced inspection of Corbett Care on 5 February 2019. Corbett Care is a 'care home' and provides accommodation and support with personal care for up to ten people with a learning disability. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of the inspection there were a limited number of people using the service.

The service had a registered manager in place. 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.

At our last comprehensive inspection on 10 July 2017 we rated the service overall 'Requires Improvement', as well as in the areas of Safe, Effective, and Well-led. This was because we identified one breach of legal requirement as the provider did not ensure the proper and safe management of medicines. We also identified staff did not have appropriate understanding of the Mental Capacity Act 2005 and that the service did not have a registered manager in place to ensure the quality of the service was monitored and improvements were made as required.

At this inspection we found there were no breaches of the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014, and we rated the service overall as Good. We found that the registered manager had made improvements in all areas of concerns we identified at the last inspection. However, at this inspection we found that parts of the premises were in disrepair, had tiles which were missing and carpets which were stained. We recommended that the registered manager needed to make improvements in these areas.

Staff understood their responsibilities regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received the training and support that they required to carry out their roles in meeting people's individual needs and supporting their independence.

People's medicines were managed safely. Staff liaised with healthcare and social care professionals to

ensure that people's health, medical and care needs were met by the service.

Staff were knowledgeable about people's needs and engaged with them in a respectful, sensitive and encouraging manner. Staff had a caring approach to their work and understood the importance of treating people with dignity, protecting people's privacy and respecting their differences and human rights.

There were arrangements in place to ensure people were safe in the service. Risk assessments were completed and staff knew how to manage risks to ensure people were safe.

People's care plans were up to date and personalised. They included details about people's needs and preferences, and guidance for staff to follow so people received the care and support they needed.

People had the opportunity to take part in a range of activities that met their interests and needs.

Staff recruitment procedures were robust ensuring that staff employed were appropriately checked and were suitable to work with people. There were enough to support and meet people's needs.

People using the service were supported and encouraged to choose their meals. Their dietary needs and preferences were accommodated by the service.

People's relatives knew how to raise a complaint and were confident that any concerns would be taken seriously.

Various aspects of the service were monitored and improvements made through ongoing auditing processes.

Incidents and accidents were monitored, recorded and lessons learnt to make further improvements.

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.

There were systems in place to ensure people were safeguarded from abuse.

Risk assessments were completed to help staff manage possible risks to people.

Arrangements were in place to manage medicines safely.

The service had sufficient number of staff to meet people's needs.

Staff had been recruited safely to ensure that they were suitable to work with people.

People were protected from cross infection and protective equipment was used.

Incidents and accidents were recorded and lessons were learnt to improve the service.

Is the service effective?

Requires Improvement

The service was not always effective.

There were missing tiles in some bathrooms, cracks on some walls, stained carpets, lack of decoration and an out of use toilet.

There were systems in place to ensure people's assessments of needs were completed before they were admitted to the service.

Systems were in place to ensure that people were not unlawfully deprived of their liberty. Staff had attended training on Mental Capacity Act 2005 and were aware of the principles of the act.

Staff benefitted from a range of training, supervision and support available to them.

There were good arrangements in place to ensure people's dietary needs were met.

Staff supported people with their health needs.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate when they supported people.

The service ensured that people could have advocacy services when they needed them.

Staff promoted equality and diversity and ensured that people's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and reflected people's individual needs.

People benefitted from activities within and outside the service.

The service had a complaints procedure in place and complaints had been investigated and acted on.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in place.

Staff and visiting professionals gave positive feedback about the management of the service.

There was ongoing auditing process in place to ensure that aspects of the service were monitored and action taken to address in shortfalls.

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.
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This inspection took place on 5 February 2019 and was announced. We gave the service 24 hours' notice. We announced the inspection because we wanted to ensure someone would be available to support us during the inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. The provider did not complete a Provider Information Return (PIR) because of technical reasons. PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted social and health care professionals for their feedback about the quality of the service.

During our inspection, we spoke with a member of care staff, the registered manager and an advocate. An advocate is an independent person who represents and speaks on behalf of a person using the service. We did not speak with people using the service because they were not able to communicate with us. However, we spent time observing people receiving care and looked at their care records. This included their care plan, risk assessment and daily notes. We reviewed three staff personnel files. This included their recruitment, training, and supervision records. After the inspection we spoke with a relative of a person the service supported by telephone. We also looked at records relating to the management of the service.

Good

Is the service safe?

Our findings

At the last inspection in July 2017, we stated that people were not always safe because the registered manager did not check staff competency to administer medicines safely. At this inspection, we noted that all staff who administered medicines had completed relevant training and that their competency was checked. We saw that medicine administration record sheets (MARS) were completed and signed by staff to confirm medicines were administered as prescribed. The registered manager told us and records showed that staff audited medicines to ensure medicines were managed safely.

Medicines were delivered to the service monthly by a pharmacy and stored in a locked cabinet. Records showed that the temperature of the area where medicines were kept were monitored and recorded daily. The registered manager confirmed that any unused medicines were returned to the pharmacy. We noted that there was a medicine policy and a protocol for the administration of PRN (medicines to be taken when and as needed). Staff told us that they had received medicine training and had read the medicines' policy and protocol. This showed that improvements had been made to ensure there was a safe system in place to manage medicine.

A relative told us that they were concerned about the safety of a person using the service. They told us, "[The person] was not watched properly by staff." They said that they had raised issues relating to the facilities such as the shower and use of the stairs, which could pose a risk to the person, with the registered manager. Social care professionals told us staff managed the needs of people well and that they felt people were safe in the service. One social care professional wrote, "I have not come across any concerns over [people's] safety in the home and indeed when [they go] on community visits."

There were risk assessments in place for people using the service. This identified types of risk, risk triggers, severity levels, identified strategies, and what was needed to be done to reduce the risks. Staff we spoke with told us they had read the risk assessments. We saw that risks associated with health needs such as epilepsy were identified and plans of action to reduce the risks were put in place.

Staff rota, discussions with the registered manager and observations showed that there were two care staff supporting one person during the day. We noted that a waking night staff covered the night shift. Staff and the registered manager told us the staffing level was enough to meet people's needs. The registered manager said there had been no incidents at night and the current staffing level was sufficient. They told us this could be reviewed if people's needs changed. The registered manager told us that arrangements were in place to ensure any risks relating to the use of a shower and the stairs were managed appropriately.

The staff recruitment systems ensured that new staff were appropriately checked before they started work. The staff recruitment process included completing an application form, attending interview and undergoing Disclosure and Barring Service (DBS) checks, providing proof of identity and two written references. These ensured staff employed at the service were safe to provide care and support to people. A DBS is a criminal record check that helps ensure that people are not barred from working with vulnerable adults or children.

Our observations throughout the day showed people using the service were relaxed with staff that supported them. Staff were clear about safeguarding and knew what abuse or poor practice meant. They knew how to recognise potential abuse, how to protect people from risk of abuse and how to report any incidents of abuse. A member of staff told us, "If I become aware of an abuse, I will report it to my manager." Staff told us they had read and understood the provider's safeguarding and whistle blowing policies.

Arrangements were in place to ensure people's finances were managed and handled appropriately so that there was minimal risk of financial abuse. People's personal allowance money was kept in a cash tin in a locked safe and we noted staff kept the records of all transactions. We checked one person's cash tin and the records and found them to be all in order.

The registered manager monitored and recorded incidents and accidents. We were told that incidents and accidents were also reported to the local authority and lessons were learnt to improve the quality of the service. For example, the registered manager told us that following some incidents they had avoided taking a person to certain places and this resulted in improvements to their care. They told us they would continue monitoring and learning from incidents to ensure people were safe and minimise risk of re-occurrences.

The service had a fire risk assessment and records showed staff had attended fire safety training. We noted regular safety checks such as fire alarms, emergency lights, firefighting equipment and portable electric appliances tests had taken place. Records showed that the gas and electricity checks were satisfactory. The service had recently been visited by an environmental health officer who made a recommendation in relation to the kitchen. We noted the registered manager had addressed the recommendation.

On the day of the inspection we observed all parts of the service were clean with no sign of malodours. Staff understood the importance of using personal protective equipment (PPE) such as gloves and aprons when providing personal care or carrying out cleaning.

Requires Improvement

Is the service effective?

Our findings

Parts of the premises were not in good order. A relative told us that they had raised their concerns about use of showers and lack of stairs safety arrangements in the service. A social care professional wrote, "The home may appear slightly outdated." Another care professional stated, "The home itself would benefit from some modernisation and decorating." During our tour of the premises we noted missing tiles in bathrooms, stained and worn out carpets, walls that needed painting and out of use toilets. All these issues could have a negative impact on the quality of service people received. We recommend that the registered manager adopts best practice and address these issues.

At the last inspection in July 2017, we stated that the service was not always effective because, although improvements had been made in relation to training and support of staff, further action was required to embed the training, support and supervision of staff in order to assess if these improvements could be sustained. At this inspection, staff records showed that staff had training in areas relevant to their roles. One member of staff listed the training they had attended and these included fire safety, health and safety, basic food hygiene, adult safeguarding, moving and handling and infection control. Staff told us that they found their training helpful in carrying out their roles.

We noted that the registered manager had a training programme for staff. This helped the service to identify and plan new and refresher training programmes for staff. We noted that newly employed staff completed an induction programme when they started work at the service. The registered manager told us they required new staff, who had no experience in care, to complete 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.

Staff told us the registered manager supported them. A member of staff said that the registered manager listened and supported them. They said they had regular supervision. This was confirmed in staff files. However, the registered manager was yet to implement a formal staff annual appraisal. The registered manager told us that they would complete full annual appraisals for staff, which would include their objectives and training plans.

Feedback on the competency of the staff was mixed. A relative told us staff did not know how to meet people's needs. However, two care professionals gave positive comments about staff. For example, one professional said that staff provided good standard of care and contributed to significant improvements in relation to people's behaviour. Another professional told us that staff had learnt a great deal of techniques to support people effectively with behaviours that challenged the service.

The registered manager told us and records showed that people's needs were assessed before they were accepted to the service. The registered manager said they would not accept new people if they thought their needs could not be met and if they believed new people were not compatible with people already using the service. They told us that people were accepted to the service only if the service was suitable for them and

their needs could be met.

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 the 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities under the MCA and DoLS. Where it was necessary to place restrictions on people to keep them safe, they had applied to the local authority for authorisation and notified the Care Quality Commission when this was agreed. Where people lacked the mental capacity to make decisions, we saw the registered manager and staff worked with the person and their relatives to agree decisions that were in the person's best interests.

Staff explained how they supported people to choose what and when to eat. They told us they knew people's likes and dislikes of food and drink. They said they used body language and cards with pictures of food to enable people to choose what they wanted. We saw a folder of cards with pictures of food that staff used as an aid to help people chose what they preferred. We noted that staff encouraged people to eat fresh and healthy food.

Staff supported people to access healthcare, when and as needed. Care plans showed that people were supported to see their GP, physiotherapist, occupational therapist, dentist and opticians. We noted that staff supported people to have annual medical check-up.

Good

Is the service caring?

Our findings

A care professional said they found staff professional and friendly. We observed that staff had caring relationships with people and demonstrated a compassionate approach and understanding of their needs. For example; when a person was anxious staff were able to understand and help them with what they needed. This made the person more comfortable and recover from their anxiety.

We noted that staff had a friendly relationship with people and this helped people settle within the service. Social care professionals told us staff had built good relationships with people and they managed their needs well.

Staff encouraged and promoted independence. Staff told us and records showed that staff encouraged people to carry out tasks as much as possible by themselves. They told us they gradually introduced people to learn and do things for themselves. They said, for example, they introduced people to do things like helping to choose their clothes, putting dirty clothes in baskets and taking them to the laundry. This would help people to gain skills and develop their confidence.

Staff were aware of the need to ensure people's privacy. They told us that privacy and dignity was an important part of care and they always knocked on the doors before entering rooms, and they closed the bathroom doors when assisting people with personal care. Staff knew the importance of personal records being kept securely within the service.

Records showed that assessment of needs and care plans were reviewed regularly. The registered manager told us the reviews of the care plans helped the service to identify and meet any changes to people's support needs. We noted that relatives and care professionals were involved in the review of care plans.

The service used advocates to represent and speak on behalf of people at reviews and meetings. We noted that advocates were closely involved in ensuring the service met people's needs.

Staff promoted equality and diversity within the service. They told us they had discussed with relatives and supported people to attend places of worship. Staff told us they supported people to choose their hairstyles at the barbers and assisted them to choose meals of their choice. They said they did not make any discriminations against people because of differences such as belief, ethnicity, disability or sexuality.

Good

Is the service responsive?

Our findings

Relatives and professionals told us people enjoyed various activities that met their needs. A relative said, "Yes, staff take [person] out to restaurants and for walks." A professional told us, "[Staff] supported [person] to engage in activities including accessing the community."

Records showed that people participated on different activities in the community and within the service. Activities in the community included going to swimming (wet play), community walks, outdoor gym, and going to shops and restaurants. Activities within the service included helping preparing meals, chores around the service, sensory sessions, and watching television.

Care plans were regularly reviewed and updated to ensure people's needs were met. We saw the care plans were personalised included objectives, support plan and how to deliver care. For example, one care plan described the objective of care ("To build on [person's] independent skills") and explained the needs of the person and how they wanted staff to support them. The care plans were written in first person (I) form which meant that they emphasised on people's needs and abilities.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A member of staff told us examples of how they met a person's particular needs just by observing some signs or the person's actions. Care professionals stated that staff how to look after people.

The staff team worked together to deliver effective care and support. There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities. Staff told us that the information was used to communicate with each other between shifts. This ensured people had continuity of care.

The service complied with the Accessible Information Standard. Care plans included people's ability to communicate and recorded how staff should communicate with people. We saw that the service used pictorial cards for communication and to help people choose meals, for example. Staff understood how to communicate with people. They told us they had learnt how to communicate with people using appropriate tone, gestures and body language. Feedback from relatives and care professionals also showed that the service used various means of communication including a newsletter to share information.

There was a complaint policy in place. We noted that complaints were recorded, investigated and responded to by the registered manager. Relatives and professionals confirmed that they were aware of the service's complaints policy and procedure.

At the time of this inspection, the service did not routinely support people with end of life care.

Good

Is the service well-led?

Our findings

At the last inspection in July 2017, we found that the service was not always well led because they did not have a registered manager to operate the service. At this inspection, we noted that the service had a registered manager in place. The registered manager told us they had previously been registered with another organisation to manage children's services. They told us that they were undertaking training to achieve a higher qualification in care management. We noted the registered manager had made improvements in the management and audit of medicines, and provision of training for staff.

Feedback from relatives and professionals about the registered manager was mixed. A relative said the registered manager was not always accessible. However, two professionals provided positive feedback about the service. For example, one professional wrote, "Communication with [us] is very good." Another professional stated, "No issues with management, they have kept me in the loop around all care of the client and no question is out of bounds." We raised the concern relating to the registered manager's accessibility and were reassured that they had been and would be accessible in person and by other means such as telephone calls, emails and text messages.

Staff told us the registered manager was approachable and supportive. A member of staff said, "The manager is very good, listens to staff, and asks if you have a problem. I am happy working here." We noted that staff meetings were held and staff were able to discuss care practice matters and issues related to the service.

The registered manager told us that due to limited number of people currently using the service, they had not used a survey questionnaire to obtain stakeholders' views about the quality of the service. However, they said, they discussed issues relating to the quality of the service at review meetings. They told us that they would develop and use survey questionnaires to ask stakeholders' views as soon as the number of people using the service increased.

The registered manager told us and records showed that regular audits of the service had been carried out. These included audits of care plans, medicine management, daily logs, infection control and people's money. We noted that an independent consultant visited to help with these audits and to provide management support to the registered manager.

Professionals told us that the registered manager worked well with them keeping them up to date with issues and any changes related to care plans, complaints and adult safeguarding concerns. The registered manager had sent us notifications or safeguarding concerns about the service. A notification is information about important events which the provider is required to tell us about by law. The registered manager was aware of their regulatory responsibilities and knew about notifications and when to send notifications such as on safeguarding, serious injuries or incidents.