

St John's School & College

Cornerways

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Cornerways is a residential home providing accommodation and care to eight young adults who attend St John's School and College. Cornerways is based in Hove and is a short distance from the college campus. There were eight young men living at the home at the time of the inspection. The young men living at the home are referred to as learners by the provider and within this report. Learners can live at the home for their three years at the college, 38 weeks a year, during term time.

The outcomes for learners living at the home reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. Learner's support focussed on having as many opportunities as possible to gain new skills and become more independent.

People's experience of using this service:

Learners were safe from the risk of abuse. One learner told us, "The staff are kind and I know they are always there, that makes me safe." Staff had a flexible approach to risk management which ensured learners could have new experiences and maintain their independence. There were enough staff to meet learner's needs.

Learners were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. Staff had the skills and knowledge to deliver effective care and support. Learners were supported to maintain a balanced diet and had access healthcare services as and when needed. One learner told us, "I like living here and I like the food."

Learners were treated with kindness and respect. They were supported to be involved in decisions about their care and given support to express their views. Learner's independence was promoted, and their differences respected. They were supported to maintain relationships that were important to them. Relatives told us their sons received support from staff who cared about them.

Care was personalised to meet learner's care, social and wellbeing needs. They had access to a range of activities that met their interests and were connected to the local community through voluntary work, leisure activities and charitable events. Staff knew them well and delivered their support in the way they preferred.

Learners and staff were complementary of the management of the home and staff felt well supported. The culture of the home was positive. Systems and process were in place to monitor the quality of the service being delivered. One staff member told us, "Staff morale is really good, we have a great team, settled and supportive. We know each other, and we work with every learner to support their needs."

Rating at last inspection: Good (The previous inspection report was published on 25 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

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 caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Cornerways

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Cornerways is a residential care home providing accommodation and personal care for up to eight learners. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the home 48 hours' notice of the inspection visit because it is small, and the manager and staff are often out supporting learners to college or in the community. We needed to be sure that they would be in.

What we did:

Before the inspection: We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their home, what they do well, and improvements

they plan to make. This information helps support our inspections. We reviewed notifications sent to the CQC about important events at the home and information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection: We spoke with two learners living at the home, the registered manager, operations manager, staff from the providers HR, training and estates teams and three members of support staff. We pathway tracked the care of three learners. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.

We completed observations in communal areas. Where learners were unable to answer direct questions, we observed their engagement in daily tasks. We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and four staff recruitment records.

After the inspection: We spoke to two relatives to gain their opinions of the service provided at Cornerways.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Learners were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and received regular training in this area. They could identify signs of abuse. One member of staff told us, "Safeguarding is about keeping learners safe and making sure you refer any concerns you have quickly. I am very aware of signs of abuse, physical and emotional signs."
- Systems and processes were in place to protect learners from the risk of harm. Safeguarding procedures were known by staff. The provider had a dedicated safeguarding team whom staff could call for support and discuss any concerns they had.
- Learners told us they felt safe and their relatives told us they felt their loved ones were safe. One learner said, "I am safe here because I am looked after." A relative said, "I feel he is safe, the staff have developed his road awareness. He has epilepsy and I know this is closely monitored and staff have received epilepsy training."
- Staff told us they were confident the registered manager would act should they raise any concerns about the care learners received.

Assessing risk, safety monitoring and management

- Risks to learners were identified and assessed. Staff had a flexible approach to risk management and learners were supported to take positive risks. For example, one learner wanted to travel independently on public transport. Staff used the provider's travel training programme to assess risk and support the person to use public transport safely. They can now travel around the local area and to and from college independently.
- Effective behaviour support plans were in place. These plans provided a person-centred approach to supporting learners who display or are at risk of displaying behaviours which may challenge. These were reviewed regularly and as and when their needs changed to ensure had access to accurate information to keep learner's safe.
- Environmental risks had been identified, assessed and action taken to maintain learner's safety. Fire risk assessments were in place for the home and learners had individual evacuation plans in place which were known by staff. The provider's health and safety staff visited the home regularly to ensure staff were following safe practices.

Staffing and recruitment

- Recruitment processes ensured staff were safe to work with learners before they started working at the home. A member of the Human Resource (HR) team described the provider's safe recruitment processes

which included checks of staff's suitability and character before they started work.

- There were enough numbers of staff to meet learner's needs. We observed staff responded to learner's need in a timely manner. Staff were flexible in their working hours to meet learner's changing needs. One member of staff told us, "There are enough staff here to meet learner's needs and we work together to make sure the learners can live as they choose to."

Using medicines safely

- Medicines systems were organised, and learners were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff understood visual signs that learners may be experiencing pain and medicines that were prescribed on an 'as needed' basis, were available. One member of staff told us that one learner could not verbalise if they were in pain. They described how changes to their body language and facial expressions would prompt staff to support them.
- Staff who administered medicines were trained and had regular competency checks which supported their practice to remain safe. A member of staff told us, "Medicines are safely managed here, the team are so diligent. They are very focussed on the task at hand, we have had very few medicines errors because of this."

Preventing and controlling infection

- Learners were protected from infection control risks. Staff were aware of infection control procedures and received training in this area. Learner's lived in a clean and hygienic environment.
- There was a cleaning rota in place which staff took part in. We observed staff use personal protective equipment (PPE) such as gloves during the inspection.

Learning lessons when things go wrong

- Accident and incidents were managed safely, and lessons learned to improve the care learners received. The provider had a system which allowed for senior managers to oversee and analyse incidents to ensure lessons were learned.
- The registered manager was transparent when things went wrong and took learning from incidents. For example, they told us they had planned to change one learner's keyworker due to concerns over boundaries. The registered manager said the transition period had not been as well planned as it could have been, and this raised the person's anxiety. They apologised to the learner and put in place a joint transition plan which had been successful.

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

Learner's outcomes were consistently good, and their feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received a range of training opportunities to support them to deliver effective care and support. One member of staff told us how medicines training had helped them improve their practice, they said, "I was dubious about doing a refresher as we administer medicines every day. It identified how easy was to make a mistake and reminded us of the importance of cross referencing and it has helped my practice to improve."
- Specialist training was provided to support staffs understanding of learner's individual needs such as epilepsy, autism and learning disability. One learner had experienced difficulties with their mental health recently. The provider responded to this and implemented mental health training for staff to better support the learner. A relative told us, "The staff appear to be well trained by their knowledge of my son's needs."
- New staff were fully supported to transition into their new role through an induction programme. One member of staff told us, "The induction process is really good, and I have had a lot of support. I have a mentor and it has been enjoyable. I have had a lot of opportunity to get to know the learners."
- Staff received regular support and supervision. A member of staff told us, "We have regular supervision. It is helpful as we get to talk and discuss our practice and supports development. It is a nice opportunity to chat and understand anything going on in the home."

Supporting people to eat and drink enough to maintain a balanced diet

- Learners were supported to eat a balanced diet and they were complimentary of the food provided. One learner told us, "The food is good I can eat when I want and what I want."
- Staff were aware of learner's individual dietary needs. For example, one learner had an allergy to cows' milk, so staff ensured they had access to specialist oat milk. This was documented in their care plan and staff we spoke with were aware of their needs.
- Learners were able to access food and drinks independently, as they wished. Where learner's needed support, staff were available to help them. We observed one learner help themselves to breakfast of their choice with minimal support from staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Learner's needs, and choices were assessed prior to them moving into the home and regularly thereafter. The assessment process involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability and sexual orientation were considered as part of their initial assessment. This demonstrated that learner's diversity was included in the

assessment process.

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

- Learner's needs were met by the design and adaptation of the building. They had access to a communal lounge, kitchen and garden area. There was a 'chill out' room which learners could access freely to rest, watch films or listen to music.
- Learner's rooms were personalised and reflected their individual interests, they could decorate these as they wished. One learner told us, "My rooms is nice, and I have the things I like in it."

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

- Learners were supported to access healthcare services in a timely manner. For example, one learner has a history of self-harm. Staff noticed a change in their behaviour and proactively supported them to access mental health support.
- The provider has a team nursing staff and counsellors available to learners to support them, and staff if they have any queries regarding a learner's health. The registered manager told us this had improved the timeliness of learner's access to support.
- Staff worked well across the team and with other professionals to meet learner's needs and support healthier lifestyles. For example, one person had experienced weight gain due to a change in their medicines. Staff have supported this by providing the learner with information to support healthier diet choices and encouraging more exercise.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty 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 Safeguards (DoLS).
- We checked whether the staff was working within the principles of the MCA. Staff had a good understanding of the principles of the MCA. One staff member told us it is about the, "right to make decisions, and should be considered on a decision by decision basis. Some learners just haven't got capacity to make big decisions but could easily decide what to wear. We respect that and never make assumptions."
- We observed staff ask learner's for consent before supporting them. Learner's told us their choices were respected. One learner said, "I like the staff and I like that I am allowed my own space. They respect that, I can make choices and they respect them."
- Some learners were subject to restrictions due to the complex nature of their needs. DoLS applications were detailed and decision specific to ensure outcomes for learner's were met in the least restrictive way. Staff had a good understanding of DoLS and what this meant for a learner living at the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Learners were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Learners were treated with kindness and respect. One learner told us, "I am happy here and the staff are kind to me and sometimes funny." Another learner said, "I am happy at Cornerways, they are kind and I know they are always there." A relative told us, "Staff are very caring, you can tell just by the way they speak to the people living there. They show genuine concern for people and are interested in their day and what they are doing."
- We observed positive interactions between learner's and staff and it was evident they trusted the staff that were supporting them, as they knew them well. One learner had a love of superhero films, we saw them engaged and happy in a conversation with a member of staff about the films they enjoyed.
- Staff spoke passionately and respectfully about the learners and the challenges they faced due to their needs. One member of staff told us how they had been supporting a learner to engage with activities they enjoyed following a period of ill health. They were passionate about supporting them to enjoy their life and opportunities available to them. The member of staff told us, "I am very privileged to be in this job and to work with the learners, they bring so much joy to my life."
- Learners were supported to maintain relationships and develop friendships that were important to them. For example, one person had been supported to develop a relationship. Staff provided them with support to plan dates and emotional support when the relationship ended. Another learner developed a friendship at college with a learner who lived in another home. Staff supported them to spend their free time together and meet each other for meals.
- Learners were supported to maintain their personal identity. They were encouraged and supported to dress how they wished and in a way that reflected their personality.
- Learner's cultural needs were promoted and celebrated by staff. For example, one learner enjoyed cooking foods from his cultural background. Staff encouraged this and supported the person to share his culture with other learners by cooking them traditional meals. Another person's first language was not English, a member of staff from another home came to see the learner to speak with them in their language and supported them to call family members.

Supporting people to express their views and be involved in making decisions about their care

- Learner's had access to information in a format which reduced barriers to communication. Staff had a good understanding of how they communicated and expressed themselves. For example, one learner used 'social stories' to engage in activities such as personal care. A member of staff told us how this had improved their communication and independence and they could now complete personal care tasks with minimal

assistance. The use of social stories has allowed staff to understand this person's communication needs and the learner can now express their opinion as if they want something or not.

- Learners were supported to be involved in decisions about their care and given support to express their views. For example, learners had regular meetings with their key workers where they could discuss their care, how they were feeling and activities they wanted to take part in.

Respecting and promoting people's privacy, dignity and independence

- Staff had a visible person-centred approach to supporting learners to maintain their independence. For example; staff had worked with one person, trialling different communication techniques to allow them the freedom and ability to make choices. A staff member told us this approach was, "fundamental to what we do and promoted independence and choice."

- One member of staff told us, "I really do believe in independence, we all believe in promoting independence." They gave examples of how they had supported learner's independence. This included supporting a learner to understand how to charge their electronic tablet and to unpack their bags after a weekend at home. The member of staff said, "He can do so many more things on his own and he is realising he is much more capable. This has been great for his self-esteem."

- Learner's privacy was respected. Staff did not enter their rooms without first knocking to seek permission to enter. Both learners we spoke with told us how they can spend time alone as and when they wished.

- The registered manager, the provider and staff understood the importance of confidentiality. Learner's records were kept securely and only shared as required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Learner's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Learner's care plans were person centred and reflected them as individuals detailing their backgrounds, like and dislikes.
- Learners were supported in the way they liked and in line with their assessed needs. For example, one learner was independent with personal care but required support from staff to shave. We observed them ask a member of staff who helped them as they wished.
- Staff knew learners well which supported personalised care. For example, one member of staff told us a learner did not talk to anyone or engage in any activities when they moved in. They described how they spent time building their trust and they now attend house meetings and out for dinner and activities. They have developed friendships which they had not done before moving into Cornerways.
- Learners were active in their local community and had access to a range of activities that met their interests. For example, one learner had a passion for a particular genre of music. Staff looked out for local concerts and supported them to see a band locally. The learner told us, "Staff took me to see a concert in Brighton, it was very loud, but I enjoyed it. It was good to hear the music live." Another learner had an interest in musical theatre and was supported to gain work experience at a local theatre in Brighton. A member of staff told us, "Our access in the community is amazing, learners are never in. We really work hard to integrate them into the community and local events." A relative told us, "He is always out and about doing different activities, he has made friends and now enjoys being with a peer group."
- Learners were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Staff had a good understanding of learner's communication needs and how they required information to enable them to make informed decisions. For example, one learner used Makaton to communicate, staff have received training in this area to ensure they are able to understand their needs.
- Learners had access to different technologies to meet their needs. Some enjoyed using laptops and electronic tablets to listen to music, access social media and watch films.

Improving care quality in response to complaints or concerns

- There were systems in place to manage concerns and complaints. The registered manager responded to complaints in a timely manner. For example, one learner raised a complaint about a change staff made to their support. A senior member of staff responded in line with the provider's policy and met with the learner to agree a positive outcome.
- Relatives told us that they were very comfortable around raising concerns with the management team.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The culture of the home was positive and enabled learners to live how they wanted to. There was a calm and friendly atmosphere within the home. A member of staff told us, "I am always comfortable working here, staff morale is brilliant and there is a lovely feel to the home. Most of us have worked years together, we really care about the learners and we have a caring approach to each other."
- The registered manager understood the duty of candour and promoted an open and honest service and lead by example. They were accessible to learners and staff throughout the inspection and there was an open-door policy for all.
- The registered manager and provider understood the importance of continuous learning to improve the care learners received. They kept themselves up to date with changes in legislation and attended regular management meetings and training opportunities organised by the provider to share best practice and learn from other managers.
- The provider used feedback around quality performance to drive improvements to the care at the homes. For example; learning from a CQC inspection at another home had been shared across their home and used to drive improvements at Cornerways. A review of the documentation of mental capacity assessments and best interest decisions was being undertaken to further improve learners care records, following this sharing of learning.

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

- Management of the home was effective, and the registered manager understood the regulatory responsibilities of their role. A new manager was in post and in the process of applying to be registered with the Care Quality Commission (CQC), as the current registered manager was changing roles. They were aware of the regulatory responsibilities of being registered with the CQC and staff and learners were already complimentary of them. One member of staff said, "(manager) hasn't been here long but he has been really approachable and is responsive. You always get a reply and advice in a timely fashion." A learner said, "He is really nice, I like him he talks to me and he is good."
- There were robust quality assurance systems and processes were in place to assess, monitor and improve the quality of the service being delivered. These included regular checks of different aspects of the services provided including; medicines, health and safety and safeguarding. A medicines audit had recently been

completed and the registered manager was working with a member of staff to action improvements in a timely manner.

- Relatives were complementary of the management of the home. One relative told us, "I feel the home is well managed through the calibre of staff they have. This must stem from the management." Another relative had previous concerns about the management of the home but felt that the new manager was "very understanding" and they were positive about moving forward.
- Staff praised the management of the home and told us they felt well supported within their roles. One staff member said, "The home is well managed. The leadership team are really good and answer so many questions for us. (New manager) has come in with a great energy and is happy to be here, they ask us ideas and they listen."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Learners, staff and relatives were engaged and involved in the service provided. Daily feedback was sought through their engagement with staff and through key worker meetings and care reviews. Records showed that learners were able to make suggestions for activities such as 'laser tag games' and then they were supported to participate in these activities.
- Learners and staff took part in yearly surveys. These had been adapted to a pictorial format for learners to improve their understanding of the questions asked. A recent survey showed that learners were happy with the support they received.
- The provider understood the importance of engagement and the Chief Executive Officer (CEO) of the organisation visited the home for 'tea and chat' meetings regularly to talk with learners and staff. Staff raised maintenance issues with them at a meeting in March and reported that this was rectified quickly.
- Staff were engaged in the running of the home and felt listened to. They attended weekly staff meetings where they discussed their roles and improvements they could make. For example, recently staff felt that daily tasks could be assigned in a fairer way. The shift leader now allocates tasks so all staff as supporting each other. Staff and the registered manager said this had a positive effect on staff morale.
- Staff worked in partnership with others to ensure learner's needs were met. For example, staff had developed good links with a learner's psychiatrist which has ensured timely access to mental health support. The person's mental health has begun to improve due to staff's dedicated approach and communication with health professionals.