

Merryhill Care Limited

# Cornerways Residential Home

## Inspection report

1 Tanners Hill  
Hythe  
Kent  
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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 Residential Home is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 20 people. Accommodation is provided over three floors in a large detached home in Hythe.

### People's experience of using this service and what we found

People told us they felt safe and liked living at the service. They said the staff helped them stay safe. Risks to people were identified and measures were in place to keep risks to people's health and welfare to a minimum. People were supported by enough staff who had been recruited safely. Robust employment checks were completed before new staff began to support people. New staff completed a comprehensive induction and all staff completed regular training to keep up to date with best practice. Staff supported people to have their medicines safely and on time. Regular checks on medicines were completed and staff were trained and assessed as competent to provide this support.

People's needs and preferences were assessed before they began living at the service to make sure staff could meet these needs. When people's needs changed, records were updated to reflect this. People were supported to stay as healthy as possible and staff worked closely with health care professionals to provide effective, joined-up care. People were referred to health care professionals as needed. People told us they enjoyed their meals and they had a wide variety of choices. They were able to suggest different ideas for meals and were listened to by staff. 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 by a staff team who knew them well. The providers, registered manager and staff were passionate about providing high-quality care. They were kind, caring and patient and people told us they liked them all. Throughout the inspection staff spoke gently with people and were calm and reassuring. Staff valued people for their individuality and shared a holistic view of people's care. People were treated respectfully, and their privacy and dignity were maintained.

People's background, life history, career and people and things that were important to them were recorded. This enabled staff to get to know them and stimulated conversations with people about their past. People were engaged in meaningful activities which they told us they enjoyed. Regular events were held, and a dedicated activities co-ordinator spent time with people on a one-to-one basis each day. People told us they enjoyed cooking and gardening and had visits from local school children. People told us they did not have any complaints about the quality of service or staff and were confident the registered manager would resolve any issues if they had any.

People told us the service was well-led. They said the providers regularly came to see them and chat with them. They all spoke positively about the registered manager and staff. The atmosphere at the service was

calm and relaxed. The culture was one of openness and inclusivity where people and staff were valued. Regular checks on the quality and safety of the service were completed and action was taken if a shortfall was identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 16 September 2017). Since this rating was awarded the registered provider of the service has changed and the service re-registered. We have used the previous rating to inform our planning and decisions at this inspection. This service was registered with us on 10 January 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our current inspection programme.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Cornerways Residential 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Cornerways Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does 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 this information to plan our inspection.

During the inspection

We spoke with five people, four staff, the registered manager and the two providers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including training and quality assurance processes were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service.
- People were protected from the risks of abuse, discrimination and avoidable harm by staff who completed regular training about keeping people safe. Staff knew how to report any concerns, including reporting outside the service, such as to the local authority or the Care Quality Commission (CQC).
- The registered manager and staff followed effective safeguarding process. Concerns had been reported to the relevant authorities in line with guidance. Any concerns were investigated thoroughly and were dealt with in an open and transparent way. Where a lesson could be learnt this was shared with staff.

Assessing risk, safety monitoring and management

- People were supported to stay safe and have their freedom respected.
- Risks to people were assessed, identified, monitored and reviewed. Measures were in place to reduce risks to people. For example, when people were at risk of developing a pressure area, special equipment, such as pressure relieving mattresses, were in place.
- When a person lived with epilepsy, there was step-by-step guidance for staff on how to support the person during and after a seizure. When people were at risk of falling, staff gently reminded them to use their walking frames. When people were in their rooms staff made sure their call bell was within reach. This enabled staff to provide people with support when they needed it.
- Risks to the environment, including fire risks and checks on electrical appliances were regularly completed. Special equipment, such as hoists, were serviced to make sure they remained in good working order.

Staffing and recruitment

- People were supported by a staff team who had been recruited safely. Recruitment checks were robust and included two references, one of which was from their last employer. Criminal record checks with the Disclosure and Barring Service helped the provider make safer recruitment decisions.
- People told us they had been involved in recruiting new staff. One person told us, "I am on the interview panel with [the registered manager]. My opinion counts and that is important to me. It means I have a say in who will be supporting me in the future".
- People told us there were enough staff. They said, "No matter what time of day or night, there is always someone here to help if I need them" and "There are always plenty of staff".
- The registered manager used a dependency tool to assess people's needs and make sure there were enough staff on each shift. They monitored and adjusted the staffing to make sure people's needs were met. The registered manager said, "If we need an additional member of staff I will arrange it. For example, when a

person is on end of life care I make sure we have an extra member of staff to spend time with them. The staff are very flexible. They have a lot of goodwill. They volunteer to cover shifts".

#### Using medicines safely

- People received their medicines, as prescribed, safely and on time. Staff were trained to manage people's medicines and their competency was regularly checked by the registered manager.
- Staff used an electronic system to record the administration of medicines. When people needed medicines for things such as pain relief or anxiety on an 'as and when' basis, staff were prompted to record the reason for giving the medicine and to check later and make sure it had been effective.
- When people needed patches to provide pain relief, staff used a body map to monitor the rotation of sites and make sure it was in the correct place. When people needed creams to keep their skin healthy, staff also used a body map to make sure the cream was applied to the right area. When people need to take anti-coagulant medicine to keep their blood thin, there was detailed information for staff about monitoring the person.
- The registered manager said, "Sometimes a person might refuse their medicine. We record it and go back and try again a little bit later. Staff always let me know if a person is still refusing their medicine, so we can seek further advice. Usually, with a bit of patience, we can encourage them to take their medicine".

#### Preventing and controlling infection

- People were protected from the risks of infection. The service was clean and free from unpleasant odours. The registered manager told us, "We take pride in the home. It is important it is clean and tidy and a homely environment".
- Staff completed training about infection control to make sure they were knowledgeable about best practice. Staff wore gloves and aprons when supporting people with their personal care to help protect people from the risks of infection.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. The registered manager monitored these to check for any patterns which helped make sure people received the right support. For example, if a person had a number of falls, staff referred them to the falls clinic for advice.
- The registered manager understood their responsibility to notify the local authority and CQC of reportable incidents. They had reported incidents in line with guidance.
- When lessons could be learned, or things could have been done differently, these were shared with the staff team to make sure they continued to learn and make improvements. Action was taken, when needed, to reduce the risk of an incident happening again.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Staff working with other agencies to provide consistent, effective, timely care

- People's physical and mental health and their social care needs were assessed before they began living at the service. People were given the opportunity to discuss their lifestyle choices, including religion, sexuality and disability, to make sure they could be supported to continue to live their life as they chose. People and their relatives were encouraged to spend time at the service before deciding about moving there.
- People's health care needs were assessed in line with evidence-based guidance. For example, a malnutrition universal screening tool was used to check if people were at risk of not eating enough. A Waterlow assessment was completed to check if people were at risk of developing pressure areas.
- The registered manager and staff worked closely with people, their relatives and health care professionals to make sure transitions between services were as smooth and effective as possible.
- The registered manager and staff had built strong working relationships with local health care professionals, such as the community nursing team.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and knowledgeable. The registered manager monitored staff training needs to ensure they kept up to date with best practice.
- New staff completed a comprehensive induction which was led by the registered manager. This enabled the registered manager to assess new staff competency and check their understanding of training modules.
- Staff completed regular training on topics, such as oral hygiene, basic life support and mental capacity. Staff told us they felt supported and met with the registered manager to discuss their performance. Group supervision meetings were held to discuss important topics or themes.

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

- People said they enjoyed their meals and the food was good. They told us they were involved in choosing the menus. One person said, "The food is excellent. There is plenty of choice and if I fancy something different they will make it for me".
- People's religious, cultural and health care needs were considered when menus were planned. When needed meals were fortified with cream and butter. When people needed to have their meals in a soft form, such as pureed, each food type was pureed to make sure people were still able to enjoy each flavour.
- People weights were monitored. When there were concerns about people's food or fluid intake, staff used charts to record this. This enabled them to pass important information to health care professionals, such as a dietician or speech and language therapist.

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

- The design and layout of the service met people's needs. People were encouraged to personalise their rooms. People's rooms were full of their own photos and ornaments to make their room 'home from home'. One person told us, "I like my room. It is being re-decorated soon. I am choosing what colour I would like".
- People moved freely around the service and signage was clear. People helped in the garden, for example planting flowers in raised beds.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay as healthy as possible. Staff recognised when a person's health may be deteriorating and contacted the relevant health care professionals for advice and guidance.
- People and their relatives were involved in the planning and reviewing of their care. People told us they made decisions about their health and well-being. They told us they had access to dentists, doctors, opticians and chiropodists and that staff made their appointment for them.
- People's oral health was assessed and monitored. Staff were knowledgeable about supporting people with their teeth and dentures. The registered manager had spoken with staff about the Care Quality Commission's 'Smiling Matters: Oral Care in Care Homes' report to increase their awareness.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions was assessed. When people were not able to make a decision for themselves, the registered manager met with people's relatives and health care professionals to make a decision in the person's best interest.
- Applications for DoLS authorisations had been made in line with the MCA. The registered manager notified the Care Quality Commission of authorised DoLS in line with guidance.
- The registered manager and staff understood their responsibilities under the MCA. Regular training was completed to make sure staff stayed up to date with best practice.
- When a relative had Lasting Power of Attorney, giving them authority to make decisions on behalf of their loved one, the registered manager checked to make sure they had the appropriate legal authority to make decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people 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

- People told us they liked the staff and they were kind. One person said, "The girls are all lovely, every single one of them. They don't rush me, they let me take my time".
- The registered manager and staff knew people well. They spoke with us about people's backgrounds, families and routines. Staff showed a genuine interest in people's well-being. Staff sat with people and chatted, sometimes holding their hand or placing a reassuring hand on their arm. Staff wrote in a person's activity file, 'I spent a long time with [person] today. They said they feel a little glum. I held their hands and we had a lovely chat. I showed them some photographs and they talked about their family. I hope they felt better afterwards. They seemed to. We had a few laughs'.
- People were relaxed in the company of each other and staff. There was banter and laughter between people and staff throughout the inspection. People were encouraged to maintain relationships with friends and family. Visitors were welcome at any time and there were no restrictions.

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

- People felt involved and in control of making decisions about their care. One person said, "[The registered manager] checks I have all the help I need. I will tell them if I need any help with things".
- People were often supported by their relatives to make decisions about and review their care. The registered manager invited people's loved ones to meetings to review their care plan and to check if any changes in a person's support was needed.
- When people did not have family or friends to support them, the registered manager told us they had contacted a local independent advocate. An advocate supports people to express their needs and wishes and helps them weigh up all the options available and make decisions.
- People told us they had regular residents' meetings. One person said, "I chair the residents' meetings. [The registered manager] takes the minutes and types them up".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted, and their independence encouraged. Staff knocked on people's doors and waited for an answer before entering the room.
- People told us they were as independent as possible. They said, "The girls keep an eye on me and make sure I have got my walker. Sometimes I try and wander without it and I know that's not sensible. They just give me a gentle reminder" and, "I try and do as much as I can, but staff help me with some things, like having a shower. I try to be independent but understand I need a little bit of help".
- People received consistent care from a staff team who knew them well. Staff had time to spend with people and were observant in noticing small changes in people's health and well-being. Staff were quick to

reassure people if they appeared anxious.

- People's rights to confidentiality were respected. Staff were discreet when speaking with people. Records were kept securely to protect their confidential information. Systems were in line with General Data Protection Regulations.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was tailored to them and their preferences. Holistic care plans, followed by staff, were person-centred and reflected individual physical, mental health, emotional and social care needs.
- People's care was tailored to their individual needs. Their needs and preferences were regularly reviewed with them to ensure they were met.
- People's life history, career and family connections were recorded. This helped staff get to know people and stimulated conversation. For example, staff spoke with people about their working life.
- People were empowered and supported to maintain control of their life, be as independent as possible and to make their own choices and decisions. The providers told us they had been chatting to a person whose eyesight was deteriorating. The person had been upset as they were no longer able to read. One of the providers commented, "We introduced audio books to them. Now they just tell us what type of books they want, and we go and buy them".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and reviewed when their needs changed.
- People received information in a format that suited them best. For example, information was available in larger print or with pictures. The registered manager commented, "We can provide people with easy to read information. Inclusivity is really important. Staff help people write letters when they are unable to do this themselves".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to remain as active as possible and were offered choices of meaningful activities. A new dementia choir had been started. People told us how much they enjoyed cookery classes making jam tarts and sausage rolls. Events, such as summer fetes and vintage afternoon tea with tea dance music, were regularly planned.
- Strong links with a local school had been established. Pupils were being supported with their Duke of Edinburgh award by spending time with people at the service. Some people were artists and sculptors and were encouraged to continue with their interests. Staff were supporting people to plan an exhibition at the service.

- A new member of staff was due to start working as a resident welfare manager. The registered manager told us, "The purpose of the role will be to ensure all residents are fully included in all activities available. They will be offered both group and individual ones. The resident welfare manager will ensure all residents have life enhancing opportunities relevant to them. They will be the harmoniser".
- An activities co-ordinator spent time with people on a one to one basis. This made sure everyone had the opportunity to do the things they enjoyed and provided them with quality time to do this.

#### Improving care quality in response to complaints or concerns

- People told us they did not have any complaints and would speak with the registered manager or staff if they had any concerns. People were confident any issue would be swiftly resolved. People were given information about how to complain when they moved into the service. The complaints policy was displayed in the service and was available in an easy to read format.
- The registered manager spoke with people each day and checked on their satisfaction of the support they received. The providers regularly visited and chatted with each person about the quality of service and to see if any improvements could be made.

#### End of life care and support

- People were supported to have a comfortable, dignified and pain free death. People were given the opportunity to discuss their preferences about their end of life care. Any preferences, such as cultural and religious choices, were recorded. This enabled staff to follow people's wishes.
- Staff worked with community nurses and hospice nurses to make sure people received the right support.
- People's relatives were also supported by staff. A relative noted on a card to staff, 'Thank you for all your care and help to [my loved one] in their last few weeks and days. They couldn't have had better care'.

## 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People said they felt the service was well-led. They said, "[The registered manager] is amazing. So caring and thoughtful" and, "[The providers] are wonderful. They come in and see us. They bring their children in too. Truly wonderful".
- The providers, registered manager and staff shared a set of visions and values for the service. This included, 'Creating a culture that enhances both relationships between residents and staff and improves the quality of life offered by us'. The registered manager said, "Our values are important. The residents have to be the authors of the rest of their lives and we do all that we can to empower them".
- The registered manager felt well supported by the providers. They told us, "The owners are fantastic. They are intimately involved. We speak every day. They are so supportive. I could not wish for more".
- The registered manager coached and mentored the staff team, who told us they felt very well supported. The registered manager said, I explain things, hands-on, with the staff. What I underpin is 'We are doing this ... because. This helps staff understand why we follow best practice'".

Continuous learning and improving care; 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

- People and their relatives were informed when things could have been done differently or better. The registered manager was open, honest. They understood duty of candour which requires them to be honest with people and their representatives when things have not gone well. They discussed learning points with the staff to make sure improvements could be made. The registered manager commented, "We have reflective practice meetings to gain insight into critical review and lessons to learn to improve and support best practice".
- The registered manager understood their regulatory responsibilities. Service that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen, such as a death or a serious injury. CQC were notified in line with guidance.

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

- The registered manager led by example and motivated the staff team. Staff felt valued and enjoyed their work. They were supported to achieve additional qualifications, such as NVQs.
- The registered manager and staff worked cohesively to make sure people were at the heart of the service. The registered manager commented, "Since starting at Cornerways, we have changed the dynamics to be a

place where the residents underpin everything we do. They are involved in everything".

- Regular robust and effective audits were completed to check on the quality and safety of the service. When a shortfall was identified, this was discussed with staff and action taken to address this.

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

- People, relatives, health care professionals and staff were asked for feedback about the quality of service. These had recently been sent and the registered manager was evaluating the responses. At the time of the inspection the comments received were positive. The registered manager said, "Once the surveys have been collated we will share the results at the residents' meeting. We will make sure, if any issues are raised, that these are discussed with everyone".
- People told us they played an active part of residents' meetings and their views and opinions were valued.
- The registered manager involved people in the interviewing of prospective staff. They said, "We ask residents if they would like to be part of the selection process for new staff. Their views and decisions are respected throughout the service".
- Regular staff meetings were held, and staff had the opportunity to exchange ideas and views.

Working in partnership with others

- The registered manager and staff worked closely with health care professionals to provide effective, joined-up care.
- There were strong links with the local community, including churches and schools.
- The registered manager and staff attended workshops facilitated by the local Clinical Commissioning Group working in partnership with the local NHS Foundation Trust and local authority to aid their learning and development.