

Sanctuary Home Care Limited

Corner House Residential Care Home

Inspection report

1-3-5 St Margaret Street
Mansfield
Nottinghamshire
NG18 2RE
Tel: 01623 657 117
Website: N/A

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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 

Overall summary

Corner House Residential Care Home provides accommodation and respite services for up to 12 people, who were living with a learning disability. At the time of the inspection, 12 people were using the service.

The service has a registered manager. 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

This inspection took place on the 18 August 2015 and was unannounced.

People told us they felt safe at the home and people were supported by staff who understood how to report

Summary of findings

allegations of abuse. Risk assessments were in place to identify and reduce the risk to people's safety. Accidents and incidents were thoroughly investigated and there were processes in place that enabled staff to learn from incidents. There were sufficient staff in place to keep people safe. Medicines were stored and handled safely.

People were supported by staff who received a comprehensive induction and training programme. Staff told us they felt well trained and supported by the registered manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA appropriately when decisions were made for them. The registered manager was aware of their requirements to ensure that people's freedom was not unnecessarily restricted. At the time of our inspection there was nobody who had their liberty restricted.

People spoke positively about the food, were given a wide range of choices and were supported to maintain good health by accessing local healthcare services.

People spoke highly of the staff. Staff spoke knowledgeably about the people they supported and interacted with them in a friendly and caring way. Staff showed a genuine interest in people's opinions. People's privacy and dignity was protected at all times. People felt able to contribute to decisions made about their care. Arrangements were in place for people to receive support from an independent advocate if they needed one.

People's care records were written in a person centred way that focused on people's wishes and respected their views. There were strong examples of people being supported to lead the life they wanted to lead. People were encouraged to seek employment, gain work experience through volunteering and strive for and achieve their dreams. The registered manager continually reviewed people's wishes and used innovative ways to help people achieve them. Strong and positive relationships were in place with local businesses, charities and professional agencies such as the police, that all resulted in people leading the life they wanted to. People, relatives and external professionals and businesses all spoke very highly of the staff, the registered manager and the service as a whole. Where people raised concerns with the registered manager, these were always responded to in good time with the outcomes clearly explained to people.

People, relatives, staff, external healthcare professionals and representatives of the local community all spoke very highly of the registered manager. People felt empowered to contribute to the development of the service. The registered manager actively sought people's views and acted on them. The registered manager and staff gained strong links with the local community that had a direct and positive impact on people's lives. All of the staff understood what was expected of them and how they could contribute to giving people the opportunity to lead as fulfilling a life as possible. There was a very positive atmosphere within the home. The service was led by a registered manager who had a clear understanding of their role and how to improve the lives of all of the people at the service. They had a robust auditing process in place that identified the risks to people and the service as a whole and they were dealt with quickly and effectively.

Summary of findings

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.

People were protected from avoidable harm.

People were supported to make choices, take risks and were protected from abuse by staff who understood how to keep them safe.

There were sufficient staff to keep people safe.

Medicines were stored, handled and administered safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their role effectively.

People gave their consent to decisions about their care. The principles of the MCA were used to determine people's ability to make their own decisions. Applications for Deprivation of Liberty Safeguards were still to be made.

People were able to choose their food and drink and were supported to maintain a healthy diet.

People were supported to maintain good health and had access to healthcare services when they needed them.

Good



Is the service caring?

The service was caring.

People were treated in a kind and caring way. Staff treated people with respect.

People had access to independent advice if they wanted it.

Staff knew people well and supported them to make their own choices.

People were treated with dignity and compassion and their privacy was respected.

Good



Is the service responsive?

The service was responsive.

All people were able to do things that were important to them. Innovative methods were used to assist people to achieve their dreams.

People's care records were person centred and people were fully involved with the planning of their care. Staff understood people's personal preferences and used this knowledge to provide excellent support for people.

People were protected from becoming socially isolated and were encouraged to become involved with others.

Good



Summary of findings

People knew how to make a complaint if they needed to. The complaints procedure was provided in a format to assist all people to understand and use it.

Is the service well-led?

The service was well led.

There was a strong, visible management presence who led the team excellently. All people spoke highly of and respected the registered manager.

People had excellent access to the local community as a result of the outstanding links the registered manager had made with local businesses, organisations and other adult social care homes.

There was a very positive atmosphere at the home. Visitors to the home all spoke highly of the way people and staff interacted with each other.

Staff understood their roles and how they contributed to providing people with safe and effective care.

Robust quality monitoring systems were in place to quickly identify and address risks to people and the service as a whole.

Good



Corner House Residential Care Home

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.

This inspection took place on the 18 August 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. In addition to this we reviewed previous inspection reports, and statutory notifications. A notification is

information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service, other stakeholders and healthcare professionals and asked them for their views.

During the inspection, we spoke with six people who used the service, three relatives, a care assistant, three support workers, a volunteer, the registered manager and their deputy. We also spoke with external healthcare professionals and representatives of local businesses and community organisations.

We looked at all or parts of the care records and other relevant records of five people who used the service, as well as a range of records relating to the running of the service including quality audits carried out by the registered manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, “I do feel safe, I am so happy here.” Another person said, “I am very safe here. My keyworker looks after me so well. I really, really love it here.” A relative we spoke with said, “I have absolutely no concerns about [family member’s] safety. When I leave, I know [my family member] will be fine.”

The risks to people’s safety were reduced because they were supported by staff who could identify the signs of abuse and knew who to report concerns to, both internally and to external agencies. The staff we spoke with told us they had attended safeguarding adults training and the records we looked at supported this. Recommendations from safeguarding investigations were acted upon by the home. A safeguarding adults’ policy was in place.

People were provided with information on how to report concerns if they thought that they, or others, had been the victim of abuse. Information on how to contact the CQC was provided, however, the phone number was not, which could make it difficult for people to report concerns. The registered manager told us they would address this immediately.

Risks to people using the service were assessed and managed so that people were protected and their freedom was supported and respected. In the care records that we looked at risks to people’s safety had been assessed and plans put in place for staff to follow to assist them in maintaining people’s safety. Records showed that these risk assessments were reviewed between every one and six months depending on the risks to people’s safety.

The ability of people to undertake tasks independently of the staff had been assessed and we observed staff encourage people to do so. We raised one concern with the registered manager about the kitchen being locked on occasions during the day. They told us this was because a person living at the home had been assessed as being at high risk of harm if they went into the kitchen alone at certain times. Although the people we spoke with told us they were happy with the arrangements for accessing the kitchen, the registered manager agreed that this could, at times, restrict people’s independence. They advised us they would review this to ensure people were safe but unnecessary restrictions were not placed on others.

People were encouraged to discuss the risks they might face and to talk about how they could maintain their own safety. There were a variety of ways they could do this, including meeting in groups with other people at the home and in private discussions with their keyworkers.

We spoke with staff and asked them how they ensured they respected people’s right to take risks if they wanted to. One member of staff said, “We need to help people to achieve their dreams; it’s not about being limited by boundaries but working out how to manage the risks to keep us and them safe.”

The risks to people’s safety were reduced because the registered manager conducted thorough investigations when accidents or incidents had occurred. The registered manager made recommendations for staff to follow and they then checked to see these had been completed to reduce the risks to people’s safety. The registered manager told us that the number of accidents and incidents that had occurred at the home had reduced over the past twelve months and the records we were shown reflected this.

People’s safety was protected because monthly checks were carried out to ensure that the premises and equipment were well maintained. Our observations of the equipment used within the home supported this. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed. There were also arrangements in place to help keep people safe if an urgent situation occurred. An ‘emergency box’ was located by the front door which could be accessed quickly if needed. This contained a business continuity plan which gave staff important information such as safe places to take people if they needed to leave the premises quickly. Other items such as foil blankets, to keep people warm in cold weather, and a charged mobile phone, enabled staff to have everything they needed to maintain people’s safety.

People told us there were enough staff to keep them safe. One person said, “There are always staff here to support me. I am never on my own.” Another person said, “The staff are here when I need them.” A relative said, “There are always enough staff available. Their commitment cannot be faulted.”

The staff we spoke with told us they thought there were enough staff available to keep people safe. The registered

Is the service safe?

manager told us they planned the duty rota based around the activities and events planned in people's diary so that there were always sufficient staff available. People's needs were regularly assessed and if more staff were required then they were provided. The registered manager told us they were proud of never needing to use agency staff to cover shifts as the employed staff always volunteered to cover shifts if needed. This ensured people received support from a consistent staffing team and reduced the risk to people's safety.

Throughout the inspection we observed staff support people in a safe way. People were not left alone for long periods of time and when people needed support this was provided.

We looked at the recruitment files for four members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. Criminal record checks had been conducted before staff commenced working at the service. These checks enabled the registered manager to make safer recruitment decisions reducing the risk of people receiving support from inappropriate staff.

People's medicines were stored and handled safely. Medicines were stored in a locked cabinet in each person's room. People told us and records showed that they had been asked how they would like their medicines to be managed and stored. All of the people we spoke with told us they were happy for the staff to manage their medicines.

One person said, "The staff manage my medicines. I am happy for them to do it for me." Another person said, "The staff look after my medicines. The cabinet is in my room. They [staff] have the key but I'm happy with that."

We observed staff administer medicines in a safe way. Staff's ability to administer medicines safely was assessed. We looked at the Medicines Administration Records (MAR) for four people. These records were used to record when people took or refused their medication and showed that the arrangements for administering medicines were working reliably. These records included useful information about each person, including the way they liked to take their medicines and whether they had any allergies.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were clear protocols in place for staff to follow before they administered these medicines. We spoke with the member of staff who was administering medicines during the inspection and they could explain how they administered 'as needed' medicines in line with each person's care plan. We did see a small number of examples where the reason 'as needed' medicines had been administered had not been recorded. This meant we could not assess whether staff had administered medicines in line with the person's protocol for this medicine. The registered manager assured us that people received these medicines safely, but would monitor this to ensure staff were consistent in the way they recorded their administration.

Is the service effective?

Our findings

People were supported by staff who received regular supervision and appraisal of their work. The staff we spoke with told us they felt supported by the registered manager and her deputy. One staff member said, “We can always check things by speaking to the manager. We don’t have to wait for our supervision meeting if we want to ask anything.” The registered manager told us that the frequency of supervision meetings varied depending on the needs of each staff member; some might need supervision every two weeks and others every two months. Records showed that all members of staff had an annual appraisal of their performance.

People were supported by staff who felt well trained and had the skills to support them effectively. One person who used the service said, “My keyworker is the best. She really cares about the way I feel.” Another person said, “I don’t know what I’d do without [my keyworker]. The staff we spoke with told us they had excellent support and training. A member of staff told us their induction, training and shadowing opportunities ensured they had the skills needed to support people effectively.

Records showed staff had received a wide range of training for their role. This included training in mandatory areas such as moving and handling. Refresher training had also been planned to ensure that staff were able to provide people with effective care and support in line with the most up to date training practices. The registered manager provided additional training such as dementia awareness and pressure care so that staff could develop their skills and were prepared for people’s changing needs. The registered manager told us this would benefit both the staff and people who used the service to ensure a high standard of effective care and support was provided.

Staff used a variety of techniques to communicate effectively with people. In each person’s care records there was clear guidance for staff to follow when communicating with people to ensure that if people presented behaviours that challenged, staff were able to respond effectively. Throughout the inspection we observed people responded very positively to staff.

The people we spoke with confirmed they had agreed to the content of their care plans and staff always asked for their consent before providing care and support for them. One person said, “The staff always ask me if I’m happy with a decision.”

Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person’s ability to consent to decisions about their care. The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. The registered manager told us that they assessed people’s capacity to make their own decisions and they gave their consent both in written form in their care records and verbally when staff supported them. In each of the five care plans that we looked at we saw people’s support needs had been discussed with them and they had signed to say they agreed.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. The registered manager told us that there were no DoLS in place as people were able to go wherever they wanted to and were accompanied by a member of staff for their safety. However there was a risk that people were being restricted if they wanted to go out alone. We raised this with the registered manager and they agreed they would take action immediately and make the appropriate applications to the authorising body. When we asked people and their relatives whether they felt their or their relative’s freedom was restricted they told us it was not.

Staff had an understanding of the MCA and DoLS and could explain how they implemented these into their role. One staff member said, “MCA is about helping people to make choices and if they can’t then choices can be made that are best for them. DoLS is where we make sure we don’t stop people doing what they want to.”

People spoke positively about the food provided. One person said, “The food is great. I help the staff cook. I go shopping and choose the food that I want.” Another person said, “I’m a vegetarian. I choose what I want and the staff cook it for me.”

Where people were at risk of gaining or losing weight they were weighed regularly to enable the staff to monitor any significant changes. Where needed, referrals to dieticians were made to support people and details of how this had

Is the service effective?

been discussed and explained to people had been recorded. People's ability to eat safely had been assessed and recorded within their care records. We observed staff support people to cut their food to ensure their portion sizes could be safely swallowed. The registered manager told us no one had specific religious or cultural requirements for their food and drink. However, they told us if a person raised this with a member of staff then appropriate support would be given.

The registered manager told us there was not a regular menu in place as people decided day to day what they wanted to eat and drink. On the day of the inspection, some people said they wanted to have fish and chips whilst others said they wanted to go out for lunch. We saw a person who used the service take people's orders and then accompanied a member of staff to buy the food.

People were involved with placing an on-line order for their weekly food shopping. The registered manager had made links with the local supermarket who donated food at the end of each day to the service. This was then collected by people who used the service. The registered manager told us that this was in addition to the allocated food budget and enabled the service to offer a greater range of individual choices, occasional takeaway meals and food for social events and parties.

Food and drink was stored safely and cupboards were well stocked with dry and fresh food. Fridges and freezers were well maintained and their temperature was checked daily to ensure the food stored within them was done so safely.

People had health action plans in place that were completed by staff and discussed with each person to enable them to record their health needs and to maintain a healthy lifestyle. Records showed that people were supported to maintain good health. People told us they had access to external healthcare professionals such as their GP and details of this involvement were recorded in their care records. One person said, "If I need to see a GP or dentist the staff will arrange it for me." Where people required on-going support relating to a particular aspect of their health needs, staff supported them by providing them with information, assisted them if they wanted to seek external advice and attended appointments with them if they wanted them to.

People's care records showed the regular involvement of healthcare professionals. A healthcare professional we spoke with after the inspection said, "If any of the service users' health deteriorates, staff will ring me and we try to make a mutually convenient appointment for them to be seen. I feel there is a good relationship between staff at Corner House and our services."

Is the service caring?

Our findings

People told us they thought the staff were kind and caring. One person said, “The staff are super awesome. This is a really nice place to live.” Another person said, “The staff are so, so good. They are like a family to me. I don’t know what I’d do without them.” A relative we spoke with said, “I am one of the hardest people to please, but it is an absolute pleasure bringing [family member] here. The staff are clearly fond of [family member].”

A person who had volunteered to support people at the service told us, “During the course of [my visits to Corner House] I was always extremely impressed by the dedication and professionalism of the staff. It was obvious that the residents enjoyed a very happy and caring environment in which their needs were very well catered for.”

The staff we spoke with knew people’s personal histories and used this information to communicate with people. A staff member also said, “You listen to the tone of people’s voice, if people are having problems they are more likely to tell you if you know them well and we know them so well.”

Another staff member told us they had recently worked closely with someone who they had assessed as having low self-confidence. They told us they ensured they knew their life history as recorded within their records and used that information to talk with them and to support them. They told us the person’s confidence increased over time. The staff member told us, “It made a huge difference to their life.”

Staff were attentive and supportive and spoke with people in a way that made them feel like they mattered. We observed staff respond to people’s discomfort or distress in a timely manner. A member of staff told us if people came to them with a problem and needed their help they would ensure they helped them in a way that made them feel valued and cared for.

A ‘charter or rights’ was in place and explained to people how staff would support them with their social, emotional, religious and cultural needs. One person who used the service said, “They [staff] treat me as an equal.”

People were involved with the planning of their care. Each person’s care records contained numerous examples where they had been involved in discussions about their care and had given their agreement to decisions implemented.

People told us they felt that staff listened to them and were confident that staff acted upon their wishes. One person said, “I make my own decisions. The staff don’t force me to do anything.”

Information was presented to people in a way that could be easily understood. This included the use of pictures and photographs. In one person’s care records we saw their family had a history of a specific condition, which if left untreated, could become life threatening. Records showed that staff had used a variety of techniques to explain to the person what this meant, how they could monitor their own health and who they could talk to if they felt unwell. This approach reduced the risk to the person’s health.

People were provided with information about how they could contact an independent advocate if they wanted to. The registered manager told us they had made links with a local advocacy organisation that provided people with independent support to make difficult decisions in their life. Records showed that this service had recently been used to enable a person to work through a difficult decision that they had to make. They were supported by the local advocacy group and their keyworker to come to a decision that they understood and were comfortable with.

People were treated with dignity and respect. Information was available throughout the home informing people how they should expect to be treated and what to do if they felt they had not been treated appropriately. The registered manager said, “Dignity is one of those things that is so important that everyone has to champion it.” Training and resources were available to the team to promote their thinking about the dignity of those they support.

People’s care records were stored safely in the registered manager’s office. This ensured people’s personal records could only be accessed by authorised personnel. Where people required support around sensitive issues, the information written in their care records was done so sensitively and respectfully.

People’s care records contained information for staff on how they liked their privacy to be respected. People told us their privacy was respected by the staff at all times. One person said, “I get time alone if I want it.” Another person said, “I like time on my own sometimes.” We observed staff respect people’s wish for privacy throughout the

Is the service caring?

inspection. For example, a person was sat alone in the lounge watching television. A staff member asked them if they wanted any company and they said they didn't. The staff member respected their wish and then left the room.

Is the service responsive?

Our findings

People spoke very highly of the activities they were involved with and told us they were always able to do things that interested them, when they wanted to. Where people wanted staff to attend these activities with them they did so. One person said, “I volunteer on a Polish market stall, I go out when I want and can do what I want. They [staff] have helped me get Sky TV for my room as well.” Another person said, “I go to the pub, I go into town, I go bowling. I choose where I want to go. They [staff] really help me to do the things that I want to do.”

The staff we spoke with had a detailed understanding of people’s hobbies and interests and how they could contribute to ensuring people could do what was important to them. One member of staff said, “I have just seen information about an emergency services day at a local park. I took down the information because [two people] might really want to go along. I’ll tell [the registered manager] about it and if it’s OK we can see if they want to go.” An external health care professional told us, “The home is excellent, with people always busy doing activities.”

People were supported by a registered manager who had built strong links with the local community and encouraged people to take advantage of the opportunities that were available to them. The registered manager explained how they carried out regular fundraising both locally and with national organisations to ensure that people were given the best opportunities to be able to do the things that they would not normally have been able to do. They told us this funding ensured that all people within the home could have access to the activities they wanted by removing the concerns they may have by not being able to afford them. This also ensured that people were not socially excluded as a result of their financial status.

The registered manager gave us a number of examples of how the money they had raised had made a difference to people’s lives. They told us they had submitted a successful application to the National Lottery Fund for an idea called the, ‘I wish I knew about’ club. They told us they had discussed the things that people wished they knew more about and the Lottery funding gave the staff additional resources to ensure they could provide this for people. For example a visit to the set of Coronation Street was arranged. Other funding had also been secured from the ‘Co-operative Membership Community Fund’ and a local

building society. Sponsorship has recently been secured to contribute to the celebration of the home’s 30th anniversary. The links with the local community and other national recognised organisations had a direct and positive impact on all of the people who used the service.

We spoke with a relative whose family member attends the service for day care. They said, “I think to myself, ‘what a great life [name] has. [Name] is always excited to come here, never misses a day. This is an outstanding service. In fact, outstanding plus!’” Another relative told us, “I am very satisfied with the service, [my relative] is looked after really well, and [name] has lots of opportunities to pursue his creative interests.” They also said, “[Name] gets to go out on day trips and to places that interest them, not just to do the shopping, even though they do that too!”

Where people wanted to, they were given support and encouragement to gain employment or to volunteer at local businesses to give them the skills to gain further employment. One person told us they had been supported to work at a garden centre. They said, “I pick the vegetables. I love it. The staff helped me get the job.” Another person told us they loved working at their friend’s market stall. The registered manager told us they encouraged people to seek employment by giving them the support to do so whilst assessing any risks to their safety which they may encounter.

We spoke with a local business owner who has worked with the registered manager to provide people with opportunities to visit their business, experience working life and to contribute to making the items made there. They told us, “I have found that the residents are an extremely happy bunch and their carers are loved and respected by them. I have been extremely happy to have been part of and included in their social activities and loved it that some of the residents are getting to know me as well as the staff.”

Each person’s care records contained detailed information about what was important to them. Guidance for staff was included in the records on how people wanted staff to support them with their personal care as well as their hobbies, interests and aspirations. The registered manager showed us an alternative care record that all people had been encouraged to complete. People designed and decorated the records in a way they wanted to and updated them when their care or support needs changed, or when they had taken part in the activities that were important to them. The registered manager told us it gave

Is the service responsive?

people a sense of ownership of their care and support needs, and also increased people's willingness to engage in conversations about their care along with their activities, aspirations and dreams.

In one record we saw a person's dream had been to go to Wales on holiday, whilst others wanted to work on a local farm. The registered manager responded to this by contacting the owners of a learning disability farm in Wales and succeeded in obtaining a holiday, free of charge, for all people who used the service. We spoke with a person about this and they told us they were pleased that this had been arranged for them. They also told us, "My life has changed since coming here." An external health care professional described the service as, "very person centred" and records and our observations reflected this.

People's needs were regularly reviewed and people contributed to these reviews. We saw the registered manager had used innovative methods to ensure that people fully understood what was being discussed and what they were agreeing to. Pictures, signs and different styles of writing were some of the examples of the methods used to explain the review process and what had been agreed.

People were encouraged to form meaningful relationships with people that mattered to them and to develop friendships outside of the home. One person told us, "I go fishing with my Dad and I see my girlfriend at the disco. I have lots of friends." Another person told us they went to watch the local football team with friends and were supported by staff to do so.

Where people were at risk of becoming socially isolated, plans had been put in place to encourage them to go out or

to support them when staying at home. A member of staff said, "If they don't want to go out, we do other things for them in the home such as pampering sessions. We don't want them to feel like they are missing out when everyone is out."

People told us they felt able to make a complaint if they needed to and that staff would act on it appropriately. One person said, "I have never complained, but know they [staff] would deal with it. They are great." Another said, "I know I can talk to [the registered manager] if I am unhappy." A relative said, "I've had no reason to complain about anything here, but I would if I needed to and I know it would be dealt with straight away."

The complaints procedure was available for people in several different locations throughout the home. It was provided in a format that people would be able to understand. Pre-stamped envelopes were available so that people could post any complaints directly to the provider that they did not wish to raise with the registered manager.

Although there were no formal complaints recorded for the last year, there was a record of comments that some people had made. For example some people had raised concerns about the layout of the kitchen. Before the registered manager took action to respond to these comments they consulted all of the people who used the service to establish whether the proposed changes were acceptable to all. Once it was agreed they were, the registered manager took the appropriate action. To ensure that people's lives were not unduly disrupted whilst the changes to the kitchen took place, the registered manager arranged for a group holiday and also planned other renovations around the home at the same time.

Is the service well-led?

Our findings

People were supported by a registered manager who had made effective links with the local community which brought benefits to people who used the service. An external adult social care professional spoke highly of the service and explained how these links benefited the people who used the service as well as others in the community by providing a wide range of opportunities for all. An example of this included a community art workshop run in collaboration with a local museum and regularly attended by thirty people from the local community. This gave local people opportunities to meet with the people from the service and to encourage positive future relationships between them.

The service played an active role in their wider community. Working with the local police headquarters, new police recruits were invited to visit the service to meet the people and to increase their awareness of how to communicate with people living with a learning disability. The registered manager told us they hoped that this would ensure that if the police met people from the service, or others living with a learning disability, this would ensure they were dealt with in a knowledgeable and respectful way.

The service also co-ordinated local community participation in the annual 'Clean-up Mansfield' event, which encouraged local neighbours to work with the people and staff of Corner House and the wider community to improve the local area. This increased people's opportunity to engage with the local community and also to take pride in their local area.

The registered manager told us they regularly met with the manager of another local adult social care service to discuss the potential for joint working and to share best practice. They told us they discussed the things that worked well and the things that could be improved to help them increase the quality of the service that people received at their respective services. They also told us the relationships with the other service had enabled learning and social events for people who used both services, which encouraged them to make lasting friendships.

These initiatives had led to Corner House being nominated for and winning several awards for their work in the community and for their work with other agencies. This included being selected as a finalist in 2014 in the

Mansfield Community Awards in the 'Positive Impact on Society' category, and winning the 'Citizenship award' at the National Learning Disability Awards in Birmingham in 2015.

People, staff, relatives, external healthcare professionals and representatives from the local community all spoke very highly of the registered manager. One person said, "She is so good, she is the best." Another person said, "The manager is awesome. She sorts all my problems out. I am so happy with her." A relative said, "The manager is very approachable. She is sensitive to the needs of people. She can clearly see when people need support and she gives it."

A member of the staff said, "The manager is good at her job. If there are any issues we can talk to her, her door is always open." The registered manager and the deputy described the systems they had in place to support the staff team. There were regular recorded staff team meetings, as well as robust systems for recording and sharing information on a day to day basis.

There was a very positive atmosphere within the home. The staff had a clear understanding of the values and principles of the service and used these to provide a warm, friendly and welcoming environment. The management, care staff, people who used the service and their relatives all interacted with each other in a way that showed they felt comfortable in each other's company.

An external professional that visited the service on a regular basis told us, "There is always a great atmosphere at the home and a great rapport between staff and service users. This can only be achieved by hard work and dedication to duty. It's also clear that the staff have a strong team ethic and support each other too."

There was a high emphasis on ensuring that there was an 'open' culture within the home and that people were fully involved with decisions made that would directly affect them. For example the registered manager told us people who used the service were involved in interviewing prospective new staff. A workshop had taken place which explained to people the process for recruiting staff, which enabled them to make a meaningful contribution to the recruitment process and in choosing the staff who would be supporting them.

The registered manager provided a strong, visible presence at the home and interacted excellently with people, staff and visitors. A person who used the service said, "She is

Is the service well-led?

brilliant.” A member of staff said, “She is brilliant. She secures lots of funding for people and works tirelessly to give people what they need and then more on top.” An external healthcare professional said, “The home is well run, with a manager who is able to cope with the many difficult aspects of providing excellent care throughout the day and night.”

The conditions of registration with CQC were met and the registered manager understood their responsibilities. They were supported at the service by their deputy manager, and also by the provider who made regular visits to monitor the service. The provider carried out regular reviews of the quality of the service provided for people and recent reviews had showed that the service had scored highly. The deputy manager had a clear understanding of their role, felt able to influence the way the service was run and felt valued by the registered manager.

The staff we spoke with understood what was expected of them and had confidence that they would get the support they needed from the registered manager and deputy if they had a problem. Staff understood the risks people faced and how they contributed to minimising those risks. Policies and procedures were available in the office if staff needed to refer to them. The registered manager had a ‘policy of the month’ initiative in place. They told us this enabled them to regularly assess staff members’ knowledge of important policies or if changes to legislation or relevant guidance had been made.

There was a comprehensive range of audits to ensure that the service complied with legislative requirements. The provider also carried out a detailed quality audit to ensure that internal standards were met along with other regulatory requirements. All of the actions from audits identified were used to form a ‘service improvement action plan’ which was monitored and agreed by the provider. This recorded the things that had changed and had been introduced to improve the service. We also saw that learning from accidents and incidents was shared with the staff team, and with the people who used the service through their ‘resident’ meetings.

People were encouraged to give their views on the quality of the service they received. The registered manager told us they used a local volunteer who knew the people well to support them in completing the survey. This ensured that people who were unable to complete the survey themselves could do so independently of the employed staff. Relatives and other stakeholders were also given the opportunity to give their views. We reviewed the results of the survey. The vast majority of the responses to each question asked rated the service they or others received as ‘very good’; which was the top rating available. The results of the surveys were evaluated to form part of the service improvement action plan.

The registered manager told us the provider regularly tested the effectiveness of new policies and procedures at the home before they were introduced to other services within the provider group. They told us this gave them and the staff the opportunity to contribute to the development of the service by discussing how effective the new policies and procedures were in increasing the quality of the service that people received. This was then reported back to the provider. We spoke with a representative of the provider after the inspection and they told us the feedback they received from the registered manager was useful and helped them implement the policies across the provider’s other services.

The service’s provider, Sanctuary Homecare Limited had achieved Investors in People status. Investors in People is an internationally recognised standard which defines what it takes to lead, support and manage people well for sustainable results. In achieving this, the provider has shown that it has invested in their staff in order to provide the people they support with a high quality service.

Sanctuary Homecare Limited had also signed up to the ‘Social Care Commitment’. By doing so they had made a public commitment to achieving high standards; stating they cared passionately about improving care services and wanted to demonstrate to the public that excellence can be standard and to raise expectations and restore confidence.