

Sanctuary Home Care Limited

Corner House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We carried out an announced inspection of the service on 11 and 16 October 2018. Corner House Residential Care Home is a 'care home'. 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. This service supports people who have a learning disability.

Corner House accommodates up to 11 people in one building. During our inspection there were 11 people living at the home. This is the service's second inspection under its current registration. The service was rated as 'Good' after the last inspection. This rating has now improved to 'Outstanding'.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff used innovative methods to support people with maintaining their own safety and the safety of others. The risks to people's safety were continually assessed and reviewed without unnecessary restrictions placed on them. People were protected from avoidable harm by staff.

There was a flexible approach to staff deployment, with people's needs and personal preferences always considered when staff rotas were formed. Innovative methods to include people in the recruitment process were in place. People's medicines were managed safely and people lived in an environment that was clean and free from the risk of the spread of infection. There were clear processes in place to continually review accidents and incidents and to learn from mistakes.

People's physical, mental health and social needs were assessed and met in line with current legislation and best practice guidelines. Staff were well trained and their practice was regularly assessed to aid development and improve the quality of support people received. People were encouraged to choose to do their own shopping, make healthy food and drink choices and to lead a healthy lifestyle. The registered manager had built effective relationships with external health and social care organisations and people's health was regularly monitored. Extensive renovation work had been carried out at the home to improve people's experience. The home was well maintained and suitable for the people living at the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported by staff who were kind, caring, empathetic and compassionate. The staff and the management team worked together to provide people with excellent support to lead fulfilling lives and to reach their potential. Innovative methods have been used to include people in the planning of their care and support. There was an excellent awareness of equality and diversity legislation. This was implemented effectively to ensure people were not discriminated against. People were supported to make decisions about their lives and these were always acted on by staff. People and staff had formed meaningful and respectful relationships and people were always treated with dignity and respect. Independent advocates had previously been used to support people with making decisions. People's diverse needs were considered when care and support was planned for them. There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with the data protection legislation.

People's support plans were person centred and focused on providing high quality outcomes for people, in line with their personal preferences. People were supported to lead active lives and they took part in meaningful activities that encouraged them to meet people from within their local community. Establishing and maintaining strong community links was fundamental to the approach of all staff. High quality transition arrangements were in place to support people when moving back to the home following extensive renovation work. There was a sensitive approach to supporting people with planning for their end of the life. People were informed of all options open to them and innovative methods were used to educate and inform people. No formal complaints had been received, but processes were in place to ensure they would be responded to in line with the provider's complaints policy.

Corner House is led by an exceptional registered manager who has the well-being of all people at heart. They strive to provide people with the highest possible outcomes. People thrive at Corner House. Learning disabilities are not seen as barriers, but just another obstacle to overcome to aid people's development. Ensuring people felt included and accepted by their local community was a fundamental aim of the provider. Staff enjoy working at Corner House and they felt able to build a career there. Several internal staff promotions have resulted in staff feeling valued and high staff retention. Robust and high-quality auditing processes were in place, with all decisions made reviewed to ensure action has been taken. Innovative methods were used to ensure that people felt able to give their views about how the service could be developed and improved. High quality staff performance was rewarded, both internally and recognised through regional and national awards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was very safe.

All people were protected from avoidable harm. People were assisted to keep themselves safe. Staff rotas were flexible and planned in accordance with people's needs and preferences. Innovative and inclusive methods of staff recruitment were in place. People's medicines were managed safely. Staff protected people from the risk of the spread of infection. Processes were in place that enabled learning from mistakes to take place.

Is the service effective?

Good 

The service remains effective.

Is the service caring?

Outstanding 

The service was very caring.

People and staff had formed positive relationships based on respect and dignity. Innovative methods to include people with planning their own support were in place. There was an excellent understanding of equality and diversity legislation and how to ensure people's diverse needs were respected. People's family and friends could visit them without restriction. Independence was widely encouraged. Peoples' records were handled appropriately and in line with the data protection legislation

Is the service responsive?

Outstanding 

The service was very responsive.

People's care and support was planned in line with people's preferences. People were fully involved with this process. Information provided for people was provided in a format that was accessible for all. Innovative methods had been used to support people with planning their end of life care. People led active lives with a clear focus on community integration.

Processes were in place to respond to formal complaints.

Is the service well-led?

Outstanding 

The service was very well led.

The service was led by an exceptional registered manager who demanded excellence from staff and got it. Robust and high-quality auditing processes were in place that ensured the risks to people's safety were reduced. The provider played an active role and supported the registered manager to aim high and exceed expectations. Staff felt valued and respected and could build careers at the service. Innovative methods were used to support people with contributing to decisions that could affect them and others.

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 checked 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 comprehensive inspection took place on 11 and 16 October 2018 and was announced. We gave the service 24 hours' notice of the inspection site visit. We gave this notice because, due to the size of the service, we wanted to be sure the registered manager would be available. We also wanted to cause minimal disruption to the people living at the home. The inspection was carried out by one inspector.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant and they did this after the inspection.

We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted county council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

During the inspection, we spoke with the four people living at the home and three relatives. We spoke with two members of the support staff, the deputy manager, the registered manager and area manager.

We looked at records relating to four people who used the service, as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements

for managing complaints.

After the inspection we contacted two health and social professionals and four other people including people from local businesses and asked for their opinions.

Is the service safe?

Our findings

All of the people and relatives we spoke with told us they or their family members felt safe living at Corner House. One person said, "They [staff] always make me safe, I'm so happy here. I'm never upset." Another person explained an on-going health condition they had which was having a detrimental effect on their health and life. They praised the on-going support they had received from staff and how this had made them feel safe. They also said, "The staff have helped me change my life around." A relative said, "We no concerns whatsoever about family member's safety. They are so well looked after and able to flourish there."

People were supported to be safe without unnecessary restriction. People were supported to feel a part of their community and they were encouraged to lead their lives in a way that did not prevent them from taking risks. For example, the front door to the home was locked to people from the outside to prevent unauthorised people from accessing the home; however, people could leave the home if they wished to. The registered manager told us this was their home and like others living in the community they did not have to ask permission to leave. However, the registered manager ensured people were provided with the appropriate information to enable them to make decisions for themselves. They arranged training with a local college to educate people on the possible dangers they could face when out alone and how to ensure they were safe when going out. A representative of this college praised the approach of staff and said, "In over seven years of working with Corner House I have never come across a situation where a resident is unsafe. Safety of residents is exceptionally important to the manager and staff." Two people spoken with told us they had attended this training and they had made the decision themselves that they did not want to go out alone. This meant the provider had ensured creative methods were used to empower people to make decisions about their own safety without imposed restrictions.

People were encouraged and supported to raise concerns they had about their or other's safety. People told us staff listened to them and helped them to feel reassured. We noted the safeguarding policy had been provided in an 'easy to read' format which informed people who they could report concerns to both internally and to external agencies. People were reminded of this process during 'change meetings' where the whole house met together, but also during meetings with assigned key workers. This approach ensured people were empowered to raise concerns and challenge any risks to people's safety.

People were supported by staff who all had received safeguarding adults training and records showed this training was up to date. The registered manager had recently completed further safeguarding training which they told us had a particular focus on 'making safeguarding personal'. The registered manager told us this course provided them with more extensive skills when carrying out investigations and educated them on the sensitivities in interviewing people with learning disabilities as part of the investigation. This training will also be completed by the deputy manager and other senior staff working at the home. We also saw, the provider had a variety of auditing and review processes in place that ensured the registered manager had the right support in place to investigate allegations thoroughly and effectively. For example, a clinical lead was available if the concerns related to healthcare. Each allegation was reviewed by a senior manager and agreed actions were always checked if they had been completed.

Staff members were involved with this process and a period of reflection was undertaken to ensure that where mistakes had been made, lessons could be learnt. Staff were aware who to report concerns to outside of the organisation if they needed to. Records showed this process had been followed. This wide-ranging approach ensured people continued to be protected from the risk of abuse, discrimination and avoidable harm.

People told us they felt staff supported them to lead their lives in the way they wanted and they did not place any unnecessary restrictions on them. One person said, "I can do what I want to do, I go out with staff and go where I want to." A relative said, "When we see [name] they never say they weren't allowed to do something, they are encouraged to do whatever they want to".

We were told one person had been having seizures because of them staying up late and watching television. The person had the capacity to make this decision. Due to this risk, staff had been regularly checking on the person to ensure they were safe. The person told staff they did not like to be disturbed by them keep checking they were ok. The registered manager told us they acknowledged the person's right to refuse staff entry to their bedroom, so they worked with the person over several months explaining the risks to their safety. They informed the person of technology that could be used to inform staff of their well-being, without staff needing to disturb them, and if they did experience a seizure, staff would be alerted to this. The person agreed to the use of this technology. This patient and inclusive approach ensured unnecessary restrictions were not placed on the person, which enabled staff to monitor their safety.

People were empowered to take control of their and other's safety, ensuring the protected characteristics of the Equality Act 2010 did not prohibit people's freedom and right to lead their lives in the way they want. People were encouraged to manage the risks to their individual safety as well as the safety of others at the home. For example, one person had now been appointed as the fire warden for the home. They told us, "I have an important job, I make sure everybody is safe, in case we have a fire. I make sure I sound the alarm and everybody evacuates when I need them to. I'm in charge of making sure that the alarms work ok and count that everybody is out." The registered manager told us they wanted people to embrace the risk and to take the lead on reducing those risks. A representative of the local fire service had also attended to meet with the fire warden and others to ensure that the approach they had devised in reducing the risk of fire, met current best practice guidelines.

The premise had recently undergone extensive refurbishment. This had meant personal emergency evacuation plans were re-written to reflect the new lay out of the home. A new fire detection and warning system were also now in place. The registered manager working alongside the fire warden had ensured that people were made aware of the new alarms, how they sounded and what they meant for people. There had also been an open discussion with people about how they could call for help if an intruder had accessed their home. In consultation with people living at the home, people had decided the word 'protection' would be shouted. This then meant staff would be alerted to the risk and could support the person or people immediately. Other people living at the home would then be aware that there was a potential risk to their safety. The registered manager told us they ensured that all people understood what 'protection' meant and then all agreed on its use. These simple but effective measures contributed to people feeling safe within their home.

Staff spoken with showed a supportive and empathetic attitude to enabling people to lead their lives in their chosen way without judgement. For example, one person had an extensive smoking habit when they first came to the home which was having a detrimental effect on their health. With support and encouragement from staff the person had now stopped smoking. The registered manager praised the approach of staff and were pleased this had had a positive impact on the person's life.

People told us they always had staff available to support them to do the things they wanted to do and to keep them safe. One person said, "I have different staff that I go out with. My keyworker helps me to do my shopping." Another person said, "There is always someone here, it makes me happy." Staff told us there were always enough staff in place to support people. Rotas were flexible and there were not set shift patterns each week. The deputy manager planned each weeks' rotas in accordance with the activities and health appointments for all people. Staff told us they were flexible and had been informed that their shifts would need to be changed in accordance with people needs and wishes. All staff told us they were happy with this approach as it benefitted all people, living at the home.

People were supported by staff who had been recruited through robust checks on their background. These checks included, their employment history, identification and a criminal record check. The registered manager explained the recruitment process and how providing people with dignified support was the fundamental value that new staff must adhere to. They said, 'Dignity and respect is the golden thread through all we do at Corner House, including care and support planning and resident interactions. it is a fundamental value we expect within our staff. Therefore, we undertake values based recruitment with residents to ensure it is embedded effectively within all that we do'.

People were fully involved with the recruitment process. Prior to staff interviews, all people had been asked what sort of person they wanted to work at the home. They then devised questions to ask during the interview process. People were invited to attend the interview panel and ask their own questions. They then showed staff around their home, which, the registered manager told us, offered people the opportunity to get to know the staff member on a more personal level. The registered manager told us the feedback from people following the interview was the most important element in deciding whether a job would be offered. Once agreed that a job would be offered, people living at the home wrote to the prospective staff member to offer them the job. This inclusive approach played an important part in ensuring excellent relationships between people and staff.

People told us they were happy with the way their medicines were managed. One person said, "I am happy for the staff to look after my medicines for me." Others spoken with agreed.

Records showed people received their prescribed medicines when they needed them. Risk assessments had been carried out to determine people's ability to manage their own medicines. People's medicines were stored safely in their bedrooms and could not be accessed by unauthorised personnel. The registered manager told us by storing the medicines in people's bedrooms this gave people privacy, but also enabled people to become more involved with the administration of their own medicines. We checked the stock of medicines for three people. We found they had the correct amount of medicines in place. Their medicine administration records (MARs) had been appropriately completed showing when people had taken their medicines. These processes contributed to the safe management of people's medicines at the home.

Where people needed medicines on an 'as needed' basis, protocols for their safe administration were in place. This included medicines that could alter a person's behaviour. We noted detailed support plans were in place for staff, which offered alternative methods of support to be attempted before finally giving these types of medicines. Authorisation was always requested from senior members of staff before administering these medicines. This reduced the risk of inconsistent administration, which could affect people's health. Records showed staff received reviews of their competency to administer medicines and where areas for improvement were needed, support was provided. This ensured people's medicines continued to be managed safely.

People lived in an environment that was clean and tidy. People were encouraged and supported to keep

their home clean, but a full time domestic assistant was also in place. A detailed cleaning schedule was in place which informed the domestic assistant what to clean on a daily, weekly and monthly basis. The home had recently been extensively renovated and therefore at the inspection the home was very clean and free from any obvious risks associated with the spread of infection. The home has also been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment. People living at the home had been invited to attend an internal handwashing course, which was designed to inform people how to wash their hands thoroughly to protect them and others from the risk of infection.

The provider had instilled robust processes that ensured accidents and incidents were thoroughly investigated and audited. There was a clear emphasis on robust, high level review with other independent representatives of the provider, such as the area manager and clinical lead, assessing the actions the registered manager had taken. Where amendments to support planning or risk assessments were needed, these were addressed quickly to reduce the risk to people's safety. There was regular input from the provider to discuss any themes or trends and what action could be taken to address them. This meant people's on-going safety was reviewed, to reduce the impact on them or others.

Is the service effective?

Our findings

The registered manager had ensured people's on-going physical, mental health and social care needs were assessed and provided in line with current legislation and best practice guidelines. The protected characteristics of the Equality Act 2010 were always considered when care was planned for people. Where people had pre-existing or new health conditions, staff received training that enabled them to support people effectively. This helped to ensure that people received the care and support they needed from staff to help manage their varying health conditions effectively.

People told us staff understood how to support them. One person said, "The staff know what I like and how to look after me." A relative said, "They seem to really understand what makes each person tick."

The registered manager had ensured that people received care and support from staff who were well trained and had their on-going performance monitored. Records showed staff completed a variety of training the provider had deemed mandatory for their role as well as other more specialised training. This training was completed either via e-learning or with face to face sessions.

Staff completed professionally recognised qualifications, such as diplomas in adult social care and the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff received regular supervision of their role and the outcome of these were used to develop and improve performance. All the staff we spoke with told us they felt supported to carry out their role effectively.

People told us staff helped them to make healthy food and drink choices and to follow a balanced diet. One person praised the staff for supporting them to reduce their reliance on a drink. They told us this had made feel healthier.

Where people were at risk of consuming food or drink that could cause long term harm to their health, support plans had been formed to manage this risk. Food and drink consumption was monitored and records showed people were encouraged, wherever possible, to make healthy food choices, without unnecessarily restricting people's right to make their own choice. People were supported to buy and cook their own meals. Some people had set meals for the week as this was their preference. There was a more flexible approach for others who liked to make choices each day. This individualised approach ensured people's preferences in relation to their meals were respected.

We noted one person had experienced some weight loss and this was because they did not like the textures of many foods provided. Extensive work had been carried out with this person to enable them to be comfortable with the feel of certain foods before they ate them. They chose their own meals and were supported by staff to buy their shopping. This enabled the person to decide for themselves what food they liked and more importantly, liked the feel of. The registered manager told us this had been a success and the person now ate more of their meals and their weight had increased.

People's support records showed positive relationships had been made with local health and social care agencies to support staff with provided appropriate care and support for people. The service was quick to respond to any changes in people's health and where they were unable to support people effectively themselves, referrals to other agencies were made in good time. Each person's support records contained easily transferable information should they require a stay in hospital. This information included, amongst other information, overviews of people's mental and physical health, how to communicate with them, allergies and their likes and dislikes.

Each person had a health action plan, which contained detailed examples of a wide range of visits to health services such as GPs and dentists. We also saw people had been supported to help them identify any changes in their own health. For example, a community nurse was invited to meet people to show them how to check their bodies to identify any changes that could indicate cancer. Easy to read guidance had also been provided to explain to people what would happen if they went for a scan, blood test or visited their local hospital. All of this helped people to take ownership of their own health needs and contributed further to people leading healthy lives.

Extensive redevelopment and renovation of Corner House had taken place this year. We discussed this with the registered manager and asked them how they ensured this was carried out in line with Registering the Right Support (RRS) guidance. They told us, "Prior to this work we reviewed the RRS guidance to ensure we integrated its ethos and good practice into our re-modelling plans. We reduced the scheme capacity as part of the re-modelling works to enable us to provide all bedrooms with en-suite showers, increasing resident's privacy and dignity. The remodelling had a direct positive impact on the health and wellbeing of our residents." We spoke with people about the new facilities and they welcomed their newly increased space. One person in particular told us they "loved" their new shower. The home was accessible for all and met the needs of all people living there.

Most of the people living at the home had been assessed as being able to make decisions for themselves and to understand their impact. One person said, "The staff talk to me and we decide what to do together. They don't tell me what to do." Two people had been assessed as requiring support from staff with making decision.

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 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.

Records showed for people who required them, mental capacity assessments had been completed where staff had concerns that people did not understand the decision that was being made about their care. This included decisions relating to their overall care as well finances and medicines. Best interest documentation was in place when a decision had been made for people. This documentation is important, as the views of

the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. This ensured people's rights were respected and the principles of the MCA considered and adhered to when decisions were made.

We checked whether the and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager made DoLS applications where necessary and authorisations were stored in each person's support records along with a support plan in relation to DoLS. No unnecessary restrictions were placed on people and their rights were protected.

Is the service caring?

Our findings

People and their relatives overwhelmingly praised the approach of staff and found them to be very kind, caring and compassionate. One person said, "The staff are so kind to me, I really like them." Another person said, "I like the staff, especially [name] they are my key worker, she is very nice to me." A third person said, "The staff are all so nice to me. They have made my life better." A relative agreed and said, "They are all wonderful and have made such a positive impact on [name's] life." Another relative said, "They all seem like friends, they get on so well, they really seem to care about [name]."

People from the local community and health and social care professionals also universally praised the approach of the entire staffing team and the management. One said, "They are a kind and professional team with a manager who fights every person's corner to ensure they get the best treatment and lifestyle possible." Another said, "The management and staff have always demonstrated a very caring attitude towards residents and each other. The service also cares about its community partnerships and works hard to keep them strong." A third said, "Staff speak respectfully to people. They show that they know about people's likes and dislikes. There is a kind and respectful culture between the staff and the people who live at Corner House."

The registered manager told us all people were supported to lead fulfilling and meaningful lives. They told us the CQC's policy on Registering the Right Support (RRS) for people with a learning disability and/or autism was engrained in the approach of all staff. It was clear from our findings throughout this inspection that RRS was embraced and the guidance followed to support people with leading their lives to the full, and to be a fully integrated part of their local community. Although Corner House would not be regarded as 'small scale' i.e. a small number of people living in one property, it was clear that the provider had done all they could to provide all 11 people with an environment that supported their independence. Additionally, we found numerous examples where the care provided was person-centred, promoted choice, inclusion, control and independence.

There was a strong, visible person-centred culture at Corner House. The staff were highly motivated to provide people with high quality support that enabled them to lead fulfilling lives. The staff team were kind, compassionate and caring and regularly exceeded the expectations of the people they supported. For example, staff rotas were planned around people's choices and preferences. If a person wished to do a specific activity then staff would be assigned to support them. All the staff were aware of this approach and embraced it. They were flexible and clearly put the needs and choices of people ahead of their own. Due to the number of staff employed at the home, there were always more than enough staff available should they be needed.

All people were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way. An Equality and Diversity group had been set up for staff and people to attend to discuss the protected characteristics of the Equality Act 2010. The most recent focus had been on 'sexual orientation' with specific support for people who identify as gay from the LGBT

community (lesbian, gay, bisexual and transgender).

A local organisation called the 'Notts Rainbow Trust' attended the home to meet with people and staff to offer guidance and support about living an open lifestyle. This was then used in meetings with key workers to enable staff to sensitively speak with people about their sexual orientation and to offer support planning and guidance where needed. Furthermore, another locally run organisation called 'Nottingham Chameleons' have been invited to meet people to discuss 'trans-awareness'. The registered manager told us they were proud of the on-going and developing approach to supporting people to lead their lives without fear of discrimination.

People were supported by compassionate staff, who had the well-being of all people at the heart of all they did. We noted two specific examples, which had helped support people through their anxieties and helped their emotional wellbeing. One person we spoke with showed us their 'worry box'. This was filled with items that were important to them that they could go to if they felt upset or worried. They had worked in partnership with staff to design and decorate the box and both they and staff added to it when they found an item they particularly liked and reduced anxiety. The registered manager told us this had seen a significant decrease in the occasions when the person presented behaviours that may challenge others and had a clear and positive impact on the person.

The second example related to a person who had anxieties regarding a specific public holiday. This time of year had been personally difficult for them and their anxieties were raised significantly. Staff worked with the person using social stories to help overcome the person's fears by supporting them to better understand how to communicate their anxieties in an effective and appropriate manner. It was agreed that a change of their normal routine was needed, offering alternative activities for them and offering constant reassurance. This has resulted in reduced anxieties for this person who has now started to play a more active role at this time of year. These two examples, amongst many more that we identified showed that the staff team could support people through their anxieties through positive behavioural support.

People were supported to lead their lives in a way that enabled them to be as independent as they wanted to be. People told us they could lead their lives in their chosen way and they were encouraged to access activities and events with others, within their local community. One person said, "I am part of lots of groups and activities and I love meeting new people outside of here." A relative said, "[Name's] independence has improved so much since being there, when we get to see them you can see it in the way they are, their confidence has come on so much." A professional said, "Residents are encouraged to participate in a wide variety of activities to support and enhance their independence. Support staff truly care for residents and nothing is too much trouble."

People have been given the opportunity to further develop their personal skills and to help them express their views so that staff and managers at all levels understood their preferences, wishes and choices. One of the ways people were supported was the introduction of lead roles. These roles were, fire warden, events manager and health and well-being lead. Three people volunteered for lead roles within the home. These people have flourished in their roles, grasping the opportunity to lead from the front and to ensure the views of the people living at the home were heard and acted on. The events lead initially had difficulties in accepting other people's point of view, but now welcomed the views of others and can proudly represent their views to staff on the events they wished to plan. The fire warden carried out their role with pride and proudly told us they were carrying out "an important job." The health and well-being lead meets with staff to discuss the next key healthy eating/living initiative which the home will embrace. This has led to the group working on tracking the number of miles people and staff walk each day with the target for all to reach 1000 miles. These initiatives, amongst many more, enabled people to take a lead role in their home and ensured

their voice and the voices of others were heard and acted on.

The registered manager told us they were always seeking innovative methods to improve people's independence. They showed us a new finger print locking system that had been installed on the kitchen door. A lock was needed due to safety concerns relating to one person accessing knives. They had acknowledged that the previous key coded lock was difficult for people to use and could place unnecessary restrictions of people accessing their kitchen. Therefore, a lock that could be opened via finger print recognition had been installed. This system ensured that people now had access to their kitchen whenever they wanted without restriction. This further enhanced people's independence.

People played a full and active role in the decisions relating to their care and support needs. People told us staff listened to them and ensured their choices and decisions were acted on. One person said, "I take photos or use pictures which helps me to say what I want." People were provided with a variety of formats to express their wishes. These included one to one sessions with assigned key workers and group meetings with others called 'Change meetings'. The latter was used to discuss any issues for the home. 'You said, we did' was the agreed way of holding staff to account to ensure agreed actions were completed. We saw recent requests ranged from; the purchasing of a digital radio and a laptop, to reminders to staff that they should always knock on their bedroom door before entering. The registered manager assured all staff had been reminded of the need to do this.

People were involved with the planning of their care and the computerised care planning system enabled them to play an active role in updating it. We saw the system held important information for staff that enabled them to support people effectively, but also included an option for people to add their own input about their preferences. We saw people had used pictures of favourite foods, activities and clothes to express their choices. When they had achieved something they were proud of, or had a productive or successful day, they were able to upload photos and pictures to help them to show what it meant to them. We also saw easy read documentation was included which explained certain policies or procedures should people wish to understand more about certain aspects of their care. This inclusive approach to care and support planning, ensured people's personal preferences and choices were central to support provided by staff.

People's relatives were encouraged to meet with staff regularly to discuss the continued care and support needs of the people living at the home. Where families were less involved, the registered manager had ensured that the person had access to, and received support from, an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them, at times when important decisions are being made about their health or social care.

People were given the opportunity to discuss their cultural and religious wishes. Although people had not expressed any specific preferences, the staff supported people to access other cultures. Most recently this had resulted in people trying Polish food for the first time.

There was a respectful and dignified approach to supporting both people living at the home. All were treated with respect and dignity at all times. We observed staff change their tone of their voice effortlessly when communicating with people, which made people feel respected and their needs understood. When staff discussed people's needs, they lowered their voices to ensure others could not hear the discussion. This ensured people's privacy was maintained. When people wanted time alone, staff respected their wishes.

People's care records were stored safely, ensuring the information within them was treated confidentially.

Records were locked away from communal areas to prevent unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act and the General Data Protection Regulations (GDPR).

There were no restrictions on people's family and friends visiting them.

Is the service responsive?

Our findings

Corner House staff are particularly skilled at helping people and their families to explore and record their wishes about care at the end of their life. They have developed support planning processes that aimed to ensure people feel consulted, empowered, listened to and valued. The registered manager told us they recognised that end of life support planning for people was, in their words, "our weakest area". They told us it was difficult to ask people to make choices if they did not know and fully understand what choices were available to them. Subsequently, a project was set up where people were invited to attend to enable the registered manager and their staff to establish their level of knowledge. Once this has been gauged people were then provided with the personal support they needed to make informed choices.

A community nurse was invited to meet with people to discuss what physically happened when people die. People were taken to a local hospice to show them what can happen when you are nearing the end of their life. People were unsure whether they wanted to be buried or cremated so they were taken to a crematorium and a cemetery to help them to decide. Some people also visited an undertaker and their role was explained to them. People were then encouraged to make decisions about their funerals, what songs they would like, who they would like to attend, where they would like their wake to be and what kind of flowers they liked. Some people had expressed a wish to donate their belongings to charity, so they visited local charity shops to decide who they would like to donate their belongings to. Others wanted assurance that their funeral service would be handled appropriately by their chosen church, so people visited many different denominations of the Christian religion to hear how funerals may differ depending on their choices.

All of this resulted in eight of the 11 people having volunteered to complete their own end of life support plans, with work still to be done with the other three, at their own pace. This patient approach has resulted in Corner House being nominated for the 'Breaking down barriers' award at the National Learning Disabilities and Autism Awards. This was particularly for their 'sensitive approach to educating and informing people about the issues with dying'. Three people from the home volunteered to meet with the awards panel to show and to talk about their end of life support plans and why they were important to them. Families were also included in the process and the registered manager told us they were proud of the work carried out by all, but especially the people who live Corner House. End of life planning is now a regular discussion point with people during meetings with their key workers. The registered manager said, "Everyone else in the community gets to make these types of plans, so why shouldn't our people? They should get the same opportunity that everyone else gets."

A healthcare professional praised the approach of staff in this area and said, "I am particularly impressed with the innovative work the team have initiated with the people they support around dying, death and bereavement. It is not an easy topic to tackle with people with a learning disability and the way this project was approached appears to have been very beneficial to those involved."

For a six-month period, Corner House was closed for refurbishment and all 11 people moved out whilst the renovation work was completed. To reduce the anxiety on people returning to their home, staff took

pictures and photos of the work during completion and talked with people about what the changes would mean for them. This included the addition of their own ensuite bathroom. People were given the opportunity to choose new furniture, their own carpets, curtains, blinds and wallpaper. Their preferences would all be ready and fully installed in their bedrooms for when they returned. As the renovation work was coming to an end people were taken to their home to see what changes had been made and to familiarise themselves with their new surroundings. The registered manager told us this staged approach had reduced anxiety levels amongst people and led to much excitement when they did return to their home for good.

Staff used innovative and individual ways to of involving people and their family when decisions were made about their care. Time had been taken to develop meaningful, person-centred support plans that focused on helping people to achieve their goals and ambitions. People owned the care planning process. They took responsibility for ensuring things that were important to them were always included. Photos of people carrying out their chosen activities and photographs of them achieving success such as passing college courses made support planning fun for all. Key decisions were always taken with people and where appropriate, their relatives. Each person had an assigned key worker who worked with their allocated person to support them to achieve their goals and to help with greater independence. For some, the aim will be to move to supported living and continued interaction with their local community will aid this transition.

People led very active lives with continued integration with their local community a key aim of the provider. A professional we spoke with after the inspection described the activities provided by staff as "superb". Another said, "Residents are encouraged to participate in a wide variety of activities to support and enhance their independence. I have seen many examples of staff working with residents to achieve the best outcome, not giving up on them and fully encouraging them to participate in activities through stretch and challenge techniques."

All activities were person centred and focused on people's personal choices and preferences. A relative told us they were impressed with how active their family member was and they did activities that were fun and their own choice. People were encouraged to take part in group activities with people they live with, people from other learning disability services and most importantly, making new friends from within the local community. A staff member told us that supporting people to meet others outside of the learning disability services was key to further enhancing people's confidence to feel an active and respected part of their local community.

People's individual goals had been achieved with people trying new things such as archery and a 'champagne breakfast'. Enhancing people's self-worth and feeling of acceptance within their community was key to the approach of staff. The registered manager told us they did not want people to be confined to their home or to just attend groups for people with a learning disability. They told us they wanted people to have the confidence to feel a valued and respected part of the local area. An example of this showed this approach was carried out effectively by Corner House staff. With help from their local theatre, they have put together a film school where people from their local community, some with learning disabilities and some who do not, have come together to make their own film. This film was about 'good and evil' with a focus on superheroes. We spoke with two people who were attending this film school and they spoke with excitement about the skills they had gained and the friends they had made. This innovative and inclusive approach has supported people to have the confidence to gain new skills and to form new friendships with others within their community. Living at Corner House is not seen as a barrier to building links with the local community, but is seen as an asset.

Innovative methods were used to support people to improve and develop skills needed to help them lead an inclusive and active role within the wider community. For example, a 'computer skills club' was set up to

support the 'Let's go digital' theme at the home. This supported people to understand how to use the internet and how it could benefit their independence. A series of workshops were run with an external IT tutor, to work with people to help them develop their computer skills at their own pace. This increased awareness of the possibilities the internet can bring has seen an increase in usage with people using the internet to plan their own activities, to do shopping and to keep in touch with family and friends. A computer and a number of 'tablets' have been purchased by the provider for all people to use. As part of the recent renovations at the home, WIFI access is now available in all bedrooms and parts of the home. This is provided free of charge for people which they can use in the privacy of the own bedrooms or in communal areas.

People were supported to gain the skills needed to find employment. One person had expressed a wish to work and they had been supported by staff to find volunteer work with the longer-term aim for them to find paid employment. This person volunteered for a 'gardening project' where they learn gardening skills. This placement has now ended. The registered manager, having seen the development in this person's social skills and ability to carry out work related tasks, has agreed to provide funding for them to go on the new project further away from their home. This has meant they have been able to keep their job which was very important to him. They have also been able to maintain relationships with new friends they have made and to further enhance their sense of achievement and empowerment. The registered manager told us this has had a major impact on his life. Additionally, staff from Corner House have met with new staff at this project and carried out extensive work with them to help them to understand their needs. This approach will further enhance this person's development and help them to achieve their ambition of paid employment.

The provider had taken innovative steps to ensure that they met the legal requirements of the Accessible Information Standard (AIS). The AIS ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. The registered manager was part of a provider wide group which focuses on ensuring that people have access to a wide selection of information in a format they can understand. Locally, they have purchased a 'picture library' and worked with people to see what pictures worked for them individually and as a group. These pictures were then used throughout care planning documentation and signage throughout the home to help people to understand information in a way that was meaningful to them. We saw a wide range of policies and procedures had been converted to easy read documentation but also personalised to each person's specific needs. These included, safeguarding adults, the mental capacity act and the complaints process. The registered manager told us the provider could convert all documentation into braille or audio formats should people who were visually impaired, or hard of hearing require them. All documentation can also be provided in alternative languages. A video to welcome people to the home rather than them being handed a 'welcome pack' was seen as a more exciting and welcoming way of informing people of what they could expect when living at Corner House. This wide-ranging approach ensured people were not discriminated against because of a sensory impairment.

People told us they had no complaints about the way staff supported them. They also felt staff would help them if they needed a concern or complaint investigating. The registered manager had processes in place to respond to and act on formal complaints. People were informed of the process for making a complaint via an easy read complaints process and they were provided with pre-printed and stamped envelopes with the addresses of the CQC and the provider's head office if they wished to make a formal written complaint. The easy read complaints also included the names and contact details of other managers from within the provider's group of services. This empowered people to be able to speak with independent people if they had concerns that their complaints would not be dealt with appropriately. The provider also had a system in place that enable independent managers to carry out investigations in to complaints made if it was felt this would provide people with a fair and appropriate outcome. At the time of the inspection no formal

complaints had been received since the serviced registered with the CQC.

Is the service well-led?

Our findings

People, relatives, health and social care professionals and others who have knowledge of Corner House, universally praised the approach of the registered manager and the way they managed the service. One person said, "I like [the manager], she is very good, she makes sure everybody is ok. She explains the [care] plans and talks to us about how she can help us. She tries to make sure everybody gets out of the house for a bit and plans lots of trips and tickets to go and see shows." A relative said, "She is so nice and approachable. She goes out of her way to make sure that [name] has a great life. She is a credit to the place." A health and social care professional said, "They are an extremely cohesive team with an excellent leader who takes their time to get to know and understand the people they support as well as they can. They are able to observe any small changes in any wellbeing and take prompt action to reduce any risks to the person and any distress the person may feel." A person who knows the service said, "[Name] is a fantastic manager. The residents and staff speak very highly of her."

The registered manager has worked at the home for 25 years. They have worked their way up from a care staff member to managing the home. They are an integral part to the success of Corner House. They continually strive for excellence and achieve this through a hardworking and committed approach to improving the lives of all people living Corner House. They lead from the front and by example. They are respected by all and are well known within the local community. They demand exceptional performance from their staff with the clear aim of giving people the highest quality of life, breaking through barriers and supporting people to lead their lives to the full.

People are at the heart of this home. They take a leading role in the decisions that are made. No decisions that could affect people are made, without consultation, discussion, compromise and agreement. We saw numerous examples of people being involved in staff meetings, being given lead roles within the home and committees and consultation groups set up to gauge their opinion. Their views on the redevelopment of the home is a prime example of how people decided how they wanted their home to look when they returned. Senior management are interested in people's views too. The area manager was present during the inspection and had an excellent understanding of people's needs. The area director has been invited by the 'events lead' to meet with them and the people they live with. This invitation had been accepted.

The aims, ethos and strategic objectives of the home are challenging, but realistic. A healthcare professional said, "All team members share the philosophy and understand the policies and procedures they need to work with. The manager sets extremely high standards and staff members work to this." Staff could explain how they contributed to the provider's objectives. Staff were consulted and felt included in decisions made. Staff were invited to attend senior management forums and to give their views on how the provider could develop and improve. Staff were highly motivated and were proud to work at Corner House. Staff had been promoted from within, with management and senior care staff posts filled by staff who have been successfully promoted. Promoting from within has resulted in people continuing to receive high quality support from a consistent team of staff. This has also resulted in an excellent staff retention rate, with all the staff we spoke with telling us they felt appreciated and valued. All were focused on one aim; to provide people with exceptional care and support. One staff member told us they never wanted to leave as they

enjoyed their role so much. Exceptional staff performance was rewarded and we were notified after the inspection that the newest member of the care staff team had won the regional 'Newcomer' award at The Great British Care Awards. This consistently high level of staff performance, was a result of excellent leadership from the registered manager and continued support and encouragement from the provider.

High quality, meaningful and robust quality assurance and governance processes were embedded throughout the home. Governance was not the sole responsibility of the registered manager but included people living at the home, support staff, senior management and the board of directors. There was clear delegation of authority which ensured each audit was robustly reviewed and actions checked. Each person who carried out the audits was answerable to the person above them. This reduced the risk of actions not being completed and impacting on people. Recently the registered and area managers had to present to the board of directors to discuss their recent performance. The latest internal auditing results showed the service scored 99%. Despite this excellent result, we saw action plans were in place to ensure continued improvement and development. The registered manager felt fully supported by the provider in their role. They told us they were supported with guidance, advice and finances to help them to strive for continued improvement and excellence. Targets are challenging and exceptional performance and results are demanded in return. All actions and targets are discussed with staff during team meetings and supervisions to ensure they are included in the continued development and improvement of the service.

Corner House is an important part of the local community. Staff have helped to develop community links to reflect the changing needs and preferences of the people who live at Corner House. Effective positive behaviour support planning has enabled staff to successfully work with people to overcome their anxieties and to reduce the impact of behaviours that may challenge others. This has increased people's confidence to play active roles within their community. As well as the 'film school' established with the local theatre, Corner House has played an integral role in bringing all elements of the community together. 'Project Plastic' was developed with a local Museum to help raise local awareness of the risk of polluting the seas with plastic. People from Corner House have also played active roles in 'Clean Up Mansfield', an initiative where people from within the local community meet to help clean the streets of the local community. Local businesses think highly of Corner House and have provided free training courses and holidays and entry to events as result of their contribution to the local community.

In 2016 Corner House won the Citizenship Award at the National Learning Disabilities Awards for their work at Corner House and within the wider community. Part of this award was the two-year provision of the "I wish I knew about Club" a service user led group that was formed because of people requesting to have information and understanding about topics that interested them. Each month the group studied a different topic including transport, health, jobs, chocolate and sport. For each topic they used different methods including the library, computers, art, activities and a final experience to answer the question, "I wish I knew about". This helped to develop people's understanding of the things that were important to them.

The registered manager has ensured that they work in partnership with other agencies to achieve high quality outcomes for all people living at Corner House. The registered manager plays an active role within local learning disability services and has made positive links where people from within these services meet to help form new friendships. Internally, the registered manager contributes to the provider's on-line intranet site where relevant legislative and regulatory changes are shared and communicated. Corner House has strong long-term links with health services in Nottinghamshire including GPs, community learning disabilities teams and hospital services. The registered manager has worked alongside East Midlands Ambulance Service looking at the use of social stories supporting ambulance admissions to hospital. This was to offer reassurance to people that if they required a visit to hospital via an ambulance they would understand how this could be done. This systematic approach to continued learning and development

focus on improving the quality of care and support for all.

Corner House has provided placements for health and social care college and nursing students and police trainees to help raise awareness of the service and people who live there. There are plans in place to work alongside the local college to recruit and support an apprentice to come and join the staff team at Corner House. This wide-ranging approach will help the continued development of an already established staffing team to provide high quality outcomes for all people.

The registered manager had a thorough understanding of the registering the right support guidance (RRS). They told us the way people were supported at the home was to assist them with leading their lives as active members of their local community, with their learning disabilities not seen as barriers to helping them feel included and valued. The renovation of the home gave the provider the opportunity to provide people with a homely living environment, whilst also living with others. The registered manager said, 'We had in the past considered other sites, rather than a remodel. However, this location keeps us at the heart of the community, supporters and more importantly resident's families and friends. We have excellent access to transport and regularly use the bus and train services as a link to the wider community as well as access to arrange of social experiences including the cinema, colleges, shops, football, sports halls and the local theatre and museum.'. It was clear the ethos of RRS was embedded in the approach of provider, registered manager and staff.

Innovative methods were used to ensure that people could contribute to the development and continued improvement at the home. 'Change Meetings' were held regularly, where all people were invited to attend to give their views on decisions that could affect them and the people they lived with. People had devised their own meeting rules, with all agreeing no mobile phones, a person would take notes and people should be free to speak without interruption. There was a clear emphasis on ensuring all people understood what was being discussed. A thumbs up card was placed on the table if people wished to ask a question and a thumbs down card was available if people did not understand. This ensured all people's views were respected and people's varying ability to understand and contribute were accommodated. We saw the minutes of these meetings were provided in easy read formats with photos and pictures from the agreed picture library used to explain what had occurred. Actions from the previous meetings were always discussed and staff and where appropriate, people, held to account for their completion.

A whistleblowing policy was in place, which gave staff the guidance needed to report poor practice. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had a clear understanding of their role and responsibilities and this included ensuring the CQC and other agencies, such as the county council safeguarding team were notified of all events that could affect the running of the home and people's safety.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and in their office.