

Apple House Limited

# Corner Cottage

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Corner Cottage is a care home for up to three people diagnosed with autistic spectrum disorders and learning disabilities. At the time of our inspection there were two people living at the home, in an adapted building in a residential area of Christchurch.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgement about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The provider's model of care and the layout of the premises maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of management and care staff ensured people using the service led confident, inclusive and empowered lives.

People told us they felt safe and enjoyed living at Corner Cottage. People were relaxed and happy with staff, who knew them very well. People received a personalised service from friendly, supportive staff who treated them with patience, kindness, dignity and respect. Relatives spoke highly of the management and staff team and commented they were very happy with the service and level of care their relative received.

There were robust recruitment processes and people were supported by a consistent team of staff who knew them well. There was an ongoing process of staff recruitment and clear systems in place to monitor appropriate staffing levels to ensure people were cared for safely.

Staff spoke knowledgeably on how to identify and report abuse and were well supported in their roles. Staff received regular supervision and annual appraisals to enable them to carry out their roles competently. Staff received core and specialist training and support to assist people in ways to meet their needs.

Risks to people's health, safety and well-being were regularly assessed, reviewed and updated. People and their families were fully included and involved in their care and support. People's views and opinions were listened to and acted upon wherever possible.

People's healthcare needs were met, and staff supported them to see healthcare professionals when appropriate. Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training.

Communication styles and methods were tailored to individual people and staff supported people to understand the choices available to them.

People received healthy, nutritious meals which they enjoyed planning and helping to prepare. People told us they enjoyed the meals which were, "good".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well led by a registered manager and staff. There were clear quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

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

#### Rating at last inspection

This service was registered with us on 23 August 2019 and this is the first inspection.

#### Why we inspected

This was the first planned inspection for this service since the service registered with us.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Corner Cottage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Corner Cottage 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 did not provide nursing care.

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

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we wanted to ensure the registered manager would be available to speak with us.

#### What we did before the inspection

We reviewed the information we had received about the service since they registered with us. We sought feedback from the local authority and health professionals who regularly worked with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We met and spoke with both of the people who used the service and spent some time with them. We observed and listened to how staff interacted with people. We spoke with two relatives, the registered manager and two members of staff.

We observed how people were supported and reviewed a range of records. This included two people's care plans, care delivery records and medicine administration records. We also looked at records relating to the management of the service including: staffing rotas, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, training and staff meeting minutes and a range of the provider's policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We obtained written feedback from four health and social care professionals who regularly liaise with the service. We considered their feedback when making our judgements in this report.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were relaxed with staff and told us they felt safe living at Corner Cottage. One relative told us, "Yes, I feel [person] is safe at Corner Cottage, we are generally pleased with it."
- The provider had effective safeguarding systems in place. Staff had been trained and spoke knowledgeably about how to recognise the different types of abuse and knew how to report any concerns.
- A safeguarding and whistleblowing policy gave staff clear guidance to follow if they needed to refer any concerns to the local authority.

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place. These considered risks relating to the environment as well as any risks to the person. People were supported to take positive risks and were involved and included in their risk assessments. This ensured a reduced risk of harm with the least possible restriction to people's freedom, and independence. One health care professional provided the following written feedback, "Every effort has been made to ensure [person] stands the best chance of succeeding to enjoy and thrive in their new home."
- People had positive behaviour support plans. These were up to date and in line with best practice. They gave clear guidance for staff on what may trigger anxiety or incidents for each person and how to safely de-escalate a situation.
- The upkeep of the premises was good, with systems in place to ensure the premises were maintained safely. There were personalised plans for people to ensure a safe evacuation from the premises in an emergency such as a fire.
- Up to date service and maintenance certificates relating to electric, gas, fire and water systems were available. Legionella testing had been completed and showed the premises were free from Legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. Staff knew people well, spent time with them and supported them in ways they preferred without rushing them. The registered manager was in the process of recruiting further staff. One member of staff told us, "We have a vacancy at the moment... agency staff are covering it, there are enough staff to support people safely." Another member of staff said, "We all get on well as a team, I feel we really do."
- Staff rotas correctly reflected the levels of staff on duty during our inspection visit. Annual leave or staff sickness was covered by existing staff or a small supply of agency staff who knew the service and people well. This ensured people received care from a consistent staff team who knew them well.

- There were robust recruitment practices in place and the relevant checks had been completed on all staff. People were involved in the recruitment of staff if they wanted to and were asked their opinion of prospective staff. One person told us, "I like all of the staff."

#### Using medicines safely

- Medicines were safely managed, stored and administered. People received their medicines when they needed them.
- Staff who administered medicines had received up to date medicine training and had their competency checked.
- There were clear protocols for administering PRN (as required) medicines and staff spoke knowledgeably about administering PRN medicines. People had known allergies recorded and there was a system of body maps in use to ensure people had their creams administered correctly.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's prevention and control policy was up to date.

#### Learning Lessons when things go wrong

- There was a clear procedure for reporting and recording accidents and incidents.
- All incidents were reviewed, analysed and monitored for any trends or patterns of behaviour. This ensured incidents were responded to appropriately and lessons shared and learned with staff.

# Is the service effective?

## Our findings

Effective- this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider worked closely with relatives and health professionals to make sure people's physical, emotional and social needs were fully assessed before they began to use the service.
- One health professional commented, "They identify what works well for people and go out of their way to ensure a good quality way of life for people."
- People and their relatives were involved in their day to day care and support and told us they felt listened to and able to make their own choices. Staff worked with people to encourage and support their independence.
- Assessments were unique to each person and contained information and guidance for staff to follow to ensure people were effectively supported in ways they preferred.
- People were supported to be themselves and given access to information and support to live their lives as they chose. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

Staff support: induction, training, skills and experience

- Staff spoke positively regarding the induction process they had received. Staff completed their induction both on site at Corner Cottage and with face to face training with an independent training provider. Staff spent time shadowing more experienced staff, so they got to know the people before caring and supporting them independently. One member of staff said, "I had a detailed induction, with the provider and face to face with [independent training company]. The induction covered all around the home and fire drills and all safety aspects."
- People were well supported by appropriately trained staff. Staff told us they found the training provided useful and well delivered. One member of staff commented, "I really enjoyed the face to face training, it's really nice to go and do practical training."
- One member of staff explained they were in the process of developing a different method for future induction training. They told us an induction workbook would be developed with enough knowledge for staff to safely support people. The workbooks would be visual, which they felt should work well.
- The provider took an active and supportive role in encouraging staff to develop. One member of staff was in the process of completing their level five diploma in Health and Social Care. They told us, "I have a mentor which I see monthly, which is helpful. We are looking into getting specific training for dysphagia (dysphagia is a condition where people have difficulty in swallowing). The whole job is such a big learning curve, we learn so much about ourselves. I find it rewarding and enjoyable."
- Staff received regular supervision meetings which were helpful and supportive. The sessions were used to develop and motivate staff, reviewing their practice and checking if staff wanted to progress further or

develop specific skills or training related to their interests.

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

- People told us they enjoyed their meals. One person told us how they enjoyed helping prepare the vegetables for the main meal. They said, "I really like chips and I chopped broccoli, carrots and cabbage today."
- People were encouraged and supported to be fully involved in the planning and preparation of the meals for themselves and others living at the home.
- People had individual weekly menus completed for them which showed people what meals were planned for the week. People received home cooked, healthy, nutritious meals. People's dietary needs were recorded in their support plans.
- Staff understood people's dietary needs and ensured these were met. Where nutritional needs had been assessed, clear guidelines were in place for staff to follow. For example, one person needed to have their food cut into bite size pieces and we saw staff followed the Speech and Language Therapy plan that was in place.

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

- The environment reflected the homely, friendly atmosphere of the service. People had their own bedrooms which were highly personalised and decorated to their individual taste. Shared communal areas were bright and comfortable which helped provide a warm, cosy atmosphere.
- People had been involved and consulted in the decoration of their bedrooms and had enjoyed choosing their colour schemes and soft furnishings.
- The provider had developed a sensory room for people to use when they wished and had installed a separate quiet room if people needed time out in a calming environment.
- People's bedrooms reflected their choices and ensured people's safety. The registered manager explained specific safety curtains had been purchased to maintain people's safety at all times.

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

- The service worked collaboratively with external healthcare professionals and specialists. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people got the right healthcare. Records reflected this was the case for ongoing health issues and emerging issues.
- People received the support they needed to manage their health, including any assistance they needed to arrange and attend appointments with health professionals.
- People received an annual health check as per best practice for people with a learning disability.
- People had 'Pictorial Hospital and Communication Passports'. These gave important information about each person, their likes, dislikes and things that were important to them. This information would need to be known if the person transferred to another service such as a hospital.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in The Mental Capacity Act 2005 and spoke knowledgeably regarding how it applied to the people they supported at the service.
- Care and support records contained details of people's consent.
- Where people lacked capacity to make decisions about their care and support, best interests decisions had been made for them.
- The service involved people, relatives and relevant care professionals in any decisions made in people's best interests.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved partners in their care.

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

- People were treated with respect, kindness and compassion. Both people who lived at the service told us they liked the staff who supported them. People and relatives told us the staff were caring and kind and knew everyone very well. A relative said, "We are generally pleased with the staff, they look after [person] well and [person] gets on really well with them, we are very pleased. It feels like a proper home, they make us feel welcome and it's homely."
- Relatives told us they were kept fully informed in the care of their relative and found the staff team approachable, friendly and professional. A relative commented, "I feel involved and I'm kept informed. If there is anything wrong at all we get a phone call."
- We received positive written feedback from four health care professionals regarding the care and support provided by the staff at Corner Cottage. Comments included, "I am very impressed with their service... They identify in what works well for people and go out of their way to ensure a good quality of life for people" and "[Person] is very well cared for and the staff have done a great job supporting them with all aspects of their life".
- Throughout the inspection we observed positive interactions between staff and people. Staff showed genuine warmth and compassion when supporting people. Staff knew people well; they knew what was important to them, their likes and dislikes and respected their wishes. This enabled staff to support people in ways they preferred.
- The service took a person-centred approach to care and support. Staff were respectful about the people they supported and had completed training on equality and diversity. People's care plans and support records set out aspects of their characteristics, beliefs and preferences to ensure their equality and diversity were respected.

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

- People were supported and encouraged to express their views about how they received their care. A member of staff told us, "It is so lovely here, everything is for the residents, it's all about them, it's fantastic. [Person] chooses who they want to support them with their care and their wishes are always respected."
- People, family members, staff and health care professionals were all involved in decisions regarding ongoing care and support. Staff supported people to make choices affecting their daily care and support.
- Support plans considered people's disabilities, age, gender, relationships, religion and cultural needs.
- There were weekly house meetings where people were given the opportunity to share information that was important to them and put forward their views, preferences and ideas.
- Staff offered people encouragement and support to make decisions they may find difficult. Staff respected people's choices and their rights to do what they wished.

## Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance in respecting people's rights to privacy and dignity and this was supported throughout people's care and support records. Staff explained the role of their dignity champion, who promoted person-centred values and ensured dignity was a key theme throughout the service.
- Staff actively promoted people's independence and people were encouraged to set themselves achievable, realistic goals to work towards.
- People held their own key fobs for their bedrooms which promoted their independence and privacy. Staff respected people's bedrooms as their private space, seeking permission before entering.
- Staff spoke knowledgeably about respecting people's dignity and privacy. One member of staff told us, "We are very aware of the need for privacy, we constantly check that [person's] toilet door is shut when in use as they may forget. There are regular checks we do to make sure their dignity is always respected."
- Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

# Is the service responsive?

## Our findings

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

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

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

- The service and staff demonstrated an individual, person-centred approach which was reflected in people's care and support plans. Throughout the inspection we observed staff had a good understanding of people's needs and provided care and support accordingly.
- People's care and support plans were detailed, informative and provided clear guidance for staff. Care and support plans were regularly reviewed and reflected people's physical, mental and social needs.
- Care and support plans focussed on promoting people's independence and supporting them to achieve their agreed goals as well as how they preferred their care and support to be given. For example, "I can make my own choices and verbally share them with you. I will need help to make them sometimes and will need reassurance. Sometimes I may find it hard to think of the right word, give me extra time and ask me to tell you about it."
- Care plans included life history information and details of people's likes, dislikes, hobbies and interests. This information guided staff to get to know people well and support them in activities they enjoyed doing.

Meeting people's communication needs

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

- The service complied with the Accessible Information Standard (AIS). People's care plans clearly documented their preferred method of communication. Staff communicated in ways that suited each individual.
- People had detailed communication plans that described whether they used words, gestures, an independent language programme, social stories, picture cards or their own specific signs. Pictorial support cards were available.
- Care and support plans included clear guidance for staff on how to communicate with each person, for example, "Reassure me and back up what you are saying with simple Makaton signs (three words max at any one time). Make sure you have my full attention by saying my name first." Makaton is a language programme that uses signs together with speech and symbols, to enable people to communicate.

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

- People were encouraged and supported to see their family and friends regularly. Relatives spoke positively about the support they had received from the management team and staff at Corner Cottage. One

relative told us, "It has been a difficult year with COVID, we are really very pleased with the staff. During the first lockdown when we were unable to visit, [person] was taken for a little drive and picnic which they really enjoyed, it worked really well."

- When COVID-19 restrictions would allow, people were supported to lead active lives and were encouraged and enabled to pursue hobbies and a range of activities both in the home and in the wider community. These included watching films, listening to music, walking in the forest and parks, exercise classes such as Zumba, gardening, shopping trips, arts and crafts, baking and music sessions.
- People received support and learning around key life skills which included doing their own personal care such as brushing their teeth, showering and choosing their clothes for the day, and completing household tasks such as sorting their washing, tidying and cleaning their bedroom.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. The provider had a clear complaints policy, and guidance leaflets in both written and pictorial formats were available for people to refer to if they needed to complain. This ensured people were supported to make complaints and encouraged to put forward their views and concerns as necessary. This promoted an open, supportive culture.

End of life care and support

- At the time of the inspection the service was not supporting any one with end of life care. The registered manager was in the process of putting advance care plans in place for people who wished to have them completed. These would include pictorial stories about decisions to do with people's future, spirituality, religion, funeral arrangements and changes that can happen to people at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff, relatives and health care professionals told us they felt the service was well-led, with an open, honest and supportive culture and a clear management structure in place. One relative said, "I feel it is well led." A member of staff told us, "I'm really pleased I feel I can discuss any issues and I would be listened to... I've made suggestions and within a couple of days they have been sorted. We are well supported, it's excellent."
- We received positive written feedback from all four health care professionals we approached. Comments included, "I was very impressed with the team and their approach... all the interactions I have had with the registered manager and their team, have demonstrated a safe, effective and caring approach. The team and service are well led" and, "The management of the service is good and communication with health teams and family are excellent... They are able to take suggestions on board and are proactive in their approach".
- Staff told us the management team operated an approachable, open door policy and they were always available for advice and guidance.
- The registered manager and provider understood their responsibilities to be open and transparent if anything went wrong.
- There was a clear process to report, review and analyse incidents and accidents. The provider acted in line with their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Relatives, staff and health care professionals spoke positively about how the service was managed. One healthcare professional told us, "The service is well led, overall, they have been a pleasure to work alongside with, a very positive outcome." A further health care professional told us, "I find all my visits to them very professional and informative. They are forward thinking and looking to the future and future health needs of people."
- There were effective systems in place for the registered manager and provider to oversee Corner Cottage and monitor the quality of service provided. There was a process of continual improvement and quality assurance with a variety of audits completed to ensure the quality of the provision was maintained.
- Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person centred, individualised care for people. Staff felt well supported, valued and respected.
- Notifications to CQC, as required by the regulations, had been appropriately made.

- There were regular team meetings held where staff felt comfortable to raise any issues or concerns and felt valued and listened to.
- Staff told us team meetings provided a valuable time to discuss lessons learned and different ways of helping and supporting people. Staff viewed team meetings as supportive and helpful.

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

- There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people, staff and relatives. Surveys had been positively completed by staff who stated they felt very well supported within their role. Relatives told us they were regularly asked for their views on the service and felt fully involved with the care of their relative.
- People were given the opportunity to attend weekly house meetings. One person told us, "We choose all our food, look." They then showed us their weekly menu planner. The house meetings gave people an opportunity to put forward their views and raise any concerns they had. People's views and requests were listened to and acted upon.
- The service worked collaboratively with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received had made positive impacts on the lives of the people who lived at Corner Cottage.
- The registered manager kept up to date through the receipt of monthly briefings from CQC, regulation and Adult Social Care guidance documentation. When COVID-19 restrictions would allow the registered manager would be attending locally held forums and workshops, where good practice could be shared and discussed with all.