

Corton House Limited

# Corton House

## 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

Corton House provides accommodation and personal care for up to 44 older people. The accommodation is over two floors. Most bedrooms have en-suite toilets and washbasins, some rooms also have en-suite showers. There are internal communal areas and gardens for people and their visitors to use. The service has a Christian ethos and welcomes people from all Christian denominations.

This unannounced inspection took place on 22 December 2016. There were 39 people receiving care at that time.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained, and well supported, by their managers. Staff were also sufficient staff to meet people's assessed needs. These were supported by a team of volunteers.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm. People received their prescribed medicines appropriately and medicines were stored safely. People's health, care and nutritional needs were effectively met. People were provided with a balanced diet, and staff were aware of people's dietary needs and preferences. People praised the quality of food served to them.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People received care and support from staff who were kind, caring and respectful to the people they were caring for. Staff encourage people to be independent, and make as many decisions for themselves, as possible. Staff treated people with dignity, respect and compassion.

Staff received sufficient guidance to ensure they provided consistent care to each person. Changes to people's care was kept under review to ensure the change was effective.

There was a varied programme of events for people to join in with and ample opportunities for people to develop and maintain hobbies and interests. Staff took steps to reduce the risk of social isolation and there

were opportunities for people to access the local community. There were good links with the local community.

The service was well run. The registered manager and staff were approachable. People, relatives and staff were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on. Concerns and complaints were thoroughly investigated.

Quality monitoring procedures were in place and action was taken, or planned, where the need for improvements were identified. We saw the registered manager strove to continually improve the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

People were supported to manage their prescribed medicines safely.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were well trained and well supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met and monitored.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and respectful.

Staff encourage people to be independent, and make as many decisions for themselves, as possible.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Staff received sufficient guidance to ensure they provided consistent care to each person.

There were ample opportunities for people to develop and maintain hobbies and interests. Staff took steps to reduce the risk of social isolation.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

### **Is the service well-led?**

The service was well led.

The management of staff ensured that people benefited from safe and appropriate care that met their needs.

People were encouraged to provide feedback on the service in various ways. People's comments were listened to and acted on.

The service had an effective quality assurance system that was used to drive and sustain improvement.

**Good** ●

# Corton House

## Detailed findings

### Background to this inspection

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

This unannounced inspection took place on 22 December 2016. It was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We also asked for feedback from the commissioners of people's care and Healthwatch Norfolk.

During our inspection we spoke with 10 people about their experience of living at Corton house. We also spoke with two people's relatives, two volunteers, the hairdresser, a visiting healthcare professional, and six staff. The staff included the registered manager, the head of care, the training supervisor, a cook and two care workers. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at two people's care records, staff training and recruitment records and other records relating to the management of the service. These included audits, and survey results.

Following our inspection the registered manager sent us further information about compliments the service had received and about medicines management. We also spoke to a representative from a local school who co-ordinates students to visit the service as volunteers.

## Is the service safe?

### Our findings

People receiving the service said they felt safe. One person told us they felt safe because "the staff know you well you feel nothing can go wrong." Another person said, "I am safe here and would never expect to be treated unkindly. There are lots of people I could turn to if I was uncomfortable." A relative told us, "I have visited many times. There is good security and residents are well cared for."

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff said, "Abuse could be to each other, or by a family or carer. It could be neglect [such as] not getting medicines." They went on, "I would go to a senior [member of staff]." They said they felt confident escalating any concerns to the head of care and felt confident that their manager's would act on any concerns they raised. Staff were aware of how to report concerns to external agencies such as the CQC.

We found staff assessed hazards and took action to reduce and minimise risk of harm. These included risks associated with assisting people to move, falls, the development of pressure ulcers and nutrition. Risks were well-managed and staff were aware of the measures in place to manage the assessed risks. These included, for instance, the provision of pressure-relieving aids, fortified foods and equipment provided to minimise people's risks of falls. The food preparation areas had been inspected by the Environmental Health Officer. Food preparation facilities are given "FHRS" rating from zero to five, zero being the worst and five being the best. The service was awarded a five star rating.

Staff considered ways of planning for emergencies. The fire safety officer [FSO] inspected the home during November 2015. They reported that they were satisfied with the fire safety arrangements of the home. Staff had attended training in fire safety and people had detailed individual evacuation plans in place. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at the service.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. For example where any untoward event had occurred, measures had been put in place to monitor people more frequently or check on their wellbeing more often. We saw that when an incident or accident occurred, an investigation had taken place and the potential for future recurrences had been minimised.

The staff we spoke with told us that the required recruitment checks were carried out before they started working with people. One staff member said, "I couldn't start [working at the service] until references and the DBS [criminal records check] were back." We saw in addition to these, the provider also obtained the prospective staff member's proof of recent photographic identity as well as their employment history. Volunteers were also subject to checks before they assisted in the service. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff to meet people's needs. People told us staff were always available to assist and spend time with them. One person said, "The carers are very nice indeed. They make life very pleasant for all of us. Busy as they are, there are moments when they will find time to chat and we talk about anything really- maybe about our families." Another person said, "The support is here when you need it which makes me feel secure. There are enough staff and they know what they are doing." A relative told us, "There are always staff around."

People said staff responded when they required assistance. One person told us, "If I ring my bell it is answered quickly." Another person said, "There's always someone around and if you call for a carer they will be there quickly."

There were sufficient staff to respond to emergency situations. One person told us, "There are always staff around if I need them. I fell over and pressed my buzzer and four staff were there helping me so quickly." Staff agreed there were sufficient staff to meet people's needs. One staff member told us, "It's lovely here. I can't fault the place [including] the number of staff we have."

The registered manager told us that the numbers of staff on duty took into account people's varying needs. Staff were supported by a team of approximately 40 volunteers. The volunteers supported people in areas such as serving drinks and providing social stimulation and entertainment.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these in a timely manner. One person said, "I receive my medication on time." Staff reminded people what their medicines were for and that they needed to take them to keep well.

The head of care showed that they had a good oversight of the ordering and obtaining of people's prescribed medicines. They told us they audited medicines monthly and carried out 'spot checks'. We saw they address any identified concerns or discrepancies promptly. For example, by retraining staff.

The provider had identified the need for improvements in the recording of medicines that were prescribed to be administered 'when required' and 'as directed'. These included topical creams and liquid thickeners. The head of care showed us the new systems were that they planned to introduce in January 2017. These provided tools that advised staff of the directions for administration, including the maximum frequency, reason and route of administration.

We found that medicines were stored securely and at the correct temperatures.

We saw there were good systems in place to ensure the safe administration of tablets. Tablets were administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of tablets received and administered.



## Is the service effective?

### Our findings

People told us they liked the staff who worked at the service and that their care needs were met. One person said, "The carers are very pleasant and do their job well." Another person told us, "The staff know my needs so that makes things good here."

Staff received effective training. One person said, "The staff are well trained. You can tell because they do everything so efficiently and calmly." Another person said, "The training officer does a good job as carers know what they are doing." Another two people and a relative both told us that, "[Staff] know what they are doing" and said that staff understood their, or their family member's, needs.

Staff told us, and records showed, they were trained in the subjects deemed mandatory by the provider such as moving and handling, first aid, safeguarding people from harm and food hygiene. One staff member told us all staff were "very well trained."

Staff described a thorough induction which included working alongside more experienced care workers and completion of the Care Certificate. The Care Certificate is a nationally recognised induction programme. Staff were supported to achieve nationally recognised qualifications. The registered manager told us that 21 of the 32 care staff had achieved a level two nationally recognised qualification in health or social care. This included diplomas and national vocational qualifications.

The training supervisor and staff told us staff also had the opportunity to complete additional training relevant to the needs of the people living at the service. For example, one staff member had recently completed a course in hand massage and was providing this during our inspection. The training supervisor told us they also ensured staff were kept up to date on various issues of national concern. To this end staff had received training and awareness sessions over and above those related to their roles. Topics included, but were not limited to, hoarding, self-neglect, modern day slavery and safeguarding children.

Relevant training was also provided to volunteers at the service. For example, a volunteer who served drinks told us they were "shown round and told what we can and can't do and what we should wear." The co-ordinator for volunteer students told us staff provided volunteers with dementia awareness training prior to volunteering. This helped to ensure the volunteers understood and interacted with people appropriately.

The training supervisor told us that staff training was reinforced and staff members knowledge checked during staff supervision sessions. For example, in the past 12 months topics such as Food and nutrition, equality and diversity and moving and handling had been covered in supervision.

Staff told us they felt well supported by the senior team. All staff confirmed they had received formal supervision and annual appraisal of their work. One staff member said they welcomed the opportunity to discuss "any worries or concerns." They said supervision sessions were "a time to talk about things" and that they could request more or different training.

People confirmed that staff consulted them about decisions about their care. One person told us, "[Staff] always ask permission before they do anything to assist me."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that applications had been made to the authorising authority where people were deprived of their liberty for their own safety.

We found the service was working within the principles of the MCA. People were supported by staff who had a good knowledge and understanding of the MCA. Both staff and managers we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. Records showed that the views of appropriate people had been taken into consideration. This included people who knew the person well or the person's legal representative. This showed that consideration had been taken to ensure the service was provided in people's best interest and in the least restrictive manner.

Everyone we spoke with praised the quality, quantity and choice of food and drinks available. One person told us, "The food is good and plentiful and you can always have a second helping. You never feel rushed to eat your food. You can choose an alternative. There is a regular tea round which is nice." Another person said, "The food is excellent. I always reckoned I was good cook, but I don't think compared to this I could have been. If I want fresh fruit it is sitting out there on the window sill." A third person said, "The food is mainly good and I can't really expect better. The thing is they will always make something different for me if I don't like the menu. There is fruit around in a bowl if I want some." Relatives were also complimentary. One relative said, "The food always looks well cooked and of good quality."

The cook praised the quality of the food purchased by the provider and said this enabled them to produce good quality meals. They said, "It's an honour and a pleasure to cook and serve such beautiful meat and fish. We have quality branded foods. It's all top quality."

The dining room was attractively presented and tables had napkins, glasses and condiments on them. People sitting in groups of two to six people. There were good interactions between people and with staff at meal times in order to make it a social occasion. People could choose where they took their meals. Staff knew people's likes and dislikes and this was recorded in their care plans. One person told us, "The staff know me very well. I always get my black tea, one sugar. Even if I'm in the garden they will find me and hand it over."

People were offered a choice of what they would like to eat and drink in a way they could understand. Menus showed two choices available at mealtimes. In addition, staff told us, and we saw, people could request other options.

People were supported to have enough to eat and drink. In addition to meals, we saw that a range of drinks and snacks were available throughout the day and night. Where people required assistance, staff offered

this discreetly. Efforts were made to maximise each person's independence. For example, one person used a plate guard and vegetables were presented in serving dishes for people to serve themselves. Throughout the meal staff asked people if they wanted more to eat and drink.

People's individual dietary needs were catered for. The catering staff had information about these so that they were able to prepare food to meet people's individual dietary needs. This included, soft and pureed foods for people who had difficulty with swallowing.

People who were at risk of unintentional weight loss were offered fortified foods and nutritional supplements, such as milk shakes. One person told us they had been unwell and underweight, but since moving to the service their physical condition had improved and they had gained weight. They said, "[Staff] got me better. The food is excellent."

The records of people's weights and risk assessments demonstrated that people's nutritional needs were being monitored and kept under review. These records showed most people's weights were stable and therefore people's nutritional needs were being met.

People were supported to manage and maintain their health and had access to a range of healthcare professionals. These included speech and language therapists, chiropodist, community nurses and GPs. In addition to emergency visits, a local GP visited the service weekly. One person said, "The staff are very vigilant. They spotted straight away that I had a septic [area] and they sorted it for me." Another person said that when they fell, "[Staff] got me sorted and called the doctor." Three other people confirmed that staff called the doctor when they requested and /or required it.

A visiting healthcare professional told us that the staff always provided them with appropriate information and feedback that this contributed to their decisions about people's care. They were confident staff followed guidance. They said they had "been visiting a while and [staff] do implement what we put in place."

## Is the service caring?

### Our findings

People and their relatives were complimentary about the staff. One person said, "The carers are very pleasant and do their job well." Another person said, "I'd recommend this [service] to others because we are so well looked after and everyone wants the best for us." A relative told us, "My [family member] is well cared for. Carers are very nice and kind to [my family member]." Another visitor said, "This is a very caring environment. The caring in this place shines through."

Our observations showed the staff were kind, and caring to the people they were caring for. Staff called people by their preferred name. One person said, "The staff chat with me when they can and always call me by name." People said that staff were busy but did spend time with them. A person said, "The carers are friendly and attentive. They build a relationship over time and always call me by name. They look me in the eye, listen to me and give me time if I need it. I know they would listen to any problems I had." Another person told us, "The staff tend to be busy so chats are never that long. They are very friendly and kind of course, they are just people who have a lot to do." A third person said, "The carers always seem busy but look after us well. I feel I matter to them." The hairdresser told us, "You hear the [staff] listening and chatting with people."

All staff told us they would be happy with a family member being cared for at this service. One staff member told us this was because of "how attentive the staff are...and the quality of care [provided]." Another staff member said, "I've worked in a lot of homes and I just look and see the quality of care the carers give. They are a dedicated bunch. This is the best home I've seen in my 35 years' experience. The activities that go on here are second to none." The hairdresser also said they would be happy with a family member receiving care at this service. They told us, "What I really love about this place it's not just care, its activity. They're encouraged to partake, not forced." A co-ordinator for volunteer students also said they would be happy with a family member being cared for at the service. They said this was because staff showed people "such worth."

We heard staff speaking in a calm and reassuring way. We watched staff assist a person to move using mobility equipment. Staff reassured the person, explaining what was happening and what they wanted the person to do. They asked the person to "hold on there" so the person felt safe while moving. Throughout our inspection staff maintained a caring, patient attitude towards people. This included responding on all occasions to people's request, no matter how frequently these requests were made. The hairdresser told us they had "never seen the [staff] 'rattled'" or impatient with people. We saw staff members were discreet in relation to personal care needs. For example, one person was moved using a hoist. Staff draped a rug over the person's legs to maintain their dignity during the manoeuvre.

Relatives told us that they could visit whenever they wanted. They said they were made welcome and provided with tea and coffee whenever they visited.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. The registered

manager and head of care told us that people were involved in the writing and reviewing of their care plans. However, whilst people were happy with their care and felt it met their needs, none of the people we spoke with were aware of their care plan. One person told us, "I have no idea what a care plan is, but [staff] know what I want."

The home had a Christian ethos with prayers said throughout the day, including before meals. People's spiritual needs were considered and supported. People were supported to visit a neighbouring church. Clergy visited weekly and communion was held at the service twice a month. People were also encouraged to access religious services held at the provider's neighbouring sheltered housing scheme.

Staff encourage people to be independent, and make as many decisions for themselves, as possible. A relative told us, "My visits tell me that encouraging residents to stay independent is at the top of the agenda here." One person told us, "[Staff] encourage me to do things for myself. They [encourage] me to walk with my frame to keep me active." Another person told us, "I [lived] in another care home and they never encouraged us to keep active or do things for ourselves. Here they do." A third person said, "[Staff] leave me to do what I want, encouraging my independence in every way. I can get up and go to bed when I want." A fourth person agreed with this and said, "You can please yourself here." Another person expressed how the support they received did not restrict them. They said, "I can be myself here. I don't feel restricted by the building or any of the people here."

People were encouraged to personalise their rooms with items of furniture, pictures and soft furnishings. We noted that bedroom doors were labelled with the person's name and some also had pictures of interests, drawings or photographs to help people orientate and feel "at home". Staff had looked introduced other signs to help orientate people and comfort them. For example, a sign on one person's walking aid advised them of the service's name and address and that they had moved to the service to be closer to their relatives who visited frequently.

People who required advocacy were supported in a way which best met their needs. For example, relatives and people who knew the person well were consulted about people's care and involved in best interest decisions. The registered manager had introduced volunteers who befriended people who had no family. Information was available for people who required more formal advocacy services.

People told us that staff treated them with respect and felt valued. One person told us, "[Staff] always knock on my door before entering." Another person said, "I am a person that matters to them and I am given respect at all times." One person commented on how well staff looked after and laundered their clothes. They told us this was particularly important to them. They said, The laundry [service] is excellent. [They are] good. [They] looks after your clothes. [They] keep all my things lovely."

## Is the service responsive?

### Our findings

People and relatives felt that staff understood and responded to people's needs. One person told us, "The carers know me well, in fact everyone working here knows me." Another person said, "All the staff are very good and care for us so well." One relative told us, "My [family member] has [a medical condition] which is frustrating but I know [the person] is settled here [and] is well supported." A visiting healthcare professional agreed that people's needs were met. They told us, "I get the sense the carers know people well and treat them on an individual basis."

People's care needs were assessed prior to them moving to the service. This helped to ensure staff could meet people's needs. The assessment included people's life history, preferences, allergies, information about people who were important to them and their hobbies and interests. The registered manager told us that this assessment and information gleaned in the first three weeks that people lived at the service formed the basis of people's care plans.

Whilst guidance in people's care plans was brief, staff told us there were good verbal communication systems in place to supplement this. This was demonstrated when we sat in on a staff handover and found detailed information was shared. For example, that a person had tried a new drink and had particularly enjoyed it. This information was passed on to the staff on the next shift. This helped to ensure that the care that was provided would effectively and consistently meet people's needs. Staff told us that care plans were up to date and accurate and that they were provided with time to read them. People's care plans were reviewed regularly and reflected people's changing needs.

People spoke favourably about the diverse ways of spending their time on offer. These ranged from impromptu games and activities of daily living, such as decorating the Christmas tree, to visits from entertainers and trips out. One person told us, "I take part in as much as I can and they encourage all of us to do so. I don't feel bored very often because there's enough here to keep me content." Another person said, "I don't get bored here because there are things arranged for us to do and there are other like-minded residents. I'm sure without these things I might get depressed. In life I say 'use it or lose it'. Keep busy I say." Another person described trips out, events, such as the "fabulous" event to mark the Queen's birthday, and playing games such as bingo and whist. They told us, "All of these things give me a sense of well-being."

People said they particularly enjoyed and benefitted from trips out. One person said, "The river trip to Bungay was lovely and so was the trip to Thursford." Another person said, "The visits out are particularly enjoyable and the memory of those lives long and gives me a good feeling for ages afterwards."

Entertainers visited the service throughout the year. One person told us, "We have various people and organisations who come in to entertain us. We even have some students from the local high school who come in and that is very nice. All of this stops me being bored and makes things nice and sunny."

People were also encouraged to participate in small group activities such as arts and crafts and games such as whist, bingo and scrabble. One person described how taking part in such activities made them feel. They

said, "I love reading and there is an occasional poetry group that meets. I play scrabble one afternoon a week. The activities that are offered make me content and make [my] life purposeful."

Five of the people commented on the gardens, describing them as "lovely" and "pleasant". People talked about the opportunity to tend, sit and walk in the gardens. One person said, "The garden is very nice and I help out there in the better weather." Another person said, "We have lovely gardens to view and walk round."

People were encouraged to maintain contacts with family, friends and the local community. This helped to reduce social isolation. One person told us, "When I was in my own home I was lonely, but not here. This is such a good home- kindness is all around you." A relative told us, "The amount of visitors [to the service] is a strong point." A person said, "I love the children coming in to be with us and to entertain us. I enjoy all the visitors who come in. It makes those days especially interesting. All these things help me keep active in mind and body." Another person said, "Those who come to talk to us or entertain us are stimulating and thought provoking."

The registered manager told us they looked for further ways to reduce people's social isolation. Working towards this the provider had installed a computer for people to use in a communal area. This had internet access and skype facilities. The registered manager told us they had arranged for young people from a local school to assist people with using this to stay in contact with family members who were unable to visit. The registered manager said that take up in using this had been slow, but they hoped this would increase in the future.

People further benefitted from accessing other events in the provider's neighbouring sheltered housing complex. These included regular Christian worship and further clubs and entertainment.

In the PIR the registered manager told us that the provider employed an activities co-ordinator. In addition to arranging for group events and trips out, they also 'explores many avenues to enable the less able to interact.' We found this to be the case and on the day of our inspection a staff member was offering hand massages to people. A person who co-ordinated some of the volunteers who visited the service told us, "[staff] make sure they involve everyone." They said this included a person who was living with dementia and did not appear to be aware of their surroundings.

In the PIR the registered manager told us, 'Dealing with concerns promptly can minimise complaints. Talking things through, involving those who are close and showing a response helps to create a trust relationship.'

Information about how people could complain, make suggestions or raise concerns was available throughout the service. Staff had a good working understanding of how to refer complaints to senior managers for them to address. One staff member told us that if a person complained to them, "I'd try to sort it out. If I couldn't [I'd refer] to a senior [staff member]."

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised. One person commented, "I know that if I was unhappy about something it would get sorted if I told someone." Another person said, "I don't complain because there's no need to when everything in the Home is as it is." The hairdresser told us, "I do feel I can go and say there's a problem here.... [The staff] take my input. ... they do listen and look for solutions. I've never had any concerns  
I can't praise [the service] enough."

In the PIR the registered manager told us they had received one complaint since the last inspection. In response to this they had 're-emphasised [with staff] the importance of communicating with family/next of kin should incidents occur.' We found that the complaint had been investigated and dealt with appropriately and thoroughly.



## Is the service well-led?

### Our findings

The service had a registered manager in place. 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. People and relatives knew who the manager was and we saw good interaction between the manager and visitors to the service.

People made positive comments about the management of the service. One person told us, "The [service] is well run and I have no complaints." We also received positive comments about the registered manager and everyone knew who he was. One person told us, "[The registered manager] is easy to talk to. He shows he likes the job he is doing. He listens pleasantly, with a good attitude towards residents. He wants to make sure things are right." Another person said, "[The registered manager] is a very nice person. I like him. He is very friendly and approachable."

Relatives and other visitors also made positive comments. A relative said, "This place is run as a tight ship; well organised, with a strong emphasis on caring and compassion." Another relative told us, "I see [the registered manager] as someone who has his finger on the pulse. He is extremely approachable and I know I can go home knowing [my family member] is in safe hands here. This is a place I would recommend to anyone." A person who co-ordinated volunteer students told us, "I'm bowled over by the atmosphere at that place. Such a warmth and real awareness of difference [of people's preferences and needs]."

Staff also made positive comments about the ways the service was managed. One staff member told us, "Compared to where I've [worked] this [services] is great." Another staff member said, "[The service is] exceptionally well run." Volunteers at the service were also complimentary. One told us the service was "brilliant, very good. I would recommend it. If someone can't be at home, it's as good a place as any I've seen." Staff also told us they felt valued and supported by the management team and provider organisation. One staff member gave us an example of when they felt valued. These included accessing alternative therapies during their breaks and additional employee benefits.

The registered manager had received 14 written compliments in the nine months leading up to our inspection. Theme included the caring and kindness and devotion of staff, and the good quality care people received, particularly at the end of their life care. One relative wrote, 'Whether it was laundry, room cleaning, entertainment, catering or caring I feel that [my family member] has been well looked after and has been able to enjoy a safe, secure and welcoming home.' Another relative described the service as 'a jewel in the crown for care of the elderly.'

People were asked for their opinions on the service. The registered manager had introduced a 'resident's council' to encourage people to voice their opinions. One person told us, "I have been asked for my opinions. Two residents come around and report to the manager any things brought up." The registered manager said views had most recently been sought in the selection and fabrics when the sun lounge was redecorated. Staff were also encouraged to voice their opinions and provide feedback through meetings

and supervision sessions.

The registered manager had analysed survey responses in September 2016. This showed very favourable views. Of the 21 people who responded, one person said their 'overall view of the quality of life at Corton House' was 'satisfactory'. Nine people said it was 'good' and 11 people said it was 'excellent'. Survey responses showed that the 21 people who answered felt that the service was achieving its mission 'to provide excellent loving care and support for older people'.

The last staff survey was conducted in August 2015. This identified that confidentiality could be improved. As a result staff attended a confidentiality awareness workshop and posters were displayed to remind staff of their responsibilities. Staff were also asked to sign to say they had read and understood the policies relating to confidentiality. People told us their confidentiality was respected. One person told us, "[Staff] never talk about other residents in front of me." A relative said, "I never hear [staff] talk about other residents in front of me." This showed the registered manager responded to areas identified as needing improvement.

In addition to survey's various audits were conducted to ensure the quality of the service. These included audits of medicines, health and safety and infection control. Where shortfalls were found, action had been taken to address the issue, for example, through staff training.

The registered manager showed us they kept up to date with current legislation and good practice. They told us they were members of the National Care Association, and accessed Skills for Care and, where appropriate they commissioned other professionals to provide their expertise. For example, they had employed a consultant to assess for the risk of legionella. As a result staff adopted new procedures to ensure shower heads were regularly flushed to minimise the risk.

The registered manager reported to a board of Trustees for the provider organisation. Reports showed that Trustees regularly visited the service, speaking with people, staff and visitors. This helped them assess the quality of the service provided. Records showed the Trustees support of ongoing improvement of the service. For example, the board had agreed to the refurbishment of a bathroom which included tracking hoist so people could move access the toilet and bath more easily.

The registered manager and staff looked for ways to reduce the risk of social isolation and increase people's links with the local community. They produced a monthly newsletter so that all people had access to information on planned events, such as religious services and entertainment. It included the co-ordination of a team of approximately 40 volunteers who visited the service. Some provided assistance with serving drinks, others by befriending people who had no relatives. The service had strong links with local schools. One of the volunteer co-ordinators from one of the schools told us they had not only witnessed people's pleasure in the company of the students, but they felt the students had gained much from their visits. They said, "The relationships work both ways. [Coming here] gives students a wider view of the community."

People living at the service had been involved in an innovative project with the local arts centre. This enabled people to enjoy an interactive performance where audiences at a festival show and in the lounge at the service were able to see each other and participate in the show.