

Peninsula Care Homes Limited

Cornerways

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

Cornerways is a care home registered to provide personal care and accommodation for up to 50 people older people. Most of the people who lived in Cornerways were living with a form of dementia.

This inspection took place on 11 July 2016 and was unannounced. At the time of our inspection there were 41 people living in the home.

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

We carried out a previous unannounced comprehensive inspection of this service on 27 May 2015. The service was rated as requires improvement overall. Breaches of legal requirements were found in relation to risks to people not being well managed, people being at risk of cross infection, and people's food and fluids not being sufficiently well monitored.

The provider sent us an action plan which detailed how they were planning on meeting the regulations and told us these actions would be completed by the end of September 2015. At this inspection we found action had been taken to respond to our concerns and the service was no longer in breach of these regulations.

Cornerways is a care home which provides accommodation for up to 50 people. Nursing care for people was provided by local district nursing teams. People who lived in Cornerways were older people with a variety of needs including mobility needs, personal care needs and needs relating to dementia.

Following our previous inspection, action had been taken to review the infection control practices at the home. Work had gone into re-organising the laundry area and the storing of cleaning equipment. Audits had been carried out and new processes had been put in place in order to protect people from the risk of cross-infection.

People were supported to have enough to eat and drink. People were supported to make choices about what they wanted to eat. Each meal consisted of a number of alternative dishes to meet people's preferences. Where people required changes to their diets, the consistency of their food, or required support from staff this was provided. Where people required closer monitoring of their food and fluid intake because of identified risks, this was being completed and people were referred to specialist healthcare professionals where required.

Improvements were needed in relation to making the environment and the activities more appropriate for people living with dementia. The registered manager had identified these areas as needing improving and was working towards implementing some changes, however, at the time of the inspection significant

improvements were needed. Cornerways is a large three story building with many staircases and narrow hallways. Adequate steps had not been taken to assist people with finding their way around the home with the use of distinguishing colours and signage. What signage was available was unclear and often written in small print people would not be able to see. There were few activities which did not involve memory testing and these can have a negative impact on some people living with dementia.

We have made recommendations for the provider to seek further guidance in relation to providing an environment which promotes independence for people living with dementia and into an activities programme which caters for people's individual needs.

All the people who lived in Cornerways required support with taking their medicines and staff had been trained to administer medicines safely. People, relatives and staff confirmed medicines were safely managed and people received their medicines as prescribed by their doctor. We found some issues with the recording of medicines and have made a recommendation for the registered manager to review the systems in place to monitor and audit medicine records.

People's individual health and care needs were assessed prior to them moving into the home. Specific management plans had been put in place to assist staff to respond to people's needs. Specialist external professionals had been consulted in order to ensure people received the best possible care.

Where people were at risks relating to their mobility, their nutrition or their behaviours, specialist input had been sought and plans had been put in place to ensure these risks were minimised for people. Where accidents and incidents had taken place, the registered manager had reviewed these, had learned from them and had taken action to reduce the risk of reoccurrence. There were arrangements in place to deal with foreseeable emergencies.

People were protected by staff who knew how to recognise possible signs of abuse. Staff told us what signs they would look for and the procedures they would follow to report these. Safeguarding contact numbers were accessible to staff who told us they felt confident and comfortable reporting concerns.

Recruitment procedures were in place to ensure only people of good character were employed by the home. Potential staff underwent Disclosure and Barring Service (police record) checks to ensure they were suitable to work with vulnerable adults.

Staff treated people with kindness and respect. People enjoyed pleasant and affectionate interactions with staff who spent time individually chatting with people throughout the day. Staff knew people's preferences and worked hard to ensure they met people's personal likes and dislikes. Staff supported people in a calm, unrushed and caring manner.

Staff had the competencies and the information required to meet people's needs. Staff received regular training, supervision and appraisal. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. People were involved in every aspect of their care and were encouraged to make choices where they were able. Where best interest decisions had been made, these had not always be recorded. The registered manager told us they would address this immediately.

Some people were being deprived of their liberty as they were under constant supervision and were not able to leave the home on their own for their own safety. The registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority where required.

There were sufficient numbers of staff to ensure people received the care they needed at the time they needed it. Staff were able to spend time with people individually and complete tasks in an unhurried fashion. Where people rang their call bells for staff assistance, these were answered without delay.

There was a clear management structure at Cornerways with staff having a good understanding of their roles and responsibilities. People, relatives, staff and healthcare professionals spoke highly of the registered manager and told us they were approachable and open. There were systems in place to assess, monitor and improve the quality and safety of the care being delivered. Staff performance was regularly checked by team leaders and the registered manager to ensure the care being delivered was of a high standard.

There was an open culture at the home with people, relatives and staff being encouraged to share their views and ideas.

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.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified and plans were put in place to minimise these risks.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's rights were respected. Staff had clear understanding of the Mental Act 2005.

People were supported to have enough to eat and drink. People were supported to make choices about their meals and these met their preferences.

Improvements to the environment were required in order to meet the needs of people living with dementia.

Is the service caring?

Good ●

The service was caring.

People, relatives and healthcare professionals were positive about the caring attitude of staff.

People were treated with dignity and respect.

Staff supported people at their own pace and in an individualised way.

Staff knew people, their preferences and histories well.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these were reviewed regularly.

People's needs were assessed prior to their admission to the home.

Improvements were needed to ensure people living with dementia benefited from personalised and meaningful activities which reflected their interests.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke highly of the management team and confirmed they were approachable.

Management and senior staff worked alongside staff to ensure they worked to a high standard.

The provider had systems in place to assess and monitor the quality of care.

The provider sought feedback from people, relatives and staff in order to improve the service.

Cornerways

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 July 2016 and was unannounced. One social care inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On this inspection the expert by experience had experience of supporting a person living with dementia.

During the inspection we spoke with or spent time with almost all of the 41 people who lived at the home. We also spoke with two relatives, three healthcare professionals and five members of staff. Some people who lived in the home were not able to share their experiences in depth with us verbally as they were living with dementia. We did not conduct a short observational framework for inspection (SOFI) on this occasion but we used the principles of this framework to undertake a number of observations throughout the home. This helped us understand the experiences of people when they were not able to verbally communicate with us.

We observed people being supported with their meals, observed staff administering medicines, looked at the care plans, records and daily notes for six people with a range of needs. We also looked at medicine records, staff files, audits, policies and records relating to the management of the home.

Is the service safe?

Our findings

During our previous inspection in May 2015 we identified some concerns relating to people not always being protected from risks and concerns relating to people being at risk of cross-infection. During this inspection we found action had been taken to respond to these concerns.

The people who lived in Cornerways had specific needs relating to their mobility, their nutrition, hydration, skin integrity and behaviours. People's needs and abilities had been assessed prior to them moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialised guidance to ensure these risks were minimised. For example, one person had experienced a decline in their mobility and had suffered a number of falls. Staff had sought advice and guidance from outside healthcare professionals on how to best support this person and protect them from risk. They had ensured there were monitoring systems in place so staff could support this person should they try to mobilise unaided and had arranged for them to move from the first to the ground floor to reduce the risks of this person potentially falling down the stairs.

One person enjoyed having the independence of walking to the nearby beach on their own. Staff had identified the potential risks of this person becoming lost and had discussed and agreed with them, to wear a tracker and to carry a card with them which contained the Cornerways address. The person told us they were happy with this arrangement and they enjoyed their walks. During our inspection we saw this person went out in the afternoon and staff checked carefully that they had their tracker and card with them.

During our previous inspection we identified some concerns relating to infection control and the processes in place to manage people's laundry. During this inspection we found the registered manager had taken steps to respond to these concerns and had put measures in place to ensure people were protected from cross-infection. The laundry room had been reorganised to ensure there was a clear process for staff to follow relating to the cleaning of people's laundry and soiled items. Cleaning products and substances which posed a hazard to people were securely stored. On the day of our inspection Cornerways was clean, tidy and free of odour.

People at Cornerways were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff felt the registered manager would listen to their concerns and respond to these. People told us they felt safe at the home. People's relatives were confident their loved ones were safe and that any concerns would be picked up on and effectively dealt with by staff.

All the people living in Cornerways required support from staff to take their medicines. Staff told us they were confident people received their medicines as prescribed by their doctor. People and their relatives told us they were happy with the ways in which the staff managed the medicines. However, we found some issues relating to the recording of medicines. For example, where staff had handwritten entries in people's medicine administration records (MAR), these were not always double signed to ensure they were accurate.

We also found some gaps within people's MAR charts and a few inconsistencies with numbers of specific tablets people had in stock. We raised these issues with the registered manager who ensured us they would rectify these immediately.

We recommend the provider review the systems in place for auditing and monitoring the management and recording of medicines.

During our inspection we observed staff offering people their medicines, explaining to them what these medicines were for and ensuring they had a drink available to take their medicines with. Where people were prescribed medicines to be taken 'as required', we found staff had developed guidance that covered what these were for, how they effected the person and when they should be administered. We observed one person complaining to staff about a sore throat. Staff reviewed this person's medicine guidance and responded by providing them with some pain relieving medicines.

There were sufficient staff to meet people's needs. Staff confirmed the staffing levels at the home were adequate and where these numbers fell due to absence, the registered manager took action to source extra staff. The usual staffing numbers at the home consisted of eight or nine care staff during the morning and six care staff in the afternoons. During the night there were three waking care staff. These numbers did not include the seven day a week team leader cover. During our inspection we found staff meeting people's needs in an unhurried manner. Where people rang their call bells these were answered quickly and staff spent some time individually with people.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). New staff starting at Cornerways remained under observation until the registered manager was happy with their practice and their attitudes.

Where accidents and incidents had taken place, the manager had reviewed staff practice to ensure the risk to people was minimised. For example, one person had displayed aggressive behaviours towards staff. Staff had discussed these behaviours and the potential risks these could pose. They had sought guidance from professionals and had created an action plan to minimise the risk of these reoccurring.

There were arrangements in place to deal with foreseeable emergencies and each person had a personalised emergency evacuation plan in place. The home had fire extinguishers and clearly signposted fire exits to assist people in the event of a fire. Fire safety was regularly checked and on the day of our inspection staff conducted a pre-planned fire alarm check.

Is the service effective?

Our findings

Most people who lived in Cornerways were living with a form of dementia. We found that the registered manager was taking steps to improve the environment in the home in order to make it more 'dementia friendly'. The registered manager had organised for the dining room to be decorated in a style that resembled a locomotive lounge and on the day of our inspection work was being undertaken in that room. The registered manager had recognised that people needed help from staff to find their way around the home and had started taking some steps to improve the environment but these were not yet fully implemented. They had arranged for all the toilet doors to be painted a specific colour, although they had found the colour chosen had not been very successful at helping people distinguish these doors. Some people's bedroom doors had been painted a specific colour but no further distinguishing features had been added to their doors.

We found that, although there were plans in place to improve the environment, at the time of the inspection the home was not suitably adapted for people living with dementia or people who may have needs relating to their sight. Cornerways was a large building set on three floors with a large number of staircases and narrow corridors. There was a lack of differentiation to help people find their way around the home unaided. Signage in the home was very limited, often confusing and often written in small print that people would not have been able to see.

We recommend the provider seek guidance in relation to creating an environment in the home which enables people to be as independent as possible.

People who lived in Cornerways had a range of care needs and health conditions. Staff knew people's needs and how best to meet them. Comments from people included "The staff look after me well" and "It's very good here". Comments from relatives included "Absolutely brilliant, I can't praise them too highly" and "They've gone overboard in relation to having his needs reviewed. I know he is being looked after".

People's individual needs had been fully assessed before they moved into the home. This ensured staff were able to meet the needs of the people who moved into Cornerways. People's care needs were regularly reviewed in order to ensure staff were still meeting these or whether any further guidance was required.

Where people had specific needs these were planned for and responded to by staff. For example, where one person had specific needs relating to their skin integrity, specialist healthcare professionals had been consulted, risk assessments had been undertaken, specialist equipment had been obtained and actions had been taken by staff to protect the person's skin.

Staff had the skills and knowledge necessary to meet people's needs. Staff had undertaken training in areas which included health and safety, manual handling, first aid, dementia awareness, safeguarding and nutrition. Where staff wanted further training this was considered and provided where possible. Most people who lived in Cornerways were living with a form of dementia and the registered manager had started

sending staff members to a new in depth training course in this area. Where staff had attended already the registered manager had asked them to complete a reflexion on their training and how they would put this in practice. This ensured people benefited from this.

Staff were encouraged to work towards further qualifications and all staff were conducting self-assessments of their knowledge and understanding of the care certificate. This was in the process of being completed at the time of our inspection. Once this was completed the registered manager told us they would be evaluating each staff member's skills and training needs and ensuring they complete the appropriate parts of the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they felt supported by the registered manager at the service and received regular supervision. During supervision, staff had the opportunity to sit down in a one-to one session with their line manager to talk about their job role and discuss any issues. Staff comments included "If you need any extra help you just ask" and "I've had supervision".

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. However, where people did not have the capacity to make certain decisions at certain times, such as making the decision to have bed rails fitted to their beds for their protection, best interest processes had not always been recorded. Staff told us they had discussed these decisions with each person's relatives and appropriate healthcare professionals where the person themselves had been unable to consent.

Staff sought consent from people before supporting them to make decisions about their care. Staff took care to offer people choices and explore their wishes in ways they could understand. One healthcare professional said "The manager and staff will encourage an individual to be involved in the plans for their care and will be flexible within the constraints of the home".

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). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made the appropriate DoLS applications to the local authority. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications had been made for the people who lacked mental capacity to make the decision and one had been authorised.

People were supported to have enough to eat and drink. There was a full time chef at the home who catered to people's individual tastes and preferences. People chose what they wanted to eat from a daily menu and extra options were given to them where these choices did not meet their preferences. We saw staff encouraging people to make choices and offering people alternatives. Where people expressed they did not want to 'be fussy' we saw the chef spend a long time with people encouraging them to voice their opinions in order for their meals to meet their individual preferences. People ate their meals either in the dining room, the living rooms or in their bedrooms according to their wishes.

On the day of our inspection we observed the breakfast, lunchtime and evening meal. People's meals were presented in ways which met their individual needs and all meals looked appetizing. The chef spoke enthusiastically about their role and how they knew people's likes and dislikes. One person had expressed they would enjoy eating fish and chips in newspaper so the chef had purchased some grease proof paper so people could choose to eat their fish and chips that way. They had also started serving homemade pizza in cardboard pizza boxes so people could experience regular takeaway nights.

People were supported to eat snacks and drinks were freely available. Where people had specific needs around their nutrition or hydration, these were planned for and delivered. For instance, where one person required their food to be presented in a fork mashable consistency this was being prepared separately so as to make their meal look and taste more appetizing. This person also required snacks every two hours in order to increase their weight. Staff had guidance to follow about what these snacks should consist of and how these should be prepared and presented. We saw this person receiving their regular snacks during our inspection.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, speech and language therapists, district nurses, chiropodists, mental health specialists and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care. Healthcare professionals we spoke with said "They tend to ring us straight away", "They are good with instructions" and "When referring or reviewing a client the manager and staff are very receptive to any information to enable them to care for any individual to a high level, they will contact the social care team if they feel they need support or a review of a client needs".

Is the service caring?

Our findings

People, their relatives and healthcare professionals spoke highly of the staff at the home. Comments from healthcare professionals included "I have found the manager and staff to be very caring and considerate to an individual's needs". Comments from relatives included "Staff are very pleasant".

During our inspection we saw and heard people chatting pleasantly with staff, sharing jokes with them and showing physical affection. Staff told us how much they cared for the people who lived in Cornerways and spoke about them with affection. Staff used every opportunity they had to speak with people and spend time with them. We saw, when people were undertaking tasks such as cleaning or tidying, they used that opportunity to have a chat with people. People told us staff regularly stopped by their rooms to speak with them and we saw staff regularly spending one on one time speaking with people.

Staff treated people with kindness and respect. Staff cared about people's well-being and worked hard towards reducing people's anxieties. We saw staff being very caring towards people. For example, one person had recently started becoming very distressed and upset during the day. During our inspection this person became upset and staff responded in a kind, calm and considerate ways. They gave the person reassurance, comforting physical contact and arranged for them to be accompanied out for a walk on the beach. This showed this person's well-being was important to staff.

Two people who lived in the home had been great friends. One of these people had enjoyed knitting and had spent time knitting a number of squares. When this person sadly passed away, their friend in the home was given support and staff organised for them to attend their friend's funeral. Following this, staff had arranged for the squares the person had knitted to be sewn together into a blanket for their friend to have. This blanket was in the process of being sewn during our inspection.

People were involved in all aspects of their care and were asked for their opinions. People had been involved in decorating the home and we saw a number of pieces of art work people had made displayed on the walls. Where new blinds were being purchased for one of the living rooms, the registered manager had brought samples for people to look at so that they could be involved in the choice.

Staff engaged people in all decisions they were able to make and encouraged people's independence. People's care plans contained information about what they were able to do for themselves and how staff should support them. For example, one person was able to undertake aspects of their own personal care with prompting from staff. Staff knew how best to encourage this person and what support they needed in order to undertake these tasks independently.

The environment was very warm and welcoming, with people receiving visitors at any time and having nice spaces for people to talk to each other. We saw people chatting with relatives or amongst themselves in comfortable lounges which encouraged communication. The home was decorated in a way that felt homely.

Staff demonstrated they knew people well and knew people's life histories, likes and dislikes. People and their relatives had been included in the planning of their care and their reviews. Staff spoke with people in ways they could understand and took time ensuring people understood the choices they could make. One relative said ""They will explain things to him and not talk over him. They always ask he's never forced".

Each member of staff had received training in dementia and showed kindness and skill when speaking with people. We observed domestic staff and kitchen staff speaking with people in a kind and cheerful manner whilst getting down to their level. All staff displayed respect for people, supported people at their own pace and walked around the home in an unhurried and pleasant way.

People's privacy and dignity was respected at all times. For example, staff knocked on people's doors and waited for a response before entering. People received personal care in private.

Is the service responsive?

Our findings

Staff knew people's support needs well and worked hard to ensure they met these in the best possible ways. People who lived in Cornerways had a variety of needs and required varying levels of support. People's needs had been assessed and from these and with the input of people and their relatives, care plans were created for each person.

Each person's care reflected their own individual needs and staff responded to these needs by seeking guidance from external professionals when needed. For example, one person had lost weight in the months prior to our inspection. Staff had identified this and had referred this person to a dietician and a speech and language therapist. They had trialled different fortifying drinks to see which one the person preferred and had reviewed the person's diet. Staff had used the guidance provided to them by external professionals to change the person's diet and were monitoring their food and fluid intake. This person's nutritional care was being reviewed monthly and staff told us this person was starting to gain weight. Records confirmed this.

Where people had specific needs relating to their behaviours, each staff member was able to tell us how these people displayed their behaviours and how they responded to them. Each time staff had involved a number of healthcare professionals in order to create a plan of care which followed best practice, had expert input and was tailored to each person.

Each person had a detailed care plan which described people's individual health, wellbeing and personal care needs to ensure staff were able to meet these. People's views had been sought and were reflected within these plans. Each person's plan was personalised and reflected that person's history, likes, dislikes and interests.

Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person had recently had a loss of mobility and had suffered a number of falls. Staff had referred this person to a specialist nurse, had organised for a review of this person's medicines to take place and had organised for an occupational therapist to review this person's mobility aids. Following this, staff had updated this person's care plan and their risk assessments to reflect the changes in their needs.

A complaints policy was in place at the home. The registered manager told us they had not received an official complaint at the home since 2014. People and staff had access to the complaints policy and staff told us that, should a person wish to make a complaint they would support them to do so. The registered manager encouraged people to share their views and concerns with them so they were able to deal with these without delay. One relative told us how they had told the registered manager they wished their loved one had more pillows for their bed. They told us the registered manager had organised for the extra pillows to be added immediately. Relatives told us they felt comfortable raising concerns they had with the registered manager and knew how to make complaints. They also told us they were confident the registered manager would listen to them and respond to any concerns they may have appropriately. One relative said "They would listen and they are proactive".

Staff told us the registered manager regularly asked for their feedback and opinions and always listened to any suggestions they made. Staff told us they felt comfortable raising any concerns they had with the registered manager and felt confident these would be listened to and acted on.

One healthcare professional said "I have found the manager very supportive in her responses and she will act quickly for the care of the individual".

People took part in a range of activities at the home; however, some improvements were required in order to make the activities provided more appropriate for people living with dementia. A specific member of staff had been recruited to deliver activities and spend time individually with people in their rooms. There was a form of organised activity within the home every day and people were encouraged to participate. Activities involved quizzes, ball games, walks in the park, bingo, crafts and music. On the day of our inspection people took part in exercises and quiz games. The activities member of staff was very engaging with people, encouraged them and praised them for taking part. We did find that a large number of activities being provided at the home revolved around quizzing people about music and general knowledge. Although some people seemed to engage with this, this type of activity can cause distress to some people living with dementia who may have difficulties with their memory. There were few non memory based activities on the activities calendar. We discussed this with the registered manager and the activities member of staff who both said they would conduct research and seek advice in relation to different types of activities they could introduce which may be more stimulating and beneficial for people living with dementia.

Is the service well-led?

Our findings

Cornerways was managed by a registered manager and two team leaders. Staff were clear about their responsibilities and told us the home had a good management team who were approachable.

People, their relatives, staff and healthcare professionals spoke highly of the registered manager at Cornerways. Comments from relatives included "The manager is absolutely brilliant". One healthcare professional said "I have found the manager to be a good leader. The manager is knowledgeable and very experienced".

Staff told us the registered manager led by example and worked hard to ensure staff provided people with a high standard of care. Staff told us the registered manager had high standards and was always willing to help where needed. One member of staff said of the registered manager "(The registered manager) jumps on the floor if we need it. We can call (the registered manager) and (the registered manager) will come in. (The registered manager) picks you up on things. (The registered manager) won't let bad care go". This ensured staff worked to a high standard of practice and that people received high quality care.

There was an open culture at the home, with the registered manager having an 'open door' policy and encouraging people and staff to share their views and ideas. Records showed that staff were reminded and encouraged to bring their feedback to the registered manager during their supervisions, appraisals and team meetings. Staff told us they could "go to the manager with anything". One member of staff also said "You can go to the team leaders with anything".

Where staff had shared their ideas these had been listened to and adopted where appropriate. For example, one member of staff told us about an idea that had been shared during a staff meeting relating to the delivery of people's meals when they wanted to eat in their rooms. Staff had found that using a trolley meant some people's meals went cold so they suggested bringing people's meals up individually. This was listened to and adopted by the registered manager. This shows the registered manager was open to ideas to help improve the home and people's experiences in the home.

The registered manager told us they were passionate about improving the service provided at Cornerways and regularly undertook research in order to increase their knowledge and look for new ideas. They regularly attended care home forums in order to share experiences with other providers and looked for new ways to improve.

People and their relatives were encouraged to give feedback. 'Residents' meetings took place every three months and questionnaires were sent out to people and their relatives asking for feedback. We looked at the results from the previous questionnaires and found these had been analysed, trends had been identified, and the registered manager told us any negative comments had been investigated and resolved where possible.

People benefited from good standards of care because the service had systems in place to assess, monitor

and improve the quality and safety of care. A programme of audits and checks were in place to monitor safety, falls, risks and quality of care issues. Some audits and checks were carried out by team leaders, for instance reviewing care plans and fluid charts. We did find some issues with the recording of medicines and the registered manager assured us they would be reviewing the frequency and effectiveness of the audits and checks in this area. Other audits were carried out by the registered manager who then completed a report which was sent to the provider. A senior manager for the provider also conducted spot checks at the home on a regular basis.

Where issues had been raised during audits and checks, action plans had been created and action had been taken to resolve the issues. For example, a previous check had identified some windows did not have window restrictors so these were purchased and installed.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.