

Sanctuary Home Care Limited

# Corner View Residential Care Home

## Inspection report

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Date of inspection visit: 7 January 2016

Date of publication: 07/04/2016

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection was unannounced and took place on the 7 January 2016.

Corner View is a bungalow for four adults with a learning disability situated in a quiet enclosed courtyard in Clay Cross.

There was a registered manager at this service. 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.

# Summary of findings

The home was focused on each person and accounted for personal likes, dislikes, needs and preferences. We found staff encouraged people to make their own day to day decisions and staff respected those decisions whilst ensuring and being aware of people's safety.

The staff supported each person in a professional manner whilst being aware of promoting the person's independence. People were encouraged to take part in activities of their choice.

People's right to privacy and dignity was important and respected by the staff.

People were cared for by staff who had demonstrated their suitability for their respective role. Recruitment procedures were safe and included Disclosure and Barring service (DBS) checks.

Staff were aware of the need to keep people safe and to protect them from the risk of avoidable harm. Staff were aware of safeguarding procedures to ensure that any allegation of abuse was recorded and reported to the appropriate authority.

The requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had been met. Capacity assessments and best interest decisions were available in people's care plans.

Staff received training to ensure they were providing appropriate and effective care and support for the people.

Staff felt they were supported by the management team and there was good team work being carried out.

People's medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure medicines were safely stored, administered and disposed of.

The home was decorated in a manner that reflected the needs and personalities of each person.

Effective auditing systems were in place to assess and monitor the quality of the service. Meetings took place with the people living at the service to collect their opinions and views.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from the risk of abuse. Staff had an understanding of what abuse was and knew their responsibilities to act on concerns.

There were sufficient numbers of staff to support and assist people in a timely manner.

Medicines were stored and administered in a safe way; medicines records were maintained and audited.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had the appropriate knowledge, skills and understanding to provide care specific to each person's needs.

People were referred to appropriate health care professionals in a timely manner.

Staff understood the Mental Capacity Act (2005) and ensured people's rights and choices were respected.

Good



### Is the service caring?

The service was caring.

People we spoke with were happy the support and care they received. People were involved with the development of their care plans.

Staff spent time with people and were committed to promoting the rights, privacy and dignity of the people.

People's choices and individual preferences were reflected in the care and support they received.

Good



### Is the service responsive?

The service was responsive.

Care staff were familiar with each individual's choices, needs and preferences.

A complaints procedure was in place and people were aware of who to speak with should they be unhappy.

People had been included in the preparation of their own person centred plans.

Good



### Is the service well-led?

The service was well-led.

The home was run by the manager who was clear they wanted to provide people with a place they could call home.

Good



## Summary of findings

The staff worked as a team and provided care which was focused on the rights and choices of each person. There was a positive and open culture throughout the service.

The manager undertook effective audits to check the quality and safety of the care home.

# Corner View Residential Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 7 January 2015 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we reviewed the information we held about the service. We contacted the local authority contracts and commissioning team and also reviewed notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was completed and returned to us by the service.

We spoke with the four people living at the home. We spoke with a health professional who had contact and input with the home and the people living there. We were unable to speak with the registered manager at the time of the inspection as they were not available. We spoke with two care staff, the new manager and the area manager.

We reviewed a range of records about the people living at the home along with documents in relation to how the home was managed. This included two people's care plans, staff recruitment and training records and information in relation to the safe management of the home such as audits, MAR charts and policies and procedures.

# Is the service safe?

## Our findings

People who were able to tell us said they felt safe. One person told us, "I like it here. It is home." Another person told us, "Staff look after me; they help me." A member of staff told us, "We really try our best to help people and help them to stay safe." Another staff member told us, "Keeping people safe is important." A health professional told us the staff understood people well and were aware of helping them to stay safe.

We asked staff how they would respond if they suspected someone at the home was being abused or they disclosed abuse to them. Staff were very clear in relation to their roles and responsibilities with regards to reporting concerns of abuse and said they would have no problem reporting their concerns. They knew how to report any suspicion of abuse to the management team and external agencies so people in their care were protected. Staff told us they had confidence any reports of abuse would be acted on by the manager and the management team. The manager was very clear about when to report any concerns and understood the process around informing relevant agencies, such as the police, local authority and the Care Quality Commission (CQC).

Staff we spoke with had worked with the people for many years. The staff told us they had to go through a process of recruitment before they were able to work with people. We looked at staff recruitment files and could see the required checks had taken place prior to staff working at the home. The staff files included evidence of pre-employment checks being carried out and this included written references, evidence of the applicants identity and Disclosure and Barring Service checks (DBS). The checks ensured staff were of good character and suitable to carry out their work.

Staff were able to show how they supported people safely and in a way which reflected information contained in people's care plans. We looked at the care plans and saw risks had been identified, assessed and were evaluated in a timely manner. We saw care plans included information for emergencies and ill health. We saw each person had a

personal emergency evacuation plan (PEEP's) along with emergency grab cards. These were readily available and consisted of essential information about each person in the event of an emergency, ensuring continuity of care for the people.

A staff member told us, "We have a good staffing level to support people and make sure their needs are met." We saw there were enough staff on duty to provide people with personalised care and support to meet their individual needs. Staff told us there were enough staff to meet people's needs and support them with their chosen activities. In an emergency, the provider used regular relief or an agency staff to provide cover for staff absences such as illness or holidays. On the day of our inspection staff were available to help and assist people at the time it was requested. We saw staff responded quickly to people. Staff had a discrete yet visible presence when people were in the communal areas. When people spent time in their rooms, we saw and heard staff periodically check on people's welfare, and whether they required anything.

People were unable to manage their medicines and were reliant on the staff to ensure their medicines were stored and administered in a safe way. Before administering the medicines, the staff member explained in simple terms what the medicine was for and whether the person felt they wanted it. We saw medicines were stored, administered and disposed of safely and in accordance with current guidance. People received their medicines from staff who had received training in medicines administration. The manager told us audits of medicines took place. Records showed and confirmed monthly audits were conducted by the manager to ensure medicines were managed safely. The manager also told us they carried out, "Spot checks," of staff administering medicines. The manager told us they carried out the 'spot checks', to ensure good practices were maintained in relation to medicines management. The medicine administration records we looked at were complete and did not have any gaps in recording. This showed medicines management was taken seriously to ensure people received their medicines safely and as prescribed.

# Is the service effective?

## Our findings

People told us they were happy with the care provided by the staff. All the people we spoke with felt their needs were being met. When asked, one person told us, "Staff are good." The manager told us the people had lived together and been supported by a stable staff team for many years. A health professional told us, the staff worked with the people to ensure their needs were met.

Staff told us they were encouraged and supported to attend training as part of their induction as well as continuing to access training as part of their own personal development. The staff recognised the need to attend training and put what they had learnt in to practice. An example we saw was the information and knowledge gained from attending person centred training. We saw people had picture displays in their bedrooms which was relevant to their own individual needs, choice and preference. The displays had been made and developed by staff working closely with the person. Records we looked at confirmed staff had access to a variety of training relevant to their job role and received support through supervisions, appraisal, and team meetings.

There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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).

We asked manager and staff to tell us what they understood about the MCA and DoLS. One staff member told us they received training about the MCA and DoLS and recognised the need to balance choice with protecting people. Another member of staff told us how they ensured people were offered choice and where possible, included in decision making. Staff and the manager told us they had

received training on the MCA and DoLS and training records confirmed this. We checked whether the service was working within the principles of the MCA and whether any authorisations to deprive a person of their liberty had been sought. We saw the manager had made appropriate applications for all the people living at the home to the local authority for assessment.

There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. We saw people's care records included specific decisions recorded, for example, in relation to what would happen if someone left the home without staff support. This indicated people's consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

We saw people were included in decision making. We saw, when required, capacity assessments had been completed and people's views and beliefs were included and taken into account when making any best interest decisions. Staff were mindful of including each person in day-to-day decision making. For example, people were offered choice regarding what clothes they wore and what they ate at mealtimes. We saw and heard staff checked with people to ensure they understood what was happening. This meant staff understood the need to gain people's consent and applied the principles of the MCA.

At lunchtime people were encouraged to make decisions about what food they wanted to eat. We heard staff ask people what they wanted for their meal and this was then provided. One person changed their mind about what they wanted to eat and the staff provided the person with their chosen alternative. Information was seen regarding people's nutritional and dietary needs and preferences. Records showed staff worked with professionals and the person to ensure a healthy and balanced diet was eaten. During our inspection we saw people had access to fresh fruit, drinks and snacks as and when they wanted them. People had free access to the kitchen, although waited for staff to support them prepare food and drinks.

Staff we spoke with told us they were responsible for the preparation and cooking of the meals. Staff told us people were encouraged to assist and join in with the setting of tables, clearing away and washing the pots. Staff explained they encouraged people to participate, however they also

## Is the service effective?

had to be aware of giving people the option and choice of whether they wanted to. This showed us the staff were aware of working with people and encouraged an inclusive and together approach.

A health professional told us the staff understood people's needs well and when needed, staff would ask for help and

advice to ensure any changes to people's health were addressed. Care records confirmed people had regular access to healthcare professionals. We saw, when necessary, people were supported to attend appointments in the community and at home. This showed us people were supported to maintain good health.



# Is the service caring?

## Our findings

One person told us, “Staff are nice and they help me.” Another person told us, “Staff are friendly and look after me.” A health professional told us the staff were, “Very caring.” They went on to tell us there was a, “Genuine empathy from staff towards people.” The health professional recognised a number of staff had worked with the people for many years and thought this had led to the development of strong relationships.

We looked at how staff interacted with the people. We saw and heard staff supported individuals in a caring and compassionate manner. An example was at lunchtime, we saw and heard a staff member asked, “Shall I help you with that?” One person was struggling to cut up their food. The staff member was mindful of supporting and including the person, without taking over the task. It was clear the relationships were positive and mutually respectful. The staff took time to ensure people understood what was happening in a reassuring and friendly manner. Staff were seen and heard to offer people choices. For example, what people wanted to eat and what activities they wanted to do during the day. This showed, the staff being aware of respecting people’s independence and promoting choice.

Staff were knowledgeable about the people they supported; the staff understood how to support each person to express their views and preferences. Staff knew how to give people information in a way that encouraged them to make their own decisions. We heard staff giving people clear information about care being offered, and giving people time to respond. We saw evidence of staff promoting and respecting people’s individuality. The

manager and staff were very aware of promoting person centred working. People were involved in discussions and decisions about their care and records we viewed reflected this.

We saw staff respect people’s wishes and their right to privacy and dignity. Before staff entered people’s bedroom, we saw staff knocked on their doors, announce their presence and wait to be invited in. Staff were seen to encourage people to take pride in their appearance. People were given gentle reminders to wear footwear and clothing which met their needs, preferences and personal choice. After lunch we heard staff discretely ask one person, “Shall we go and choose a clean top?” when they had spilt food. This gentle prompt was an example of staff being aware of promoting people’s dignity, along with their self-esteem.

People’s bedrooms were personalised and decorated to suit individual taste and choice. We saw in one person’s care plan there was reference to their favourite colour and saw this had been transferred to the colour of their bedroom. Each person’s bedroom also had its own en-suite wet room with any necessary specialist equipment. Again the wet rooms were personalised as well as being tailored to meet each person’s individual needs. This showed us there was an understanding of people’s individual needs.

Throughout our inspection we saw staff responded to people in a kind and thoughtful manner. For example, we saw staff take the time to sit and chat to people about events that had obvious importance and significance to them. Another example was when one person spent some time sat with a staff member chatting and looking at photographs of day trips, activities and parties that had taken place. The staff member was conscious of including the person as they talked together. Staff showed a commitment to supporting people in a way that promoted their rights and reflected their choice and preferences.

# Is the service responsive?

## Our findings

People were involved in their daily living and care arrangements in a way that was meaningful to them and met their needs. On the morning of our inspection two people had arranged to go out to the local shops and a cafe with a staff member. One person told me they were, "Going for coffee and cake." A staff member told us everyone had the opportunity to go out as and when they wanted to. They went on to explain the two individuals chose to go out most days and enjoyed going to a local supermarket and café and chatting to people in the wider community.

Staff said they were aware of the importance of remaining up to date and familiar with people's care plans. Staff we spoke with were knowledgeable about people and could tell us how they supported each person individually. We were told, and could see, how care was centred on each person's individual needs. Staff clearly understood people and their individual way of expressing themselves. We saw, where necessary, people had a communication passport. We saw staff used the information and advice within the passports to good effect. The passport reflected the individual characteristics of the person and helped staff to understand how best to communicate with the person.

The staff we spoke with recognised the individual needs and personalities of each person. We saw how each person's bedroom not only reflected their physical needs, but also their personal choice and personality. We saw people had been involved in the putting together of their own person centred plans. One person showed us their individual plan. This was in picture and photograph format on the person's bedroom wall. The person understood the relevance of each picture and we saw and heard them talking with staff about them. This meant person centred working was embraced by people and staff.

We saw lots of photographs displayed around the home and in people's bedrooms. The photographs showed

people engaged in and enjoying a range of social, leisure and recreational activities, both in and outside of the home. One person showed us a collection of photographs and newsletters which showed people participating in day trips and activities. They were keen to show us photographs and pictures of trips they had been on and showed an interest in being able to choose activities to participate in. Staff assured us, people were given the opportunity to participate in a wide range of activities.

Due to individual health conditions, some people were not always able to communicate easily with staff or express how they felt. We saw people's care plans contained information for staff, to help them understand how people indicated if they were happy, sad, angry or in pain. We saw, when staff were talking with people, their language was jargon free and easy to understand. Staff took time with each person and did not rush them for decisions or answers. This helped to ensure individuals choices and preferences were respected and positive outcomes for people were encouraged.

We saw the complaints procedure was on display. We asked about complaints the service had received. The manager told us no formal complaints had been reported or received in the previous twelve months. We asked the manager if any informal concerns had been reported. We were told any minor areas of concern were discussed with the individual and addressed promptly. This meant people's concerns were dealt with as early as possible.

The area manager told us they listened to people and staff. We saw information was gathered from staff and people and used to identify any changes or improvements. We saw 'house meetings' took place periodically with the staff and the people. The meetings gave everyone the opportunity to talk about any specific requests, such as outings and activities as well as any worries or concerns. This meant people's opinions were valued and listened to.

# Is the service well-led?

## Our findings

People told us, and we saw, they were involved in every aspect of their care and support. People were encouraged to speak with the staff and discuss any concerns they may have or anything they would like to do. We could see staff took their time to ensure people were listened to.

We saw people who lived at the home were formally asked for their views about the service being provided to them. This was in the form of an annual questionnaire. The questionnaires were in a picture and words format to help people to understand. Staff helped people to complete the questionnaires. People also had regular opportunities to be involved in decisions being made about the service and their care.

Although there was a registered manager, the provider had recently appointed a new manager. They intended to start the process of registering with the Care Quality Commission (CQC) to become the registered manager. The new manager understood their responsibilities and knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity. For example, notifications of a safeguarding or an event that may stop a service.

The new manager demonstrated a clear passion and commitment to providing a good service to the people living at the home. This passion was also held by the staff, who were equally committed and passionate about fulfilling their roles and responsibilities in a manner that met the needs of the people. The manager recognised their appointment was in its infancy but felt there was a strong bond between the people and the staff and this would continue. The new manager told us the needs of people using the service were central to the running of the home.

Staff were aware of their roles and responsibilities to the people they supported and cared for. They spoke to us about the very open and inclusive culture. Staff felt the registered manager and senior management were approachable. Staff told us they were confident in raising

any issues or concerns they had to the any member of senior management. One staff member said, "I can speak with the manager about anything. She's very supportive". Another staff member told us the manager "Takes the time to listen and talk to us."

We saw evidence of staff having received regular formal supervision and annual appraisals. There were regular meetings with the staff and we were told everyone was encouraged to share their views and opinions to help improve the quality of service provided. A staff member told us, "We have a good team and we work together to support and benefit service user's lives." They went on to say, "Staff can make or break a place; we work together as a team."

We saw care plans and risk assessments were reviewed on a regular basis. The provider had a system of quality monitoring and auditing in place, which was used to identify areas for the improvement of the service. The manager and area manager demonstrated the system and there was a variety of different audits carried out. The area manager told us, "Being open and transparent is important. Mistakes happen and when they happen we need to learn from them."

Each audit carried out showed any action points identified along with the date the actions were completed. We saw audits of medicines took place monthly and if any omissions or medicines errors happen, the manager told us they would always conduct analysis to identify any trends or patterns and put actions in to remedy this. This showed us the provider had effective systems in place to assess and manage risks to ensure the service operated safely.

The manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. We saw, when required, the service had also notified other relevant agencies of incidents and events. The service had established effective links with health and social care agencies and worked together to ensure people received care and support they needed and at a time when it was needed.