Care Quality Commission

Corner House Care Limited

Corner 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

Overall summary

We inspected this service on 18 and 26 August 2015 and the inspection was unannounced. At the time of our inspection Corner House was providing accommodation and personal care for up to 57 older people, some living with dementia. They were also offering home care to a small number of people living in their own home. It was the provider's intention to register the home care part of the service as a separate service. That registration process was in progress at the time of our inspection.

There was a registered manager in post. 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.

There were enough staff to support people safely and they were clear about their roles. Recruitment practices were robust in contributing to protecting people from staff who were unsuitable to work in care in the home

Summary of findings

care section of the service. Although we did identify that one staff member had not followed their recruitment policy. The providers took immediate action to rectify the matter when we brought it to their attention.

Staff knew what to do if they suspected someone may be being abused or harmed and medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People have enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's needs and preferences so that they could engage meaningfully with people. The manager had a commitment to offer people a chance to take part in activities and pastimes that were tailored to their individual preferences and wishes. Outings and outside entertainment was offered to people, and staff offered people activities and supported them on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that any complaints they made would be addressed by the manager.

The service had consistent leadership of a high standard; the manager is well organised and committed to supporting an open and positive culture that is person centred. The staff told us that the manager was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service and asked people for their views so that improvements identified were made where possible. The providers also carried out quality assurance visits, set action plans and checked the actions had been undertaken.

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?

Good

The service was safe.

Staff had received training in how to recognise abuse and report any concerns and the provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Is the service effective?

Good

The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity was maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Corner 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 inspection took place on 18 and 26 August 2015 and was unannounced and the inspection was carried out by one inspector and an expert by experience, their expertise was gained as they had supported an elderly relative living with dementia.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service and spoke with ten people who used the service, five people's relatives, the manager, the providers and five care staff.

We also looked at six people's care records and examined information relating to the management of the service such as health and safety records, staff recruitment files and training records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt safe living in the service, one person told us, "It is not bad here, quite good, safe." "I feel fairly safe and I use my frame and I wander around." Some people were not able to talk to us because they were living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety.

A relative said, "We are happy, [our relative] is safe and looked after, and we know [our relative] is happy safe and being looked after." Another relative told us, "I'm glad we chose this home."

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise them. They understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns. One member of staff said, "I know anything I report will be dealt with, if it wasn't I would take it further." Staff were also aware of the whistleblowing policy and said they felt that they would be supported and protected if they used the process.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk. Specialist equipment, such as bedrails, were used where it was felt necessary. Records showed that people assessed as being at risk of developing pressure areas and those who had developed them were receiving the care they needed to prevent deterioration and aid recovery. Their wounds were being dealt with in line with their care plans and specialist equipment was being used, such as pressure reliving mattresses and seat cushions.

There were also policies and procedures in place to manage risks to the service of untoward events or emergencies. For example fire drills were carried out so that staff understood how to respond in the event of a fire.

There were sufficient staff on duty to keep people safe and protect them from harm. A person told us, "Seldom do I have to wait for long and if someone is poorly you expect to wait a bit, I have got no complaints." One relative told us, "My [relative] is well looked after and doesn't have to wait long if they need help."

Staff told us they thought there were enough staff to meet people's needs throughout the day. One said, "We have enough except when someone rings in sick, then you spend your time ringing around for cover. But there are always enough people on shift."

The manager told us that they felt the staffing levels were good and explained how they regularly assessed people's care needs and changed the number of staff on duty if assessments showed that more were needed. For example, someone may move into the service that had complex needs and needed a higher staff ratio to ensure their safety.

During our inspection we observed staff responding to call bells promptly. On one occasion we observed a rapid response when an emergency buzzer was sounded, five staff and a senior carer attended the person and offered assistance after a fall.

Recruitment procedures were in place to ensure that only suitable staff were employed and they were normally followed. Records showed that the majority of staff had completed an application form and attended an interview. The provider had obtained written references from previous employers and had done Disclosure and Barring Service (DBS) checks to check that the staff were of a good character and suitable to work with vulnerable people. However, we found that over a very short timeframe, the person who had just been recruited to be responsible for running the home care section of the service, including the recruitment of and interviewing new staff, had failed to work within the provider's recruitment process. They interviewed two people before an application had been submitted and started them working before the necessary

Good

Is the service safe?

background checks were carried out. Once the provider had been made aware of this they took immediate steps to ensure that the policy was followed and the staff member who had not followed that procedure was offered direction and given retraining.

Medicines, including controlled drugs, were managed safely by the service. We observed staff administering medicines to people and saw that they did it in a patient and caring manner. When the medicine round was finished the trollies were kept locked and stored safely. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them.

Records showed that staff had received the appropriate training to help them to administer medicines properly and were assessed to check they were capable of doing the task safely. Spot checks were carried out by the manager and senior staff to check for good practice. The medicines were audited to make sure people got their tablets on time and the records were completed accurately.

Good

Is the service effective?

Our findings

People told us that they were supported well and that staff made sure that they got what they needed. One person said, "I think that it is excellent here and the staff are first class. The food is excellent, I am full of praise for this place, it's all first class." Another person said, "They [the staff] know what they are doing."

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation's training matrix, which was how they tracked staff's training, showed us that a high percentage of staff had completed their training, enabling them to develop the skills they need to carry out their roles and responsibilities.

Staff were expected to complete competency checks after they had undertaken any training. While speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service supported staff to gain industry recognised qualifications in care. This meant people were cared for by skilled staff, trained to meet their care needs.

One staff member said, "I have been here two weeks and have just got my first aid training to do. I like it here, getting to know the residents is the biggest challenge but I am nearly there."

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had a good understanding of both the MCA and DoLS and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. The manager had completed DoLs referrals to the local authority in accordance with new guidance to ensure that restrictions on people's ability to leave the home were appropriate.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. A healthcare professional was at the service during our inspection. They told us that the staff were helpful and organised, "The residents are well looked after and the service is very communicative with us. They are very friendly and the people's families are happy." And, "The records are well ordered and easy to follow, that makes my job easier."

Records showed that people were supported to attend hospital and other healthcare professionals away from the service. For example, specialist diabetic clinics and diagnostic tests. One person said, "They called the District nurse for my legs and the physio for my hands…." A relative told us, "Any appointments for hospital they call me and let me know, if I can't take [my relative] they will…. If the doctor has been out they tell me what he has said."

People told us that they enjoyed the food offered to them, had enough to eat and they were able to make choices between two different main meals offered at dinnertime. We were told, "Food on the whole is pretty good, we order the day before but you can change your mind. They offer soup or omelette if you don't like what is on the menu and they always find me something, I never go hungry." Another person said, "You can take fruit back after tea and if you can't eat what is on offer they always try and find something to encourage you to eat it."

We observed positive interaction between staff and the people they supported to eat their dinner. Staff sat with the person they supported, while chatting and encouraging them to eat. We observed that people were not rushed to eat their food and staff offering choices of drink to people and gently encouraging people to eat their meal.

Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

Good

Is the service effective?

Food was well prepared and of a good quality. People who used the service and staff from three care homes, including Corner House staged their own Come Dine With Me style competition and visited each other's dining rooms to sample the food on offer. The Corner House chef was awarded 10 out of 10 scores and won the competition.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Care and kitchen staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. We saw that where people were too distracted to be able to sit and eat their meal they were offered finger food that they could eat on the move. There was a fridge in the dining room containing cold drinks and people were encouraged to help themselves. This helped to ensure that people got the food and drinks they needed to stay well.

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool, were used to identify people at risk nutritionally and care plans reflected the support people needed. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight or refer them to the dietician for specialist advice.

Good

Is the service caring?

Our findings

People felt that staff treated them well and were kind. One person said, “The staff are pretty good on the whole and they are kind.” A relative said, “Everyone is so lovely and everyone greets you with a smile.” And, “I am totally happy and could not ask for more, they do everything for my [relative] and they are always polite, careful and very kind.”

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, “The staff care about my [relative.] They are well looked after, always well dressed and in clean clothes.”

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternative drinks or snacks if they were unable to voice a preference. We saw genial banter and laughs between people and staff. Staff were able to tell us about people’s needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

We saw a staff member talking with a person as they were sitting down for their dinner, they chatted in a friendly manner and made sure they were sitting comfortably and had everything they needed within reach. When this was done the staff member said, “Enjoy your dinner, it’s cod in sauce, I know you like that.” Before the staff left the person they put their hand on the person’s shoulder and smiled at them in a reassuring way. This was an example to show that staff had built up a good relationship with the person they were supporting.

There was a light hearted atmosphere in the service. One person told us “They [the staff] are very good and always up for a chat and a laugh.” Another told us, “It isn’t home, but I am happy here.”

The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member’s care. One relative said, “They [the staff] make sure they let me know anything I need to, they call me if something happens.”

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. One person told us, “You can have only female carers if you want or a mix of male and female, it’s our choice of who we have.” Any personal care was provided promptly and in private to maintain the person’s dignity. We observed staff knocking on people’s doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people’s dignity and we observed staff discreetly and sensitively asking people if they wished to use the toilet.

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, "My [relative] is now on an air bed, we had problems with it and it started going down and they got the repairers in three times and yesterday they gave her a new bed." People told us that they thought the service responded to their needs, One person said, "I wasn't happy with having a shower all the time, so they [the staff] said I could have a soak in the bath, I enjoyed that." And "I only have to say if I don't feel well and they call a doctor."

People and relatives also told us that they had been provided with the information they needed during the assessment process before people moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs.

Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could. One person said, "I choose what I want and staff respect that. Sometimes I can do things myself other times if I need help I get it."

The service participated in the local authority's 'Prosper' program, which was initiated to reduce hospital admissions by taking steps to avoid people experiencing falls, unitary tract infections and pressure sores which have been found to be the primary reasons elderly people are admitted to hospital. Feedback shows falls had been reduced by 65%. Discussions in recent workshop included encouraging people to wear better shoes, prioritising buzzer calls for those who have a history of falls and giving people jellies and yogurts as a way of increasing fluid intake.

Staff told us that they always consulted with people to ask their views when care plans were reviewed and updated. There was a section of the care plans called 'What is important to me' which set out things that the person valued most and wanted to happen. For example, one listed that the person enjoyed emptying the letter box each day, wanted to keep their independence, loves flowers, outings and friends. This helped staff know the people they supported and helped with good interaction and communication.

The service was a member of 'My Home Life' which is a collaborative initiative between Age UK, City University, the Joseph Rowntree Foundation and Dementia UK to, 'Promote quality of life in care homes.' They offer resources and advice on good practice. For example, the service had painted a decision tree in the main corridor, which was a device to start conversations and share the decision making process.

The service offered an extensive program of activities and entertainment that was developed for people individually. The service employs an enthusiastic activities coordinator. Each person who lived in the service had been assessed for their individual likes and dislikes around activities. This information was used when planning activities to ensure that they suit people's individual preferences, whether that was sitting having a chat, reading a newspaper, playing cards, joining in a planned social activity. One person told us, "I am making woollen teddies for Christmas. I found a pattern in the paper, I have got arthritis in my hands and I thought I could do that. The school came to perform here, they are coming again at Christmas and I am making the teddies as Christmas presents for them."

The manager told us that they enjoyed spending time sitting and chatting to people and said, "I sit and join in and do my embroidery in the knitting circle"

The service had started a 'dreams can come true' initiative recognising that people, regardless of age, still have dreams, ambitions of things they would like to achieve. Among other things they have set up a reunion with long lost relations, memorabilia and communication from West Ham United and one person appeared live on the Paul O'Grady show, fulfilling a dream of being on television.

They also focused on 'Embracing the local community' and had plans for an open week, 'Life is to be lived' where the service will invite people with a connection to the service and those people in the local community to visit the home to take part in special activities to be arranged, for example a magical event, a Halloween party, remembrance day

Good

Is the service responsive?

service and a 'grand opening' of their new coffee shop, where they intended to hold a coffee morning every week with outside organisations andthe local community invited to take part.

The service also participated in Friends & Neighbours (FaNs) which is a community based initiative which builds up relationships between people and volunteers with common interests to support people to maintain their interests and hobbies.

People were encouraged to vote in the general election if they wanted to and some were supported to go to the local polling station to vote in person.

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited. The service had developed a PC mentoring group and had managed to reconnected people with relatives abroad.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed in the Lobby. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

People told us that if they had a problem they would speak with the staff or the manager. One person said, "I would give it 10 out of 10 and have no concerns." A relative told us, "I have never made a complaint, I just tell them [staff] what's wrong and it gets put right." Another relative said, "I have made complaint. The manager looked into it and we worked together to get things right."

Good

Is the service well-led?

Our findings

The service is well led. Relatives told us that the manager was approachable and made themself available if they wanted to speak to them. One relative told us, "The manager is always open to ideas, she is very responsive."

The manager had the services' visions and values painted on the walls. It was attractively done with explanations and photos depicting how those values were being met. On the notice board there was also a copy of the Care Quality Commission's Key Lines of Enquiry (KLOE) and how the service intended to meet them.

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would listen to their concerns. One member of staff said, "It has a lovely atmosphere they have got it here, there is a core warmth with empathy and love." Another said, "[The manager] is really good and she is always open and friendly. If you have a genuine reason why you want to change a shift, she is really good"

The manager was knowledgeable about the people in the service and they spent time in all areas of the service daily and monitored staff and the delivery of care closely. A person who lived at the service said, "The Manager is alright and very friendly and she comes in to see me and when I have my door open you see her about, she is very energetic and she is not a clock watcher."

People were asked their views about the way the home was run by annual surveys and were given the opportunity to attend meetings and give their comments about the running of the home. A copy of the meeting minutes was posted in the entrance lobby for people and visitors to see along with other information of interest about the service, such as our last inspection report and notices about upcoming events happening at the service. One person told us, "We have regular residents meetings, they are well attended."

The manager, who had not been at the service long before our inspection, was proactive and had recognised areas that needed to be improved and had taken action. For example, we had been made aware before our inspection that it sometimes took a very long time for the front door to be opened to visitors. When we mentioned this the manager showed us her to-do whiteboard and among other things it was noted, 'Door video and buzz system' and went onto explain that they had already made arrangements to have a video entrance system put in place so that staff could see who was at the door and open it remotely if it is people they recognise. We have since been told that the system is in place and working well after a few hiccups. Other items on the to-do board were, 'Review the training matrix' and 'New pathway entrance and porch.'

Health and safety records showed that safety checks such as fire drills and essential maintenance checks, the lift and hoists for example, were up to date and regularly scheduled.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

The manager was supported by the providers who regularly spent time at the service and carried out their own monitoring programme.