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# The 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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection was unannounced and took place on the 21 and 22 October 2014. The Corner House is a home for up to three people with learning disabilities. There were two people using the service at the time of our inspection.

There was a registered manager at the service at the time of our inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 2 August 2013, we asked the provider to take action to make improvements to risk assessments as part of the care planning process. The provider sent us an action plan stating improvements would be made by 10 September 2013. We found this action had been completed.

# Summary of findings

People using the service were at reduced risk of abuse because of the steps taken by the provider. Decisions related to people's care were taken in consultation with people using the service, their representatives and other healthcare professionals, which ensured their rights were protected.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings were held which involved family members, independent mental capacity advocates, and social workers.

There were enough staff available at the service and staffing levels were determined according to people's individual needs.

Staff received training that was relevant to supporting people with learning disabilities. Staff were supported through links with community healthcare professionals to ensure people received effective care relating to their on-going healthcare needs.

People told us they enjoyed living there and told us that staff were caring. People were able to take part in hobbies and interests of their choice.

The registered manager at the home was familiar with all of the people living there and staff felt supported by the management team. Staff and people using the service had daily discussions and regular meetings that enabled them to make suggestions and be involved in decisions about the service.

# 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 using the service told us they felt safe living at the home. Staff were aware of what steps they needed to take to protect people. There were sufficient staff to ensure people's needs were met.

Good



### Is the service effective?

The service was effective.

Staff completed relevant training to enable them to care for people effectively but did not always receive formal support to carry out their role.

We found the service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet.

Good



### Is the service caring?

The service was caring.

People who used the service told us they were happy with the care and support they received and told us that staff treated them well and respected their privacy.

Care plans were centred on individual needs and staff were aware of people's preferences. However, it was not clear how people had been involved in planning their own care or in identifying their goals and aspirations.

Requires Improvement



### Is the service responsive?

The service was responsive.

People using the service lead active social lives that were individual to their needs and were encouraged to express their views and concerns.

Complaints were well managed.

Good



### Is the service well-led?

The service was well-led.

People using the service, relatives, staff and healthcare professionals praised the manager of the service for the way the home was run.

Systems were in place to monitor the service and incidents at the home were used as an opportunity for learning.

Good



# The 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 was unannounced and took place on the 21 and 22 October 2014. It was undertaken by an inspector, specialist advisor in learning disability and a pharmacy inspector.

Before our inspection we reviewed information. This included notifications, which are changes, events and incidents that the provider must tell us about, and the

provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service, two staff and the registered manager. We spoke with two external health and social care professionals who supported people who used the service.

We observed how staff approached and interacted with people receiving care and we looked at one person's care records. We looked at a range of other records relating to the care people received. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records, food menus and medicines administration records.

# Is the service safe?

## Our findings

At the last inspection, we asked the provider to take action to make improvements to risk assessments as part of the care planning process. We saw action had been taken and risk assessments were up to date. They covered potential hazards and what staff needed to do to minimise risks.

People using the service told us they enjoyed living there and confirmed they felt safe and said they would talk to staff or the manager if they had any worries. One person told us “Staff are good”. An external social care professional told us that they were satisfied with the care provided by the service and described it as a “good place”.

We found the provider was taking appropriate steps to ensure people were safeguarded from abuse. There were procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider’s policies and procedures for further guidance. They were able to describe what to do in the event of any abusive incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority.

We looked at one person’s care and support records and saw the provider maintained up to date risk assessments for them. Each risk assessment had an identified hazard and control measure to manage the risk. Staff were familiar with the risks that people presented and knew what steps

needed to be taken to manage them. For example, they were able to describe how to prepare a soft diet for one person without dentures where there was a potential risk of choking.

People who used the service told us there was always staff available when they needed them. We saw there was one staff member on duty for two people during our inspection visit. Staff rotas we saw for the 1 to 20 October 2014 confirmed this and showed that cover for absences was obtained. Staff told us this was sufficient for the current needs of the people using the service.

We found that the provider had robust systems in place to ensure suitable people were employed at the service. The records showed us that identity information, Disclosure and Barring Service (DBS) checks and references were obtained before a person commenced working in the service.

We found that people were receiving their medicines as prescribed. We looked in detail at the medicines and records for one of the people living in the home. Records were kept of medicines received into the home and given to people. There were no gaps on the administration records and any reasons for people not having their medicines were recorded.

People who had been prescribed medicines on a ‘when required’ basis had these medicines given in a consistent way by staff. We found that people’s records had sufficient information to show the staff how and when to administer these medicines.

Medicines were being stored securely, and at the correct temperatures, for the protection of service users.

# Is the service effective?

## Our findings

People told us they went out shopping and participated in various activities. We observed this to be the case during our inspection. People identified as being at risk when going out in the community had up to date risk assessments. We saw that during our inspection, they were supported by staff when they went out and they told us they enjoyed going out. One person said “I like going shopping”.

We saw that mental capacity assessments were completed for each person receiving care, to meet with the requirement of the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Senior staff we spoke with understood the basic principles of the MCA and had received training in all essential areas, including the Deprivation of Liberty Safeguards (DoLS).

CQC is required by law to monitor the operation of the DoLS. This is legislation that protects people who are not able to consent to care and support, and protects them from unlawful restrictions of their freedom and liberty. It requires the provider to submit applications to a ‘Supervisory Body’ for the authority to do so. Staff responsible for assessing people’s capacity to consent to their care were able to demonstrate in discussion an awareness of the DoLS.

People were supported to maintain good health and to access healthcare services when required. This included for

routine health screening, such as eyesight or dental checks. Care plans were regularly reviewed and detailed any support provided from outside health care professionals, for example from GP’s and district nurses. External health professionals we spoke with confirmed that staff were knowledgeable about people’s individual needs.

Staff we spoke with told us that they received the training they needed, which they said included regular updates when required. This included specialist techniques for non-physical interventions when dealing with behaviour that challenges.

Training records we saw confirmed that staff received regular updates in health and safety issues including managing challenging behaviours and in other areas related to the needs of people using the service, for example in epilepsy and diabetes. Some staff told us that although they felt they performed their role effectively, they did not receive formal support in the form of supervision on a regular basis. However, they told us they received enough guidance and support to feel confident in their role.

People using the service told us they liked their meals and they could choose what they wanted to eat. However, although people were able to make snacks and light meals, staff told us that they (the staff) did most meal preparation as the people preferred them to do it. We looked at the menus and saw that there were nutritional options available. Both people using the service could eat independently and did not have special dietary needs.

# Is the service caring?

## Our findings

People we spoke with told us they were satisfied with the service and thought they had the right support. One person said “I like living here” and another said “Staff are good”.

We saw staff interactions with people were warm and friendly and that people had a good rapport with both support workers and the management team. We saw people were treated respectfully and were well dressed. Each had their own room and we saw that these were personalised and one person we spoke with told us they had chosen the colour of the décor themselves. This meant people were enabled to have control and choice in their daily lives.

We saw staff responded in a timely and patient manner to people’s requests. Staff gave clear explanations about health issues; for example, they explained clearly to one person what the doctor had said and meant at a recent appointment to ensure the person understood.

We did not see any plans detailing people’s goals and achievements that showed how they were being enabled to live as independently as possible. This meant the provider was not considering the national guidance ‘Valuing People Now’ for people with learning disabilities was being followed. **We recommend the provider considers following the most up to date guidance for people with learning disabilities to ensure best practice.**

Although people told us they chose what to do each day and were able to understand options given to them, for example, regarding meals, daily routines and hobbies, it was unclear in the records we looked at how people or their representatives were involved in developing their support plans. **We recommend that the service seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.**

# Is the service responsive?

## Our findings

The provider enabled people to be involved in community activities and events. Both people using the service were involved in interests and activities of their choice, for example shopping and swimming. One person told us “I like to go out” and confirmed that the individual interests detailed on the record such as dancing, gardening and going to the library, occurred regularly.

We discussed community involvement with the manager. They told us that some participatory events, such as college courses, health courses and local social clubs had ceased for the people using the service. This was due to the external provider organisation withdrawing the service or people not wishing to attend. Following our visit the manager supplied written details of community resources that the service had previously been involved with such as working at a farm, sporting activities, craft clubs and health initiatives. It also showed that in-house occupation included crafts, baking and exercise. They told us they were investigating other options but that there had been no replacements arranged at the time of our visit.

Care records we looked at included details about people’s mental, physical and social needs so that staff were aware of the actions needed to ensure people’s needs were met. There was information about what personal care tasks people could do for themselves and where they needed support. Relevant risk assessments were in place to ensure people were supported safely. They were personalised and detailed and were reviewed monthly. People told us they were involved in their reviews.

Both people using the service knew how to make a complaint and told us they would talk to the staff if they had any concerns. There was a clear process for recording and investigating complaints and the procedure was accessible to visitors to the service. The deputy manager told us there had been no formal complaints in the last twelve months and any minor issues, such as issues about food, were dealt with on a day to day basis. We saw food options had been amended to address issues raised.



# Is the service well-led?

## Our findings

There was a senior management team to support the registered manager and ensure that people who received a service were at the centre of the way the service was managed. People we spoke with knew who the manager was and knew where to locate her if they wanted to talk with her or any other senior staff. We saw they were able to discuss issues with the deputy manager on site.

National guidance relating to people with learning was not easily accessible to staff. However, staff we spoke with wanted to do their best for people using the service. They told us the management team supported them to undertake training and that they were encouraged to utilise community resources to improve people's lifestyle, for example sports facilities.

We found in discussion with staff that they were motivated and open with people about what was happening in the service. They knew how to raise concerns or highlight poor practice. Most of the staff spoken with told us that they were confident that any concerns would be listened to and acted on by the manager and that they received the right sort of support to work to the best of their ability.

We saw that there were opportunities for people to provide feedback about the service and possible improvements. We saw people were involved in meetings to discuss meals, individual interests, activities and outings and that there were informal daily conversations about people's lifestyle choices and preferences. The deputy manager told us that the garden was the main area where people using the service wanted to see improvement. This was to increase its use and accessibility but it was unclear whether the provider had plans for this in the coming year.

We saw that a range of records, such as medication records, care records and staff records were audited by the manager so that they were up to date and any necessary changes to care and support needs were made. For example, we saw staff had completed evaluations of care when this had been identified as required by the audit. We also saw records of incidents and accidents were audited and the manager was aware of the numbers and types of incidents that had occurred and took any action needed to reduce the risk of a re-occurrence. These systems were in place to reduce the number of incidents that occurred and minimise any potential harm to people using the service.

We saw there were systems in place to ensure the building and equipment was maintained to a satisfactory standard. We saw health and safety audits were carried out monthly and covered cleanliness, electrical equipment and fire safety. We saw where an action had been required this had been carried out. The premises were clean and well maintained and we saw that gas safety and portable electrical appliance testing was up to date and had been declared satisfactory. We saw records that showed there had been two fire drills in 2014 and a fire safety audit by the responsible fire authority had been satisfactory in 2013.

The provider was aware of the responsibility to notify the Commission of important events and incidents affecting the service, as legally required. There had been no incidents requiring notification since our previous inspection. Records were stored securely and were in good order.