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Cornerways Residential Home

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

This inspection took place on 18 July 2017 and was unannounced. The previous inspection was carried out in June 2016. At that inspection concerns were identified about some aspects of staff recruitment processes. We also found some records of safety checks and people's care needs were not fully completed. At that time we asked the provider to send us an action plan about the changes they would make to address these concerns. At this inspection we found the required action had been taken to make the improvements needed.

Cornerways is registered to provide personal care and accommodation for up to 20 people. There were 18 people using the service during our inspection, who were living with a range of health and support needs. Cornerways is a detached house situated within the town of Hythe and with close access to the town centre. The service is arranged over three floors, each person had their own bedroom apart from one room, shared by a married couple. Access to the first floor is by a shaft lift with stair lifts to the remaining floor, making stair free access to all areas of the service.

The service had a registered manager, who was present throughout the inspection. They shared their time between this service and another one owned locally by the same provider, where they are also the 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A robust system to recruit new staff was in place and made sure staff employed to support people were fit and suitable to be working at the service. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started work at the service. Staff were supported during their induction, monitored and assessed to check that they had gained the right skills and knowledge to support people in a way that met their needs. Staff continued to receive training and support. There were staff meetings, staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse because staff had received safeguarding training and were aware of how to recognise and report safeguarding concerns. Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.

The care and support needs of each person were different and their care plan was individual to them. Personalised care plans, risk assessments and guidance were in place to help staff to support people. People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve best outcomes for people.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs well, they treated people with kindness, compassion and respect. Staff took time to speak with the people they were supporting. People were offered a choice of nutritious meals, snacks and drinks were always available

There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. People's privacy and dignity was respected.

People and relatives said they knew how to complain if necessary and that the registered manager was approachable. There was a clear complaints process in place

Staff felt there was good communication and were clear about their roles. They felt well supported by the registered and deputy managers. Feedback was sought from people, relatives and professionals about how the service was run.

A number of audits and checks were carried out each month by the registered and deputy manager, which were effective in identifying and addressing concerns and driving forward improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff on duty to support people and keep them safe. Appropriate checks were completed when employing new staff.

People were kept safe from abuse or improper treatment. Actions to reduce known risks to people had been taken.

Medicines were managed safely and people received their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People's rights had been protected by proper use of the Mental Capacity Act (MCA) 2005.

Staff training and supervision was effective in equipping staff with the skills needed for their roles.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

People received enough to eat and drink and were complimentary about the choice and quality of food provided.

Is the service caring?

Good

The service was caring.

Staff acted sensitively to protect people's privacy and dignity.

Staff engaged well with people. Staff spoke with people in a caring, dignified and compassionate way.

People were supported to be independent where possible.

Is the service responsive?

Good

The service was responsive.

Care planning was person-centred and people's individual choices and preferences supported.

People participated in activities that they enjoyed. Staff had a good understanding of people's needs and preferences.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Good

The service was well-led.

Audits and checks were in place and effective.

Feedback had been sought from people, relatives and staff and suggestions for improvement were acted on.

Events which affected people using the service had been appropriately reported to the Care Quality Commission.

Staff were clear about their roles and responsibilities and felt supported.

Cornerways Residential 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 18 July 2017; it was unannounced and carried out by one inspector.

Before the inspection we reviewed information we held about the service, including previous inspection reports and their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, to help us understand the experiences of people, we observed staff carrying out their duties, communicating and interacting with people. We spoke with seven people who lived at Cornerways. We spoke with two visiting heath care professionals and a visiting social care professional. We displayed a poster in the communal area of the service inviting feedback from people and relatives. Following this inspection visit, we did not receive any additional feedback. We inspected the home, including the bathrooms, kitchen and some people's bedrooms.

We spoke with two staff members and the registered manager. We reviewed a variety of documents. These included six care files, staff rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records,

training and supervision records, audits and quality assurance surveys.

Good

Our findings

At our last inspection we found people were not protected by a safe recruitment system. This was because Disclosure and Barring Service (DBS) and other checks had not always been appropriately completed. At this inspection recruitment files showed required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied.

There were sufficient staff to meet people's needs. People told us that call bells were usually answered promptly and we observed that staff attended people's needs throughout the inspection.
The staff rota showed that there were consistent numbers of staff available to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the day of the inspection staffing levels matched the number of staff on the duty rota. The registered manager used a needs based staffing tool and made sure there was the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. During the inspection staff were not rushed. Staff felt they usually had enough time to talk with people and that there were enough staff to support people.

Medicines were well managed; all medicines were stored securely in locked cabinets and clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person who needed 'when required' medicines. Regular medicine audits were carried out by the registered or deputy manager; we saw clear records of the checks that had taken place. The registered manager completed regular competency checks for all staff responsible for administering medicines. This helped to ensure people received their medicines safely.

People were protected from harm and abuse. The provider had clear policies and procedures in place for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising any signs of abuse and how to report it. Staff had received training on safeguarding people and were clear about the different types of abuse and what signs to look for. Staff knew the correct procedures to follow should they suspect abuse. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected.

Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff understood the importance of keeping people as safe as possible and said they would not delay in reporting any
concerns they had.

Potential risks to people had been identified and assessed, clear individual guidelines were in place to tell staff what action they had to take to minimise the risks to people. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards, whilst avoiding placing restrictions on people. Risk assessments were reviewed so that staff were kept up to date. There were clear systems in place for assessing risk and these were regularly audited.

The premises were clean and well maintained, whilst retaining a homely feel. Regular checks were in place to help ensure the safety of people, staff and visitors. Records of maintenance jobs were kept and procedures were in place for reporting repairs that were needed; the provider responded promptly to any repairs or damages. Equipment was properly maintained, serviced and tested to ensure it was in good working order. Health and Safety audits were completed on a monthly basis and were reviewed by management to identify any actions required. Action taken was recorded. These checks enabled people to live in a safe and suitably maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

Good

Our findings

People and their relatives told us they received good care and support. One relative commented, "It's all good, I'm confident in the staff and support provided. One person told us, "I trust the staff; it is all really very good here, I'm very happy."

Staff had received the training they needed to carry out their jobs effectively. Staff completed an induction to get to know people, their preferences and routines. Staff had either completed or were working towards recognised adult social care vocational qualifications. The registered manager told us there was an on going programme in place for staff to complete training; we saw some staff had recently completed some refresher training. Training was delivered as a mixture of e learning and face to face training. Training was arranged to support staff to meet people's specific needs, including insulin and diabetes, dementia awareness and end of life care. Staff told us they felt supported by the management team and were able to discuss any concerns they had with them. Staff received one to one supervisions with the registered or deputy manager, to discuss their practice and annual appraisals were in place.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People were offered information, in a way they could understand, to help them make decisions.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. People went out with staff, friends and family.

During the inspection we observed staff providing care and support to people. Staff communicated with people in a way that suited individual needs and adapted their approach to each person. During discussions staff described how they cared for each person day to day; the staff team knew people well and understood how they liked to receive their care and support. People were encouraged and supported to make choices, for example; what they wore, what they had to eat and drink, where they spent their time and who with.

People's health was monitored and care was provided to meet any changing needs. When it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People were weighed regularly and the registered manager audited weight records so that they were aware of any weight losses that required professional intervention. Where advice and instruction was received from health care professionals, including District Nurses, these directions were put into practice. A visiting health care professional told us staff took on board what they said and acted accordingly. They did not raise any concerns and felt that communication within the service was good. This showed evidence of staff being responsive to the changing needs of people who lived at the home

All staff spoken with were knowledgeable about people's individual conditions, including diabetes, epilepsy and catheter care. In cases of diabetes, completed health care plans provided guidance about most high and low blood sugar level (BSL) readings and what to do in these circumstances. People who experience diabetes can be susceptible to circulation problems in their feet and lower limbs, diabetes can also place people at greater risk of serious eye problems. Diabetes care plans linked to foot and eye care and this was recorded in people's daily notes. Recording this day to day care helped to ensure any changes in condition were recognised and acted upon. Where people experienced epilepsy, staff knew, and health care plans explained how people may appear when experiencing seizures, including possible triggers and how people preferred to be supported. Monitoring of seizures helped to inform medicine reviews to determine how well the epilepsy was managed. Staff had been provided with information about catheter care and knew catheters presented a potential source of infection. Leaflets explained about catheter bag positioning to ensure correct drainage, frequency of emptying, attachment of larger night bags and what it could mean if blood was present in the catheter bag. Staff were aware of the link between urine output and colour in relation to the risks of dehydration.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the inspection we heard staff discussing with people what was on the menu. Staff respected people's choices about what they ate and offered alternative options. People were supported and encouraged to eat a healthy and nutritious diet. People were offered a choice of drinks and snacks throughout the inspections. There was a menu board in the dining room which displayed the day's menu. People told us they liked the variety of food offered and found meals enjoyable. The kitchen had recently had an Environmental Health inspection and achieved a five star rating, this being the highest award.

Good

Our findings

People told us they were happy living at the service and their comments about the staff were positive. One person told us, "I really am very content here, I feel settled and happy." Another person commented, "None of the staff are nasty, they are lovely, very kind. They care for us and care about us."

Staff were considerate of people's dignity and treated people with respect. For example, staff knocked on people's bedroom doors before entering and asked permission before placing a food protector around them. Staff were mindful about people's state of dress and responded to rearrange people's clothing in a discreet way if it became necessary. Staff used people's preferred names and spoke with them respectfully, light-hearted conversations took place, where people and staff joked with each other; it was clear that people felt relaxed in the friendly atmosphere. Staff talked about and treated people in a respectful manner and supported people in a way that they preferred.

People's privacy was respected. People chose whether they wanted to spend time in communal areas or in the privacy of their bedrooms. During the inspection people were moving around the home as they wished, between their own private space and communal areas. People could have family and friends visit when they wanted. A relative told us that they could visit or call at any time and that they were kept up to date about their relatives' care.

We observed kind interactions between staff and people throughout the inspection. At mealtimes many people sat in the dining room together. This gave opportunity for conversation and we heard people laughing and joking with each other and staff. Tables were laid thoughtfully with place mats and condiments to improve the experience of eating at them. At other times we observed staff supporting people to drink in their bedrooms or stopping for a chat when people wanted to talk. Staff were patient; they did not rush people and held their hands at times to offer reassurance. Staff bent down or kneeled to talk to people who were seated. The staff team were polite and cheerful and those we spoke with were positive about working in the service; many because of its homely and welcoming nature.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. When staff were new they read the care plans to get to know how to support people and spent time working with experienced staff to see how people preferred to be supported. Staff explained how they supported people and how people were given the information they needed in a way they understood so that they could make choices. Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care

were supported by staff and advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People were encouraged to be as independent as possible. Staff told us some people were independent, but they prompted other people to do what they could such as washing their hands and face or picking out their clothes for the day. People, who needed it, were given support with washing and dressing. Care plans had sections which recorded what people could do and what they needed help with. This helped to guide staff to understand people's individual levels of independence and also helped staff to identify important changes in people's abilities. When people had to attend health care appointments, they were supported by family or staff that knew them well.

There was no one receiving end of life care at the time of the inspection. However, written records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected. People's care plans recorded how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Good

Our findings

People told us they felt staff supported them well and responded to their needs, they told us they were asked about their preferences and were offered choices. People and their relatives told us they did not really have very much to ask for, but they felt certain the registered manager and staff would always do their best to accommodate requests.

When people were considering moving into the service, they and, when possible, relatives had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not. People and visiting relatives told us the registered manager and staff were very good at helping and planning the care required when they had first moved in. Staff were knowledgeable about people's past lives and family members told us they were asked about their relatives' past, likes, dislikes and preferences.

Care plans had been written in a person-centred way and gave staff an understanding about the person and how to support people in the way they liked. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food and drink. They contained healthcare guidance, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital.

Pre-admission assessments completed from the outset intended to ensure the service could meet people's individual needs. These formed the basis for care planning after they moved to the service and included physical health, mental health and social care needs. They were comprehensive and had been reviewed monthly or as required and were up to date. People had the opportunity to be involved in the assessment of their needs and preferences as much or as little as they wanted to be. This helped to ensure care and support was tailored to meet their needs.

Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

Activities were provided by staff and volunteers. People told us they were kept occupied with a variety of activities. People were supported to go out shopping or on other outings. A PAT dog visited the service and other activities included exercise classes, quizzes, bingo, films, reminiscing, reading, board games and art and craft classes. Staff kept a record of activities people took part in, their level of participation and how well the activity went as a whole. This enabled them to plan a programme of activities that people would enjoy.

People told us they were regularly asked if there was other things that they would like to do or see happening at the service. Relatives and friends were encouraged to visit and participate in activities.

Residents meetings gave people the opportunity to raise any issues or concerns. During these meetings people were able to discuss and comment on the day to day running of the service. Minutes showed that discussions around activities and menus had taken place. People we spoke with felt these choices and suggestions were included when planning menus.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No complaints had been made or recorded since our last inspection. A number of compliments had been received in the form of thank you cards and letters.

Good

Our findings

The registered manager and staff worked hard to provide a personalised service. People told us that staff listened to them and relatives felt the service was well-led. One relative commented, "We are very happy with how the home is run." One person told us, "The owner visits regularly, they always go round the home checking if everything is alright and asking us how we are and what we think about the home."

At the last inspection records were not always adequately maintained. At this inspection we found improvements had been made and records were in good order; staff could easily access the most up to date information or guidance that they needed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had usually done so. However, during the inspection the registered manager found a statutory notification had not been made following a fall. They rectified this immediately. All other notifications and risks assessments reviews were complete. This is an area we have identified as requiring improvement.

The registered manager was supported by a deputy manager, senior support workers and support workers. They had worked at this service for some time and also spent time as registered manager at another service owned by the same provider. The registered manager had good oversight and direction of the service; they said they felt well supported by the provider.

It was clear that they were committed to continually strive to improve outcomes and the quality of the service for people. Throughout the inspection it was evident that the registered manager was passionate about providing a well led service to the people living at Cornerways. Time and thought went into planning ensuring each person received care and support that fully met their needs. The registered manager demonstrated a clear knowledge and understanding of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection.

Staff were kept informed about people's changing needs and about any other issues through staff handovers and team meetings. There was a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management.

Through our observations at inspection it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people.

A range of audits and quality assurance systems were in place. The registered and deputy managers audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Systems were in place for quality monitoring checks, which were completed by the provider. Reports were produced, including action plans for the registered manager and reviewed at the next audit.

Feedback was sought in the form of quality assurance surveys from relatives and health care professionals, both gave positive feedback. Responses from a recent survey had been analysed and collated and showed the positive feedback received. A summary had been published and was available for people to read. Staff also had the opportunity to take part in a survey, their responses were mostly positive.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area.