

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?	Outstanding ☆

Summary of findings

Overall summary

Corner House is a privately owned and run care home. It provides accommodation and personal care and support for up to 57 older people, including people living with dementia and those needing support with a physical health condition. Corner House does not provide nursing care. There were 44 people living in the service when we inspected on 26 April 2018. This was an unannounced 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.

At our last inspection in August 2015, we found that people received personalised care, which was responsive to their needs, and the service was rated good. At this inspection, we found that people continued to receive good care and found the service was outstanding in the way it was led.

The management team were dynamic and innovative in their approach. They had a clear vision and set of values which they worked towards, and which were reflected throughout the staff team. Staff, people, relatives and healthcare professionals spoke highly of the management, and were confident in their ability.

There was a robust quality assurance system which meant the directors and management team had highly effective oversight of how the service was meeting people's physical, emotional and social needs. The management team set a high standard for their staff and led by example. There was a strong emphasis on continually striving to improve.

People were at the heart of the service and the atmosphere was warm and welcoming. There was a positive, open and inclusive culture in the service.

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. People knew how to raise concerns and were confident that any concerns would be listened and responded to.

There were systems in place to minimise risks to people and to keep them safe. Staff were trained and supported to meet people's needs effectively. There were sufficient numbers of staff to meet people's needs. Recruitment processes checked the suitability of staff to work in the service.

People were provided with their medicines in a safe manner. They were prompted, encouraged and reassured as they took their medicines and given the time they needed.

Staff understood the importance of gaining people's consent and were compassionate, attentive and caring in their interactions with people. They understood people's preferred routines, likes and dislikes and what

mattered to them.

The management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff supported people to have maximum choice and control of their lives in the least restrictive way possible; the policies and systems in the service supported this practice.

People were complimentary about the way staff interacted with them. Independence, privacy and dignity was promoted and respected. Staff took account of people's individual needs and preferences and people were encouraged to be involved in making decisions about their care.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. They were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

There was an open and transparent culture in the service. A complaints procedure was in place. People's comments, concerns and complaints were listened to and addressed in a timely manner. People, relatives, visitors and staff were confident that any concerns raised would be taken seriously and dealt with appropriately by the management team.

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 systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people.

People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and

their families were appropriately involved.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

People were supported when making decisions about their preferences for end of life care.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The management team were dynamic and innovative in their approach. They set a high standard and led by example.

The service provided a positive, open culture and empowered people to live their lives as they chose.

A robust quality assurance system meant the management team had highly effective oversight.

There was a strong emphasis on continually striving to improve.

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 unannounced inspection took place on 26 April 2018 and was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, the provider completed a Provider Information Return (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 reviewed information that we had received about the service such as notifications. This is information about important events, which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with eleven people who used the service, six relatives, two visitors and three visiting health and social care professionals. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care needs were being met we reviewed nine people's care records and other information, for example their risk assessments and medicines records.

We spoke with the registered manager, deputy manager, regional manager and two directors. We also spoke with 12 other members of staff.

We looked at four staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe living in the service. Staff had completed training which enabled them to identify different types of abuse and they were confident in the actions that they would take to report any concerns both within the service and to outside agencies. One member of staff commented that they would, "100% without a doubt" report any concerns." Another staff member explained, "If I had a concern I'd talk to the senior, if not happy I'd go to the manager. If I still wasn't happy I'd go to the owners, then the appropriate authorities." The contact details of the local authority responsible for investigating safeguarding concerns were prominently displayed in the staff room. A health and social care professional told us how staff and management team had a good understanding regarding safeguarding procedures and took appropriate action to report concerns when needed in order to safeguard people from the risk of abuse. Another healthcare professional commented that the management team, "Are hot on safeguarding."

Risks to people's daily lives had been assessed and there were clear plans in place about how to manage and monitor risk including falls, mobility, risk of pressure areas, dehydration and risks associated with the use of bed rails. People's specific healthcare needs had also been considered and guidance provided for staff to help them understand these conditions, the impact they had on the person and how they could reduce associated risks. For example, risks associated with osteoporosis, arthritis, continence needs, hypertension and dementia. This meant that staff had the information they needed to guide them how to keep people safe.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if this was necessary. Following training and guidance received from the Fire Service, doors and the external windows of people's rooms had a coloured marker to enable staff and firefighters to immediately recognise the level of mobility of each person, in the event of an emergency evacuation.

There was an established staffing team in place with sufficient numbers to provide the support required to meet people's needs. People, relatives, staff and visiting healthcare professionals all told us that there were enough staff. One person told us, "There is always someone around." A healthcare professional commented, "There are plenty of staff. Always a couple of senior carers on duty too and the managers are always available." A member of staff explained, "The staffing is very good. The staff all work together to cover shifts. Staff do communicate and like working together as a team. As a result, we don't need agency staff." This meant that people were supported by staff that knew them well and understood their needs.

The registered manager carried out a monthly staffing review, which looked at current staffing levels, assessed dependency needs of people, falls data which may demonstrate staffing levels needed to be improved and monitoring of the call bell system. The monthly review also included feedback gathered from people and staff regarding staffing levels. In response to this monitoring, changes had been made to ensure that sufficient staff were on duty and deployed effectively throughout the service. This included changes to some shifts to cover busier times of the day. A member of staff explained, "I'm currently working a 6 to 11am

shift to support care staff in the morning to give showers and support with breakfast. Then there is an extra shift 7-10pm at night to help assist people to bed." The review for February noted, "Due to higher needs in upstairs area at present one carer from corridor will go and help upstairs during the day and night." This demonstrated that the management team were responsive to changes in people's needs and adjusted staffing levels accordingly to keep people safe and well cared for.

Employment records confirmed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the vulnerable adults who used the service.

Suitable arrangements were in place for the management of medicines and people received their medicines in a supportive way. People were prompted, encouraged and reassured as they took their medicines and given the time they needed. Care plans gave guidance regarding how people liked to take their medicines. For example, 'Using a spoon and one by one with orange juice.'

Staff had been trained to administer medicines safely and they were observed to ensure that they were competent in this role. Medicines administration records (MAR) showed when medicines had been given or if not taken the reason why. Medicines which were prescribed to be taken as and when required [PRN], were given according to the individual's choice as to whether they felt they needed it. Protocols were in place to give clear guidance to staff on what each PRN medicine was for, when it should be given and how often and any proactive strategies to use prior to using the medicine.

People were protected against the spread of infection. One person told us, "[The service] is clean." Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An infection control policy was in place, which provided staff with information relating to infection control. This included PPE, hand washing and information on infectious diseases. We observed the home to be clean and there were suitable infection control systems in place, which were regularly monitored. Relatives, visitors and healthcare professionals also commented on the cleanliness of the service.

Walking frames and wheelchairs were clearly labelled with people's names to ensure they were using the correct equipment specific to their needs and to assist in infection control. Sensors had been installed in the main communal toilets and bathrooms, which meant the light came on automatically on entering. The registered manager told us that this was to assist in preventing the spread of infection as well as reduce the risk of falls in these areas.

Systems were in place to record and monitor incidents and accidents and these were monitored by the registered manager. This meant that if any trends were identified, prompt action would be taken to prevent reoccurrence. For example, the manager monitored the number of falls occurring in the service and analysed the root cause of these to establish whether improvements were needed to help to prevent future falls occurring. Action was taken such as referrals to the falls prevention team, input from peoples GP and consideration of health associated risks and medication which may increase the likelihood of falls.

Is the service effective?

Our findings

People's needs were assessed in order to develop individual care plans in consultation with people, relatives, professionals, keyworker's and through observation. Care plans reflected people's needs, choices and preferences.

The use of technology to deliver effective care and promote people's independence was encouraged and supported by the management team and directors. A sensor had been installed in one person's bedroom who was assessed as being at risk of dehydration. The sensor detected movement in the room and activated a recorded voice to occasionally remind the person to have a drink. This was being used in addition to other positive strategies and staff involvement in encouraging the intake of additional fluids. This new system was being monitored to make sure that the person continued to be happy with the inclusion of this technology in their room and to measure the impact it was having on increased fluid intake.

Wi-Fi had recently been improved throughout the service to enable staff to use the new electronic care plan system which was due to be implemented in the next few weeks. The directors had taken time to research potential systems to make sure that the one they selected could be bespoke to the specific needs of the service and those who lived there. Staff at all levels, including the directors, were being trained in the operation of the system prior to it going live so that they could use it effectively to plan and record peoples care.

The improved Wi-Fi had the additional benefit of providing better connection to the internet for people living at the service. People told us how they used their tablet computers and mobile phones and we observed these in use. To support people further with the development of new technology, arrangements had been made for a mobile phone operator to visit the service to advise people how to use their devices, carry out free repairs and set up according to their specific needs.

People were supported by knowledgeable and skilled staff who received training relevant to the needs of the people who used the service. This included training on how to safeguard vulnerable adults, manual handling, medication, dementia and health and safety. Staff told us how the training they received helped to improve the quality of care they were able to provide. For example, one member of staff explained, "The dementia training makes you more aware of how to support people with different types of dementia. To be supportive and allow them to do what they want in a safe way. How to support to eat and drink safely. How different flooring affects how they walk." This had helped them to have a greater understanding of the needs of those living with dementia, which in turn had a positive on the way they provided care.

Staff told us the service supported them to gain additional qualifications to aid their own personal development and improve their practice. One member of staff told us, "Training is updated every year and I've done NVQ levels 2 and 3 with support." The registered manager told us how the personal development of all staff was considered whatever their role. They had recently arranged for housekeeping and domestic staff to enrol on a formal qualification to support them in their role and enable a sense of achievement.

Following feedback from one of the provider's governance meetings, the registered manager was encouraged to identify members of staff who could undertake train the trainer courses. One member of staff told us how they were pleased that they had been given this opportunity and was now able to deliver safeguarding training to their colleagues. The benefits of this were that the training could be specific to the individuals living at the service, as the staff carrying out the training knew them well.

New staff received a thorough introduction to the service. Staff told us that when they started in their role they had spent time working alongside colleagues, which had helped them to understand people's needs and feel confident in their new role. The regional manager explained the new induction programme to us which focused on the values of the service and aimed to provide staff with the knowledge they needed to feel confident in their new role and support people living in the service in the best way possible.

Staff told us that they had access to regular formal supervision sessions and in addition to this were informally supported with any concerns that arose. One member of staff told us, "You can get support from the senior carers. If you are stuck with something they will help." Supervisions give staff the opportunity to talk through any issues, seek advice and receive feedback about their work practice. Annual appraisals took place and provided an opportunity for the management team to look at staff's performance and to support them in their continued professional development.

The management and senior team carried out regular observations of staff practice to ensure they were competent in their role. We saw records which showed how these were used to guide staff as to how they could make improvements in their work practices. For example, one observation had identified that a moving and handling technique used by staff could be performed in a better way which was more comfortable and safer for the person being assisted to move. This helped staff to continually learn and improve in order to provide more effective care.

People's nutritional needs were assessed, they were provided with enough to eat and drink and supported to maintain a balanced diet. A member of the kitchen staff explained people's specific dietary needs and preferences to us. They understood how to fortify foods to provide additional nourishment for those who may be at risk of malnutrition. One person told us how the support they received with their nutrition had helped them to become well again following a stay in hospital, "I was so ill but now I've put on weight since I've been here." We observed that people were offered a variety of drinks and snacks throughout the day. Care records demonstrated that the attention to people's nutritional needs had resulted in a number of residents successfully gaining weight.

Care staff demonstrated that they had a good knowledge of people's nutritional needs. One member of staff explained how they supported those who had swallowing difficulties to ensure they did not choke and were able to eat their food in an enjoyable manner. Where appropriate referrals had been made to dieticians and speech and language therapist (SALT) teams.

Staff were also aware of the need to keep people well hydrated. One member of staff had been given the role of hydration champion and a number of initiatives were in place to encourage fluid intake. This included the use of specially adapted cups and hydration bottles. A visitor explained to us, "When it's hot they have ice-creams and lollies. The residents who can will come and make themselves a drink in the kitchenette area." A person told us how drinks were always freely available, "When you are sitting they come round and ask if you want tea, coffee and a biscuit."

People were complimentary about the food on offer and told us they were offered a choice of what they would like to eat. One person commented, "The food here is excellent. Another person told us, "The food is

good. We have a choice. I don't like mash so they give me roast potatoes or nice chips. You only have to ask." Another person said, "I always have a good breakfast, especially if I am going out. I had two eggs and bacon this morning. They do them just as I like them, though I have sent back the odd hard egg, I can't eat a hardboiled egg." People were also offered a choice of what they would like to drink, including wine or other alcoholic beverages if they wished.

The menus had recently been changed as a result of feedback obtained from people. People were provided with menus in advance so they could make a decision about what they would like to eat. However, we observed that if they changed their minds when they sat down to eat this was easily accommodated. One person told us about an occasion recently when they had thought they were going out for lunch after attending a church service but realised at the last minute that they would not be. They told us how this hadn't been a problem, "[Staff] got me a nice lunch when I got back, despite the time."

Staff understood the importance of mealtime as a time for social interaction and enjoyment. The atmosphere in the dining room was light hearted as people and staff chatted together over lunch. Lunch was served to each table in turn so that people did not have to wait and each table could enjoy their meal together. Staff were attentive throughout the meal time. When people needed assistance with their meals they were supported appropriately and respectfully. People were given the time they needed and independence was encouraged.

Staff worked effectively with other organisations to make sure that people could access the medical treatment they required. One person who had lived locally prior to moving into the service told us that they had been able to continue to be supported by the same surgery which was important to them. An overview of each person's support needs was included in their care records to enable staff to access people's information quickly to be able to pass on if hospital admission was needed.

Corner House worked collaboratively with other professionals to provide a reablement service to individuals leaving hospital who required some additional focused support to prepare them to return home. The contract for this service came to an end during inspection.

Healthcare professionals told us about the positive relationship they had with the staff at the service. One told us, "This is one of the better homes. Staff take on board any advice I give them. I've taught them how to do vital signs to help them have the right information to pass on when they call for advice." Another healthcare professional told us how having up to date daily records such as food and fluid monitoring charts had meant that specialist support had been easily obtained. This was because the service had the evidence to show why this was needed and resulted in people receiving specialist input without un-necessary delay.

People had access to health care services and received ongoing support where required. This included access to GP's, community nursing teams, mental health teams and other healthcare professionals. People's care records demonstrated that prompt action was taken to involve relevant healthcare professionals in people's care in order to keep people in good health. Referrals had been made in relation to people's sight and hearing and where additional support was needed with diet and nutrition.

Following feedback received from surveys, the management team had arranged for new signage to be installed to help people, visitors and new staff to find their way around the building. Additional handrails had also been installed to increase people's independence and reduce the risk of falls in the corridors. Information boards around the service gave details to help people have a better understanding of life inside and outside of the service to help them make informed decisions. For example, activities and events taking place in the service and the local community.

People's bedroom were personalised and had been decorated according to their preferences. Additional aids had been added specific to people's individual support needs such as coloured toilet seats and light switches. The needs of those with impaired hearing had been considered and red lights installed which would flash in the event of a fire to alert those who may not be able to hear the fire alarm.

The provider had identified that the main passenger lift was in need of renovation. Risks associated with this work had been assessed. An action plan had been put in place to enable people, visitors and staff to be kept safe and well informed whilst the work was being carried out. This included a trial run to ensure people were comfortable with the use of the stair lift that was to be used during the project and ensuring essential equipment was located upstairs so it would be easily accessible.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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).

The registered manager told us that applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and 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. The service was working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. Where people lacked capacity, the appropriate best interest processes had been followed and mental capacity assessments were specific to the decision to be made. For example, in relation to uses of bed rails or assistance with personal care.

Staff sought people's consent and acted in accordance with their wishes. One person told us, "No-one tells me when to go to bed at night or when to get up in the morning. It's just that there's nothing to stay up for, so when I am ready I go to bed". We observed staff obtaining consent from people before assisting them. A member of staff told us how they made sure they were providing care in line with people's wishes. "By asking them. It's completely centred around them. Not assuming anything."

Is the service caring?

Our findings

The atmosphere in the service was warm and welcoming. One person told us, "I couldn't be more happy." Another person said, "I'd rather be in my own home, but if you have to be in one of these places, then I don't think you could find a better one than this". A visitor told us, "If I had to go in a home I'd come here. It's clean. It's like a hotel and there is a nice atmosphere. A member of staff commented, "It's about looking after residents with their best interests at heart."

People and their families were positive and complimentary about the care they received. A person told us, "The staff are wonderful. They are very kind." Another person said, "The staff here are very good, friendly and polite and make this a very comfortable place to be."

Staff showed a genuine interest in the people they were supporting and spoke affectionately about them. One member of staff said, "It's a pleasure to be here. I love the way the residents are cared for. It's like a family. We work as a team. It is lovely to see the residents thrive. People come from hospital and we see them being built up."

Staff understood people's preferred routines, likes and dislikes and what mattered to them. There was a care companion system in place so that people had one particular member of staff who was especially responsible for checking they were happy with the care and support they received. One person told us that their care companion would soon be going off duty and wouldn't be back for a few days but was reassured that, "[Member of staff] will always pop in to say goodbye to me and see if there's anything I need before they go." A healthcare professional commented, "The senior carers know the residents inside out." They explained how this meant that they were able to quickly identify any changes in a person's health and well-being and obtain additional advice and support if needed.

People, relatives and visitors told us about staff who showed empathy and understanding. One family member told us how staff had supported their relative since their recent move into the service. "We knew of the home because it had a good reputation so I was happy to put [relative] in here. [Relative] has taken to it very well and seems very happy here. It's been less than two weeks, but I am happy to leave [relative] here knowing that."

People wherever possible were encouraged by staff to make decisions about their care and support. This included what activities they wanted to do, what they wanted to eat and where they would like to be. A member of staff told us, "Most residents want support to bed at 9 to 10 at night. We don't wake people up. Some like to get up at 6am. Usually from 5am onwards people want to get up and have showers, it's their choice. Not many people want baths. There is a shower rota but people can have one when they like. This approach showed staff understood the importance of supporting and empowering people to make their own decisions wherever possible.

People were involved in the planning and reviewing of their care. People's care records showed that they, and their families where appropriate, had been consulted when the monthly review of their care plan took

place. A relative told us, "[Staff] will phone if anything has happened, like they've called the doctor in. They let us know after they've called, it's just courtesy to let us know. It's reassuring to know they look after [relative] so well." They also told us that they got copies of the monthly newsletter and information about forthcoming events and outings. "They are very good at keeping us informed, and they are very easy to talk to." A healthcare professional explained how staff made sure that people and their families understood the outcome of appointments, "There is good communication. They let the patient know and explain it to them and their next of kin." Where appropriate people had advocates to help them to understand, and take control of, the decisions made about their care and support.

Staff were aware of people's cultural needs and gave us examples of how they made sure they respected people's beliefs and lifestyle choices. This included the specific personal care needs of one person according to their religion and dietary requirements of another person. A member of staff told us, "We cater for people's needs individually. We have a church service, they come in to do holy communion. They sing hymns of the resident's choice. The reverend also comes in to see people individually."

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person told us, "They always knock on the door, even if it's open, before they pop in." We observed staff supporting people in a dignified manner, promoting their privacy at all times. One member of staff told us, "I always make sure that doors and curtains are closed for personal care. We always ask permission, never assume."

People were encouraged to be independent as much as possible and live their lives in accordance with their wishes. One family member had commented in a thank you card, "You enabled [relative] to retain their independence with loving care and support that the whole team provide."

Staff recognised and encouraged the contribution people could continue to make in enhancing the well-being of other people living in the service. Staff had nominated one person for the Unsung Hero category in the 2017 Prosper Essex Care Sector Awards and were delighted that the person had won. The person told us how much they enjoyed helping others and a member of staff commented, "[Person] is at the core of the home and ensures the voices of the other residents are heard." This demonstrated staff understood the importance of people maintaining their sense of personal identity, self-esteem and fulfilment.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs and their views were listened to and acted on. One person told us, "Anything you ask they [staff] do it. A visitor commented, "You just ring the bell and someone will come."

Healthcare professionals gave us positive feedback regarding how well staff knew people and that care records accurately reflected their care and support needs. One told us, "They [staff] know people well. They will always get out the care plan when I visit." The healthcare professional went on to tell us how they could easily find the information they needed about people in their care plans. This demonstrated that staff were aware of the importance of keeping care documents up to date in order to reflect peoples current needs. Another healthcare professional said, "I've never had any problems. They are always very knowledgeable about the residents. Staff will call me for advice. They are very pro-active."

Each person was allocated a 'care companion,' a member of staff responsible for making sure that they were receiving the support they needed with all aspects of their care and well-being. Care companions were matched with people according to their interests and personalities and the registered manager told us how they checked with people and with staff that they were happy with the match.

Some staff had been given specific responsibilities and had become 'champions' in areas such as hydration and continence care. The registered manager told us how this empowered staff to think proactively and share best practice. For example, the champions had arranged a hydration week. A number of events had taken place involving staff, people, relatives and visitors and had helped to raise awareness of importance of good hydration. These roles gave staff the opportunity to discover new ideas and ways of working to improve people's health and well-being. For example, the introduction of hydration bottles which were enabling people who were unable to lift a cup to be able to drink independently.

Care plans were written in a person centred manner and reflected the care and support each person required to meet their assessed physical and emotional needs. They included details which were specific to each individual including their preferences in the way care and support was provided and what was important to them. For example, one person's records stated that they liked to have their bedside lamp on and their door open at night and liked 3 pillows on their bed.

Staff were quick to respond to changes in people's needs and this was reflected in their care records. For example, an urgent referral had been made to the Speech and Language Therapy (SALT) team when it was noticed one person was having difficulty swallowing. This had resulted in them getting the relevant professional advice in order to help them eat and drink comfortably and safely. Another person had been referred to the SALT team as it had been noted by staff that their weight was decreasing. With the right support and prescribed supplements to their diet their weight had increased 5kg in the last month.

Where potential difficulties for people were identified, their care records included details about how staff could help them to overcome or lessen the impact this had on their health and wellbeing. One person's care

plan gave details of how their hearing loss could be detrimental to their well-being. The risks of social isolation or not being able to hear the fire alarm were explored and solutions found to alleviate these risks. For example, staff to speak clearly to the person face on and the use of lights to alert the person that an alarm was sounding.

People wherever possible were encouraged by staff to make decisions about their care and support. This included what activities they wanted to do, what they wanted to eat and where they would like to be. One person told us, "I can come and go as I please really. Sometimes one of the carers will come with me to the town." People and their families were encouraged to be involved in reviews of their care and their input was recorded in their care plans. This meant that people felt that staff listened to what they had to say and felt that they had control over the way in which they were supported.

People were supported and encouraged to take part in the things which they enjoyed and people's diverse needs were recognised. Where one person spoke a different language, and was originally from a different country, one staff member who also spoke the language spent time with them engaging in activities such as watching movies and listening to music. One person told us about how they spent their day and some of the things they enjoyed doing, "There's always a lot going on here. This afternoon [entertainer] will be in, always good fun and we enjoy a singsong." Another person told us they loved reading and explained, "The library van comes round once a fortnight, I think I'm probably their best customer. They bring me half a dozen books each time and I get through them all." A third person told us, "I read the paper. They have entertainment. Staff take you out if you want to go out." There was a shop in the service which was open for an hour each day and enabled people to purchase items such as snacks, sweets and toiletries. Profits from the shop were used to support further activity provision.

People were encouraged to maintain their interests and continue to take part in activities they enjoyed outside of the service. One person told us how they regularly went into town using the dial a ride scheme, "They pick me up and drop me off in town and pick up when I am ready." They also regularly attended church services and maintained friendship groups associated with the church, often going out for lunch. Staff also supported people to maintain relationships important to them. One person's relative told us how they visited every day, arriving mid-morning and leaving after tea. They told us that they were made to feel welcome and added, "An odd arrangement I know, but it works for us." A relative of a person who no longer lived at the service continued to regularly visit because, "It feels like home."

A daily stroll initiative encouraged as many people as possible to go outside for at least 10 – 15 minutes of fresh air a day. This included walking or being assisted with a wheelchair, around the gardens or down to the nearby seafront. People told us how they enjoyed this time outdoors and visitors confirmed that they regularly saw people being supported outside of the service. One healthcare professional commented, "In the summer I walk here to do my visits. You see them walking to the seafront."

The service employed an activity co-ordinator who was enthusiastic in their approach and encouraged people to take part in a wide range of activities both in and out of the service. Activities were designed to cater for different interests and physical abilities and included crafts, group exercise, singing and dancing, church services, carpet bowls and dominoes. It had been recognised that more activities specifically tailored to men were needed so a new men's club had been formed which the men we spoke with were looking forward to. One person told us how, after expressing an interest in classical music and the ballet, the activities co-ordinator had arranged for them to visit the local theatre to watch the ballet later that month.

The service benefited from the support of a good number of volunteers which enabled them to provide a more extensive range of activities at varying times of the day. A member of staff told us, "The volunteers are

really good. They do flower arranging, nail painting, singalongs, church, help with winter stroll, sit and talk to residents." Other links with the community included an arrangement with Age UK for a coffee morning to take place in the service each week and visits from the local school and scout group.

Special events took place regularly throughout the year and were well supported by people, relatives and staff. These included theme days each month and celebration of important dates. The service had recently celebrated St George's day and we saw that the service had been decorated accordingly. People told us how they had enjoyed taking part in the celebrations.

The management team and staff were enthusiastic in their approach to encourage people to fulfil their wishes and dreams. Their Dreams Can Come True campaign was actively promoted and people were given the opportunity to express a dream they had of taking part in a particular event or visit a place which was important to them. One person particularly enjoyed food from a well-known fast food chain and arrangements had been made with the local branch for them to visit and go behind the scenes to help prepare a meal. The person had thoroughly enjoyed the experience and staff expressed the positive change they had seen in the person's sense of well-being.

People who were unable or preferred not to join in the activities taking place in the communal areas of the home were still supported with their social needs. The care records for one person gave details of a well-being activity taking place each day in their bedroom. For example, being read to or a hand massage. A member of staff commented, "[Activities co-ordinator] is very hands on. They make sure everyone gets involved. People in the rooms as well." This demonstrated an inclusive approach which reduced the risk of social isolation and improved peoples well-being.

There was a complaints procedure in place which explained how people could raise a complaint. Records of complaints showed that they had been responded to appropriately and dealt with in a timely manner by the registered manager. People and their families told us that they felt comfortable about raising any concerns. One person told us, "If I had any issues id just tell [registered manager or deputy manager]. They are very good, always trying to make things better and they always listen to suggestions. Actually I am having trouble with my Wi-Fi signal and they've told me they are putting in a new booster down this corridor, so I should be getting a better signal soon." This showed that concerns and complaints were acknowledged, listened to and appropriate steps were taken to respond and put things right.

People were supported when making decisions about their preferences for end of life care. The service kept important information, which included advanced care plans and preferred priorities for care documents. Where appropriate a DNACPR was in place. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse. One healthcare professional told us, "Staff are good at Preferred Priorities for Care documents and DNA-CPRs. They will ask us about it if they've not been done."

The provider had appointed a member of staff to be end of life care lead for their three services. Staff had taken part in end of life care training with a local hospice and relatives had been given information to guide them on the support provided at the end of life and the importance of gathering people's wishes as to how they wished to be supported when this time came. The management team recognised that conversations about end of life could be difficult but the training staff received had helped with this. A healthcare professional commented, "The staff know relatives well which helps with those difficult conversations."

Staff actively sought additional support from the relevant healthcare professionals when people were at the end of their life to make sure that they were free from pain and cared for in the best way possible. Staff had

recognised that one person was in some pain so had contacted the community nursing team without delay. A pain management plan was in place to help make sure that the person was comfortable and additional medicines had been prescribed by the GP in anticipation for when additional pain relief may be needed.

Is the service well-led?

Our findings

People were at the heart of the service. There was a positive, inclusive and open culture, which centred on improving the service it provided for people. The management team were proactive in developing and sustaining this culture and had a clear vision and set of values which enhanced the quality of care they provided. We received written feedback from a relative which said, "Lovely home and lovely staff. Staff and management always go beyond and above." A healthcare professional told us, "They are very professional. It is clean and welcoming. The atmosphere here is very good." Another relative commented, "It's such a joy to come into Corner House as the staff are always so cheerful." This demonstrated that management and staff were working in line with their 'Values of Shared Responsibility' which included knowing people as individuals with feelings and options and acknowledging that kindness makes a big difference to someone's day. Themes of the month had been introduced to further embed these values and encourage a positive culture across the staff team. The theme for April was 'make someone laugh' and staff shared examples of how they had achieved this.

The registered manager was innovative in their approach to providing care and support and encouraged the staff team to be the same. Staff had been appointed as champions in areas such as safeguarding, activities, nutrition & hydration, end of life planning, infection control, continence, medication and health and safety. Best practice was therefore shared amongst the staff team, new ideas actively sought and changes implemented in order to enhance the quality of service provided.

The champion scheme had resulted in events such as a hydration week where staff, people and their relatives were involved in a range of activities to highlight the importance of good hydration and provide people with ideas on how they could increase their fluid intake. There was now a larger variety of fluids on the tea trolley such as jellies, ice lollies and milkshakes to encourage people to drink more. A red coaster scheme was put in place for staff to quickly recognise those who were at risk of dehydration and needed additional encouragement to increase their fluids. This had led to a reduction in the occurrence of urinary tract infections and therefore was having a positive impact on people's health and well-being.

The champions had empowered other staff be involved in a range of initiatives to help reduce peoples risk of falls These included; florescent tape being added to people's waking frames so that they could see them in the dark if they needed to use them at night, checks of peoples feet and footwear, checks of walking frames and making sure all staff were aware of those who were currently taking antibiotics or other medicines which could increase the risk of falls.

The management team were striving for excellence through consultation, research and reflective practice. The implementation of the daily stroll was the result of research conducted in Scandinavia and Holland where this was seen to have a positive impact on people's lives. The registered manager told us of other initiatives they were currently considering such as the use of particular activity equipment to help people to stay more active. A member of staff told us, "[The management team] are willing to see new ways of working. [Registered manager] is very approachable. Keen to find innovative new things."

The use of technology to further improve people's experiences was explored and implemented by the management team. Technology, combined with an emphasis on providing highly individualised care, improved outcomes for people. For example, the use of an audio cue to encourage a person to drink along with increased encouragement from staff was helping a person to be better hydrated, reducing the risks of infection and falls. The service had been recognised for their innovative approach in the 2017 East of England Care Awards where they had won the Care Innovator Award. Those judging had stated that the reason for their success was, "A truly innovative approach to 'making dreams come true' by recognising the individual and offering a service to reflect this. This is achieved by motivating staff to help fulfil the dreams and needs of the individuals."

People's feedback about how the service was managed was complimentary. One person told us, "[Registered manager] is a nice governor. You can talk to them like your [relative]." A health and social care professional expressed their views in a letter written to the service, "Well done to you and your team for all the amazing work that you do for the residents. I have seen so much change over the past year, all for the better. The staff look so happy to be working there and the residents always look clean, happy and content." A member of staff commented, "[Registered manager] is a fantastic manager. Very supportive."

Staff were valued by the management team. A member of staff told us, "[Registered manager] is very, very, supportive. The directors are very supportive. They are always there to bounce an idea off." The activity coordinator told us how she had some difficulty in finding suitable decorations for the St Georges day celebrations but, "I mentioned it to [registered manager], They said leave it with me and the next day all the ribbons and flags arrived." The registered manager commented, "Without the team we are nothing." Staff were recognised for specific achievements and people were asked to nominate an 'Angel of the month' to acknowledge when staff had gone above and beyond their normal duties. The importance of good communication and teamwork was continually advocated and the management team strived to be inclusive in the support provided to all members of the staff team, whatever their role. A member of staff told us, "Everybody joins in; everybody is here for the residents. I've seen a member of the domestic team walk past and make a cup of tea for a resident." We observed the person employed to carry out maintenance at the service positively engaging with people and providing support where appropriate and in line with their training. All staff, regardless of role had completed dementia awareness training. The registered manager explained the importance of making sure that all staff knew how best to support those living with dementia in all aspects of the service provision.

Staff were encouraged to support and value each other to ensure they worked effectively as a team. They told us that they felt valued, listened to and that the management team were approachable and provided support when they needed it. A member of staff said, "If you go to [Registered Manager] and say we need to do this [they] will give it 110%." Another staff member told us, "It's like a big family. Everyone gets on really well." A third member of staff commented, "It's a very good team. We get on well with the residents and help each other out. We want to make everyone's life as easy as we can and happy. We have a laugh with the residents and they give me as much fun and laughter back."

There were robust quality assurance systems in place, which meant the management team had clear oversight of how the service was meeting people's physical, emotional and social needs. The registered manager undertook regular audits to ensure quality and safety. These were further supported by audits carried out by the regional manager and provider and included audits of care records, medication, health and safety, identified risks and staffing levels. The registered manager and management team met with the directors regularly to feedback on progress and discuss where further improvements could be made. Action points were recorded at these meetings and checked to make sure they had been followed through. There was an open and transparent culture in the service. Where audits identified problems, records showed these

were dealt with in a timely manner. Information gathered from auditing processes were used to drive continual improvement in the service.

As part of the quality assurance process the registered manager carried out regular walk-around observations. This helped them to observe first hand whether staff were having any difficulties in carrying out their duties. During one observation, the registered manager had seen that some elements of peoples care plans had not been completed as fully as they should have been and asked staff the reason for this. Staff had fed back that they were sometimes unsure how to complete certain parts of the care plan and it would help if they could discuss this with a colleague. The registered manager arranged for staff to work together on this so that they could learn from one another and we saw care staff completing care plans together during our visit. Staff had also fed back that the fluid charts were confusing so these had been redesigned in line with their suggestions. This showed a willingness from the management team to listen to staff and address their concerns in order to support them to improve their practice and further develop the quality of care provided.

People and staff were empowered to voice their opinions, and the management responded to comments put forward. People, their families and staff were provided with a range of ways in which they could express their opinions including surveys, meetings and via a feedback station located in a prominent position within the service. Where feedback was provided this was used to further improve people's experience of the service provided. For example, some people had expressed an interest in pet rabbits at a recent residents meeting so a member of staff had arranged for a pet rabbit to visit the service. People had requested more high teas at the meeting in March and the April newsletter showed that this had been arranged. One person had expressed their pleasure at being asked if they were happy with the support they received. They had written a note to the registered manager which read, "Thank you and [director] for popping into my room seeing if I was satisfied with my care." There was a strong emphasis on continually striving to improve in order to provide a high standard of care.

People were encouraged to be involved and have ownership of what was happening in the service. For example, when recruiting new staff, people were asked to be part of the interview process so they could ask candidates questions relating to issues that were important to them. They were then able to feedback their opinions to the recruiting panel so their views could be taken into consideration when recruitment decisions were made. People, relatives, visitors and volunteers were kept well informed about what was going on at the service via a monthly newsletter and displays around the service which gave usefully information about forthcoming events.

The management team continually evaluated the service being provided and made adjustments accordingly. This included reacting quickly to unforeseen or unusual events. For example, an action plan had been prepared in response to unseasonably bad weather, which included arrangements for staff transport, incentives for those willing to stay overnight in the service if needed and plans if utilities, deliveries or services were affected. When completing a quality assurance walk around the registered manager had observed that a person's door was propped open with a bin rather than the device fitted to the door to keep it open but close in the event of the fire alarm sounding. The person had explained that the reason for this was that they liked the door to only be open a little way. The registered manager had taken immediate action to request that the floorplate which held the device in place be moved so that the door could be held open in the persons preferred position. This meant that the wishes of the person had been respected whilst still maintaining a safe environment.

There was a commitment to continuous improvement and the management team shared their vision for the service with the staff. One member of staff explained how they were not fearful of the inspection process,

"We are very positive about inspection. We want what is best for our residents." The management team showed us how they had reviewed other inspection reports of services rated as 'Inadequate' or 'Outstanding' by CQC. They had used these together with staff to learn from them, consider whether any of the areas for improvement identified in the reports were things they also needed to improve on and to gather ideas for the current and future development of Corner House.

The management team had an openness and willingness to learn from incidents, investigations and complaints in order to improve the quality of the service. We received feedback from a health and social care professional that there had been some confusion when staff had been asked to provide records following an incident. Their concerns had been fed back to the management team and we saw that new ways of working had been put in place as a result, including new observation records to ensure people were monitored appropriately following a fall or other incident.

The service worked in partnership with other agencies such as the local authority, clinical commissioning groups, specialist and district nurses, and mental health services, to ensure they were following correct practice and providing a high quality service. One healthcare professional told us, "They've always been proactive. Especially with people at risk of falls. They will ask for a medicines review. They notice if something is not usual. Like if someone is more confused than usual they will consider if it's because of an infection. I'm confident that my plan of care is being followed."

Visitors who regularly provided a service to people also fed back how responsive the management team were to any suggestions they made. One visitor told us, "They are always very good, when I needed new mirrors they got them for me and it's always been that way. I love it here and the residents are lovely."

The management team were keen to engage with a range of other agencies and community groups to further enhance the experience for people living at the service. This included links with the Tendring Forum and other organisations such as a local bowling club, library, scout group, schools, churches and Age UK. This helped to add value to people's lives and build a strong sense of community within the service.

The service was involved in the Prosper project. A collaboration with Essex County Council which aims to improve safety and reduce harm for vulnerable people living in care homes, who are at particular risk of admission to hospital or significant deterioration in their health and quality of life. The service had been highly commended in the team of the year category at the recent Prosper awards. Through Prosper the service was involved in a number of initiatives to help reduce falls and had also recently signed up to the Red Bag scheme. This scheme is an NHS initiative to facilitate a smoother handover between care home, ambulance and hospital staff when there is a need for a person to go to hospital. This was to reduce the distress caused when a person may need hospital treatment.

The registered manager was taking part in the 'My Home Life' leadership programme. This gave them the opportunity to meet regularly with other managers to share best practice, knowledge and skills. They had used what they had learnt as part of this programme to develop their skills as a manager and were using some of the tools advocated by My Home Life to build a strong staff team who felt valued and respected. Staff told us how they were asked to reflect on how they felt about working at Corner House during staff meetings. Their responses were then used to support each other and develop as a team. A member of staff told us how much they enjoyed working at the service and added, "Even our staff meetings are nice!"

The management and staff took a pride in their work. This showed in the way they interacted positively with people at all times. All staff, regardless of their role and position were enthusiastic in their approach and worked in line with the providers values and stated aim to be a front runner by undertaking new initiatives to

improve the lives of the people who lived at Corner House. These values were reflected in the way in which care and support was consistently delivered in a safe and personalised way with dignity and respect and independence was promoted at all times.