Corner Lodge Limited

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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 27 November 2017 and was unannounced.

Corner Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Corner Lodge provides personal care for up to 48 people. At the time of our inspection there were 42 people living at the service, some of whom were living with dementia.

The management team had worked hard to improve the culture since the last inspection and had a clear set of values, which they had embedded within the service, and these were reflected throughout the staff team. Staff, people and relatives spoke highly of the management team and the improvements that had been made.

The service maintained good links with the local community and there was a varied programme of activities. People were valued and treated as individuals and were supported to follow their interests and hobbies. Special trips and events were arranged for people to promote their well-being and enjoyment of life and to help them realise their dreams.

There were a range of audits in place to check the quality and safety of the service and action plans and lessons learnt were part of the management team's on-going quality review. There was an emphasis on continually striving to improve.

Medicines were stored safely and administered at the correct times by staff who were trained and competent. Risk assessments were in place for people and for the environment. The service was clean and tidy, infection control processes were in place and staff had access to personal protective equipment. Staff and the management team understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults. There were sufficient numbers of staff and the service followed safe recruitment and selection processes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act 2005 (MCA) to make decisions in the person's best interest. Records of best interest decisions showed involvement from people's family and staff.

Staff were supported to maintain and develop their skills through training and development opportunities and regular supervision. Staff told us they felt well supported by the management team and were comfortable raising any concerns.

Care records showed people's needs were assessed before using the service and they were supported well to make their move to the service as smooth as possible. People's likes, dislikes and preferences were reflected in their care plans and people were supported to make choices which were respected. People were supported to have a varied, balanced diet which met their needs and wishes. People, staff and professionals were regularly consulted about the quality of the service and their views were used to make improvements.

We received good feedback about the caring and dedicated nature of the staff. People felt very comfortable with staff members, were treated with dignity and respect and there was a warm and positive atmosphere in the service.

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 good.

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

There were enough staff to meet people's needs.

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

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the skills and experience to meet their needs.

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 on-going healthcare support.

Is the service caring?

Good

The service was good.

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

People's independence, privacy and dignity was promoted and respected at all times

People were encouraged to be involved in decisions about their care and the running of the service.

Is the service responsive?

Good

The service was responsive.

The service was committed to providing care and support which was personalised and took account of people's wishes and needs.

People were supported to follow their dreams and activities were provided to suit people's needs.

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

Is the service well-led?

Good

The service was well led.

The management team had a clear set of values which were embedded throughout the staff team and service.

There were systems in place to monitor standards, which helped to drive improvements to the care and support people received.

The management team 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.

Corner Lodge Limited

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.

Following the last inspection on 18 August 2016, the service was rated Requires Improvement and we found breaches of Regulations 9, 12 and 17 of the Health and Social Care Act 2008. We found that not all environmental risks had been identified and managed and improvements were required around cleanliness and infection control. Staffing levels were not always adequate to ensure people were kept safe and people did not always receive the time and attention they needed. Improvements were needed to ensure the service was more suitable for people with dementia and people's privacy and dignity was respected. Some records were incomplete and fluid and food was not monitored effectively. There had been a lack of oversight from the provider and quality assurance systems had not been effective in identifying concerns.

We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well-Led to at least good. At this inspection, we found these areas had been addressed and the required improvements had been made.

This inspection took place on 27 November 2017 and was unannounced. The visit was undertaken by two inspectors.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at information we had received from the local authority, safeguarding and quality improvement teams. We used the feedback we received to inform the planning of our inspection.

During our inspection we observed how the staff interacted with people who used the service and with each other and spent time watching what was going on in the service to see whether people had positive experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

At the inspection we spoke with six people who used the service, one relative, three visitors, the regional manager, registered manager, deputy manager, the director, the activities co-ordinator and nine staff including cleaning, kitchen and maintenance staff.

We reviewed 11 care records including medicine records, staff training and four recruitment records and other records relating to the management of the service such as safety certificates, audits, surveys and minutes of meetings.

Good

Is the service safe?

Our findings

At our previous inspection we rated this key question as requires improvement. We identified breaches relating to staffing and risk assessment. At this inspection we found that improvements had been made and the rating has improved to Good.

People, relatives and staff told us staffing levels had improved since the last inspection and there were enough staff to meet their needs safely. One person said, "I can call for help if I am uncomfortable and they [staff] come quickly." One relative said, "There are loads of staff compared to where [person] was before. In the main area there is always a [member of staff] who sits beside [people] and always a [senior member of staff] around. I'm very impressed with the ratio of care staff." A visitor said, "There are plenty of staff around and they are quick to meet people's needs. "A staff member commented, "Staffing levels have gone up. Now we have eight [care staff] most days so if someone does phone in sick it's not a major issue. We are also using agency when needed and it's the same [agency staff] all the time. If it is their first time here we put them with experienced staff."

Call bells were answered promptly and staff had time to sit and chat with people. We saw people cared for in their rooms had opportunities of meaningful staff interaction daily, which had significantly improved since the last inspection and records showed there were enough staff to ensure people had received some time on a one to one basis. One staff member said, "Carers are given a sheet to record the time spent with people in their rooms and this is inputted into activity records."

Staff were mostly organised effectively to ensure people's needs were met, however we saw this could be improved during lunchtime. We observed lunch on the second floor and saw people required more support. For example, one person was struggling to eat the food on their plate and another struggled using a cup resulting in them spilling their drink. This was because no staff member was delegated to observe and prompt people to eat or to provide assistance as needed. The deputy manager noticed people required more support and requested a staff member sat with people and provided support during dessert. The registered manager had already identified a staff member was required at all times in the lounge area and had written a memo requesting this be put into place. They assured us this would be addressed.

The environment was clean and safe and equipment was well maintained. Bath temperatures were now recorded and a new risk assessment for legionella was in place. Gas servicing and electrical installation servicing records were all up to date and risks to people's safety in the event of a fire had been identified and managed. For example, fire risk assessments were in place, fire doors were closed and not propped open and fire extinguisher checks were up to date.

Personal protective equipment (PPE), paper towels and liquid soap were available throughout the service. We witnessed care staff using PPE appropriately, for example when serving food and administering medicines. We observed cleaning being carried out and cleaning schedules were in place. Where there was an offensive odour in one corridor, this had already been identified and the flooring was being replaced with a more suitable floor covering which could be easily cleaned, to improve hygiene standards.

Comprehensive general and individual risk assessments were in place which covered a wide range of potential risks. The individual assessments were personalised for each of the people living at the service and included potential risks due to health conditions or lifestyle choices such as diabetes, swallowing difficulties, pain or poor personal hygiene. Care records included risk assessments, which provided staff with guidance on how the risks to people were minimised. This included risks associated with using mobility equipment, pressure ulcers and falls. These risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated.

Suitable arrangements were in place for the management of medicines. People received their medicines in a safe and supportive way from staff. People were prompted, encouraged and reassured as they took their medicines and given the time they needed. Medicines administration records were appropriately completed and demonstrated people had received their medicines as prescribed. Medicines were received and booked in to the service safely. Staff had been trained to administer medicines safely and they were observed to ensure they were competent in this role. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential errors were identified quickly and could be acted on.

People's medicines were available when they were needed. Medicines which were prescribed to be taken PRN (as and when required) were given according to the individual's choice whether they felt they needed it. Medicines records confirmed PRN medicines were made available at regular times throughout the day. Some people required PRN medicines when they became anxious or agitated but were unable to verbally communicate this to staff. Protocols were in place to guide staff in these situations. However, these could be strengthened further with the addition of details regarding potential triggers for instances where people could become upset and positive strategies to use to help reduce people's anxieties. This would reduce the risk of PRN medicines being given un-necessarily. After the inspection, the registered manager confirmed that the protocols had been reviewed and updated.

Staff had received training in safeguarding and could describe the different types of abuse and the actions they would take if they had any concerns someone may be at risk. One staff member said, "I have had training in safeguarding and if I suspected any abuse, I would report it. If it wasn't sorted, I would report it to the safeguarding unit." Records demonstrated the service notified the appropriate authorities of any safeguarding concerns and the service had notified the Commission to keep us informed.

The recruitment of new staff was managed safely. Checks including references and applications to the Disclosure and Barring Service (DBS) were undertaken before a new staff member commenced in their role. The DBS is an agency which holds information about people who are barred from working with vulnerable people. Making checks with the DBS helps employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

At our previous inspection we rated this key question as requires improvement. We identified a breach relating to food and fluid monitoring. At this inspection we found that improvements had been made and the rating has improved to Good.

Food and fluid intake for people was now consistently recorded and monitored. Where people were not able to help themselves to drinks, a memo was displayed reminding staff to encourage people to drink and to record their fluid intake and we observed staff doing this. Fluid charts were totalled each night by the senior on shift and audited by the registered manager. Although it was not always clearly evident from the fluid charts where action had been taken if intake was low, other records demonstrated referrals had been made to a nurse or GP and people had been checked for any possible UTI (urinary tract infection). Where people had a low intake of fluid, handover sheets prompted staff to focus on encouraging more fluid for that person.

Significant improvements had been made to the design and decoration of the service since the last inspection and were still in development, for example, the garden was being re-designed into a sensory garden. The kitchen area in the lounge on the second floor had been removed and replaced by a separate kitchen. The director told us that since the last inspection they had used resources such as Dementia Care Matters, the Kings Fund and an external consultant to identify where improvements could be made. New lighting was in place in the dining room and the lounge and we saw coloured toilet seats were in place in communal toilets and in some bedrooms with light switches which had a coloured surrounding so they stood out and were easy to see. There was a colourful mural on the wall of the toilet. Signs around the service were clear to remind people where the toilet and lounge areas were and there were colour-contrasting handrails in place that were easy to spot and encouraged people to walk independently.

There was a reminiscence cupboard in the conservatory containing items such as old match boxes and ration cards to encourage conversation and evoke memories and there were rummage boxes containing different fabrics and 'hand warmers' covered in buttons, bells and beads to stimulate people's senses to provide a tactile interest for people living with dementia.

There were mirrors within some of the corridors, very colourful patterned wallpaper in places and some patterned flooring. The director was aware these were not always suitable for people living with dementia but this had not been an issue for anyone currently living at Corner Lodge and would be monitored and reviewed as required.

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The lunchtime experience downstairs was pleasant and there was a happy atmosphere with lots of laughter. There were round tables in the dining room to encourage conversation and contrasting crockery and tablecloths making it easier for people to identify where their food was. The dining room had been decorated and tables were laid with flowers and napkins. The regional manager explained the team had worked hard to improve the dining experience for people and had tried to make it feel very special and like a "Five star hotel."

People's nutritional needs were assessed and they were supported to maintain a balanced diet. A member of the kitchen staff knew about people's specific dietary needs and preferences. They understood how to fortify foods to provide additional nourishment for those who may be at risk of malnutrition and said, "We try and fortify [the food] for everyone. With fresh fruit we have double cream or full fat yogurt. We make milkshakes, custard and mash potatoes with full fat cream and milk."

People were complimentary about the food on offer and were offered a choice of what they would like to eat. One person said, "They [staff] treat me lovely with food." Another person said, "I always like to eat my meals up here. They give you a choice." A third person told us, "They [staff] come and ask you first what you'd like. I've always got a jug (of water) and it's up to you about fruit." We observed people being offered choices of which main meal they would like and assistance was provided where needed. One staff member said, "Would you like a spoon? That may be easier." Once assistance needed had been given, some staff sat to eat their own meals with people which encouraged further conversation. The food looked appetising and people were heard complimenting the meal.

People and their relatives felt staff were experienced and knew them and their care needs well. One person who was cared for in bed said, "I have access to my buzzer and staff help me to change position." One relative said, "The experience here is very good."

People received effective care and support from well trained and well supported staff. Staff received mandatory training in areas including manual handling, safeguarding, health and safety, fire safety, the Mental Capacity Act 2005, first aid and nutrition. Mandatory training is training the provider thinks is necessary to support people safely. Staff also received other training to be able to effectively support people, for example sensory training. One staff member said, "I am doing dementia training on Tuesday and I had continence training last week. I learned about the colours of the pads and the absorbency levels, which was very helpful." Another staff member commented, "We had a day with Prosper. I especially enjoyed the sensory training and they gave us ideas of games we can play to try to increase fluids." The service was part of Prosper, which is a social care scheme to improve safety and reduce harm, primarily from falls, pressure ulcers and catheter infections, for care home residents across Essex.

Staff told us they felt well supported by their colleagues and the management team. Regular supervision and staff meetings took place. Supervision is a one to one meeting between a staff member and their supervisor and includes a review of performance and an opportunity for discussion around any problems and achievements. One staff member said, "We have staff meetings once a month and they are helpful because everyone hears the right information at the right time." Another staff member said, "My team are so good and they listen to me. It doesn't matter what your role is, everyone helps everyone out."

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 authorisation procedures for this in care homes and hospitals 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. 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.

Staff had received training in the MCA and had a good understanding of what this meant. One person said, "People can make their own decisions if they have capacity and if they don't we can make the decision

under the best interests process." Another staff member commented, "If someone does not understand, cannot retain the information and seem to lack capacity, we query it with [registered manager] who will complete a capacity assessment."

One person had a Deprivation of Liberty Safeguards authorisation in place and there was a specific plan explaining the restrictions in place and that best interests' decisions had been taken with this person in relation to the care they received. We found the service was working within the principles of the MCA and people had signed to give their consent, for example, to bed rails being in place.

The service assessed people's needs, taking into account all aspects to provide a complete picture of the person. Consideration was given not only to people's physical needs but also emotional, psychological, spiritual and social needs, for example, identifying what was important to people. One care plan said, "[Person] is a very mild lovely character and loves when staff give them a hug. " Another care plan said. "[Person] loves to watch Emmerdale on Mondays to Fridays at 7pm and Get me out of here on Sundays. Please ensure that [person] can watch their favourite programmes."

People were supported by a range of community professionals including social workers, GPs, speech and language therapists and the community nursing team. Where changes in people's needs were identified, referrals had been made for further advice and support. One relative said, "Health wise, they have district nurses that come in very often. [Person] had a problem with their hearing. They got it sorted. They are very quick to respond."

One person had recently come to live at Corner Lodge and their transfer to the service had involved a comprehensive handover of key information from organisations that were already involved with the person's care, for example, the Speech and language Therapy team (SALT). The service had also communicated extensively with the person's family and this information had been used to develop a very detailed care plan.

Good

Is the service caring?

Our findings

At our previous inspection we rated this key question as requires improvement. At this inspection we found that improvements had been made and the rating has improved to Good.

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People and relatives told us staff were kind and caring. One person said, "It is lovely here. This is such a lovely room. Everyone [staff] pops in when they walk past, they call my name." Another person said, "They [staff] look after us very well." A third person said, "They [staff] are really good. I can't see anything wrong." One relative said, "They [staff] are all very nice, friendly, and helpful. They all seem to have a lot of patience." We saw a compliment which said, "Your care was delivered with such warmth and kindness and I can't thank you enough."

Staff working at the service knew people well, knew their history and spoke about those they cared for in a fond and passionate way. A staff member said, "I love it. The staff and the residents. It is like one big happy family. Everyone mucks in together." Another staff member told us how one person loves to sing and enjoys the ballet. They explained how they enjoyed listening to the person talking about their past. A third staff member said, "I love it I do. The residents are all like my mums and dads."

People told us they felt listened to and included in decisions about how they would like their care and support. One person said, "They [staff] asked if I would like to participate in a care plan update." Care review letters had been sent out to relatives to enable them to make an appointment to discuss the care plan of their loved one. Another person told us that due to being cared for in bed, they were feeling a bit isolated and the registered manager was looking at ways to improve this including moving the location of their bedroom to the ground floor. One staff member said, "We ask people if they are happy and make sure that they know that if anything is wrong they must tell us."

We observed positive interactions between staff and people and overheard conversations and friendly banter as staff stopped to chat. Staff were not rushed and spent time talking and sitting with people, sharing conversation, painting people's nails and playing dominoes.

Staff sought accessible ways to communicate with people, showed compassion and instinctively responded where people were emotionally upset. For example, we observed an interaction between a staff member and a person with severely impaired communication skills. The staff member was struggling to understand what the person was trying to say. They used gentle touch and facial expressions to try to reassure the person and spoke to other staff for help and then provided what the person wanted.

Staff protected people's dignity and were respectful of their privacy. We observed staff knocking on people's doors before entering the room and providing personal care discreetly. A compliment from a relative said, "The staff are always polite and friendly and treat all residents with the respect and dignity they deserve." We saw since the last inspection improvements had been made to ensure personal information held about people was kept securely locked away which meant confidentiality was respected and maintained.

People's individuality was promoted and respected. People's bedroom doors were individually painted and had the person's name on it and some had photos so that they could identify which bedroom they lived in. One person told us they went to the shops and chose their own wallpaper and soft furnishings and said, "I wanted it to be pretty."

Staff supported people to be independent and to do as much as they could for themselves. One person said, "I help in the dining room and lay the table. I like to have something to do."

Relatives and visitors were made very welcome at the service and could visit at any time. Wi fi was provided throughout the service to encourage friends and family including the younger generation to visit more often. Relatives were encouraged to be involved in events held at the service and were kept up to date with a regular newsletter. One person told us, "I have my family members visit. Visiting is easy. You can go where you like."

Good

Is the service responsive?

Our findings

At our previous inspection we rated this key question as requires improvement. We identified a breach relating to limited engagement and meaningful activities being provided and incomplete care records. At this inspection we found that improvements had been made and the rating has improved to Good.

People and their relatives were very complimentary about how care was provided at Corner Lodge. We saw compliments from relatives which included. "In my opinion, Corner Lodge has been my second home, not even a thousand words can describe what Corner Lodge does for [person] and other residents. Nothing is too much for them and they go beyond." Another relative told us "The whole point is [person] is happy here. [Person] gets the attention they need."

Information in care plans was person centred and reflected the care and support each person required and preferred to meet their assessed needs. Care plans provided staff with guidance and covered subjects such as communication and mobility; however some plans required more detail. For example, where one person could become anxious, there was limited detail provided regarding the strategies, which could be used to try to prevent this from occurring. Where one person had diabetes and could develop hypoglycaemia (low blood sugar levels), there was limited guidance provided to staff regarding what this may look like and the action to take if this happened. The registered manager assured us this would be addressed.

Care plans were easy to follow and contained useful information regarding what was important to each person. For example, the care plan of one person said, "Walks around building constantly and we think this is due to person once being a postman as person does tend to knock on doors." This helped staff to understand the person and be empathetic to their individual needs.

Where people's needs required it, they were regularly checked, repositioned to prevent pressure ulcers or had their continence needs monitored, we saw these records were in place, completed and monitored for any concerns. The staff team were responsive to changes. For example, where one person would not take their medicine, the team leader handed over this information to the senior so they could ask the community matron if the times that the medicine was given could be changed to see if this suited the person better. This meant where people's needs changed, these were identified promptly and changes made to the care as required.

An activity co-ordinator was in post who was very passionate and enthusiastic about their role. A structured activity programme was in place and a wide variety of activities had been arranged for people to take part in. On the day of the inspection, activities were taking place including dominoes, people having their nails painted, music and dog therapy.

Previous activities had included a visiting zoo and people had been involved in bottle-feeding some baby lambs who visited the service at Easter. Other activities included regular live singers and reflexology. One person told us, "Last night I went downstairs for singing and dancing." One staff member said, "The activities are really good and they are varied and targeted at the group. We try new things all the time." Another staff

member commented, "The activities programme is developed around what people want. Every single thing we do is for them." They continued, "One person was a head gardener so we do flower arranging especially for them." We saw compliments from relatives, which included, "Since becoming a resident at Corner Lodge, [person] has joined in the activities, basketball, snakes and ladders, flower arranging and has found a whole new social life. [Person] loves it there and also loves the quizzes." In addition, "Entertainment is also of a very high quality and things are arranged at very regular intervals for the residents."

Improvements had been made to ensure people cared for in their rooms had meaningful interaction and stimulation. People in their rooms had taken part in activities including card games, hand massage and a sing along and the time spent with people even if only to have a conversation had been recorded. One person who was cared for in bed had a sensory machine with bubbles and lights in their room to provide comfort.

Staff encouraged people to be involved in the service so they did not become isolated. A staff member told us how they had encouraged one person to try something new to see if they enjoyed this. The person usually spent time in their room and the staff member was concerned they would feel isolated. The person joined in the music session and enjoyed it so much they chose to remain downstairs for the rest of the day. One staff member told us, "The staff team understand the importance of interaction and talking to people even if it is to just hold their hand."

The management team had introduced an initiative working alongside the Friends and Neighbours project (FaNs). FaNs are a charity, which focuses on the well-being of older people. People were given the opportunity to fulfil their wishes through a 'Wishing Washing Line', which was put up in a local supermarket. Everyone living at Corner Lodge was given the opportunity to take part and hang a wish on the line. One person had received their wish of a Victoria sponge cake and another, a game of chess. The initiative had resulted in additional visitors to the service who brought in and delivered the 'wishes' to those who had requested them and we saw two visitors on the day of inspection. One visitor said, "I am so excited to get involved and I have told all my friends and we all want to help." People within the service were visibly delighted to have new visitors and were seen chatting and laughing with them.

People were at the heart of the service that was provided. The management team and staff were passionate and enthusiastic about making people's dreams come true and told us about how one person had fulfilled a lifelong wish to visit the ballet and how another person who had an ambition to fly a plane was given a flying lesson. One person was a big fan of Cliff Richard and had been supported to write a letter to him in the hope they could meet. Another person had received a signed photo of Dolly Parton and the service had arranged for them to meet a look-a-like.

People could raise concerns or make a complaint if they were unhappy about any aspect of their care and this was displayed in the service and put into the newsletter, which was sent out to people and their relatives on a monthly basis. The provider had a clear complaints policy, which ensured all complaints, and concerns were fully investigated and responded to and the policy was displayed in the service. Where complaints had been made, the registered manager had taken appropriate action and shared any learning. For example, one complaint was discussed in a team meeting and changes made to how staff were deployed to ensure that the concern did not re-occur.

The plans for end of life care required further development. Where some people had the Preferred Priorities of Care document, these had not been completed. This identifies how people would like to be cared for at the end of their life and any arrangements they would like to be made following their death. The deputy manager had been in contact with people's families to ask for their input into the end of life planning,

however had not received much feedback. This had also been put in the monthly newsletter. The deputy manager recognised that if families do not wish to be involved or people do not want their families involved, the staff could help people to complete these documents so their wishes were recorded and assured us this would be implemented. There was no-one currently receiving end of life care at the service.

DNAR (Do not attempt resuscitation) forms were not always easily accessible within the care plans. This meant staff might not be aware if people had these in place in the event of an emergency. The deputy manager acknowledged this needed addressing and we discussed ways they could make it clear to staff that a DNAR was in place.

The management team had recognised end of life care as an area for further development and a palliative care co-ordinator had been employed. Training in end of life care had been arranged and staff had been highlighted to become 'knowledge leaders' in this area to share best practice and encourage the development of the staff team.

Good

Is the service well-led?

Our findings

At our previous inspection we rated this key question as requires improvement. We identified a breach relating to quality assurance systems. At this inspection we found that improvements had been made and the rating has improved to Good.

There was a registered manager in place. 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.

The management team were motivated and committed to providing a service that was person centred and promoted people's well-being. They had worked hard since the last inspection to embed a core value base and to formulate a culture of fun and this could be felt throughout the service. People and staff chatted and laughed and there was a real 'buzz'. One staff member said, "I would miss the place if I wasn't here. There is a lovely atmosphere and we can have a laugh. It brightens everyone up." A relative commented, "Every time I walk in to visit [person], I can hear talking and laughing." Another relative said, "We are always greeted with a smile." The number of special individual activities arranged for people showed everyone within the service was fully committed to helping people to enjoy life and achieve their individual dreams.

The values of the service were clear as demonstrated through a 'Philosophy of shared responsibility', which was displayed throughout the service. We could see these values were embedded in the service through our observation and conversation with staff. People and their relatives felt they had a good quality of life. Comments from relatives included; "I cannot praise this care home more favourably. In fact, if and when it is necessary for me to go into care, here is where I want to be."

Themes of the month had been introduced which included 'Acts of kindness' and 'Smiles'. 'Acts of kindness' encouraged staff members to be kind to each other which contributed to improving team work and 'Smiles' encouraged staff members to make people and their relatives smile. These themes helped to further embed the values and encourage a positive culture across the staff team.

The management team had a strong focus on developing the staff and we saw since the last inspection, some staff had been promoted to more senior roles and were being supported to gain additional qualifications in mentoring and coaching training, end of life and dementia. One staff member said, "I am due to do a level 3 course in management." The deputy manager told us how the leadership training they were completing had taught them how to improve staff morale by being open and more aware of the best ways to communicate.

The morale within the staff team was very positive and staff felt appreciated. One staff member said, "I love it, the staff and the residents. It is like one big happy family. Everyone mucks in together." Another staff member commented, "The bosses have been amazing, so supportive. Everyone is very special." One member of staff had received a bunch of flowers following the positive feedback they had received from

surveys which had been sent out. Actions like these ensured the staff team felt valued and contributed to the positive culture within the service.

The management team were visible in the service and people and staff warmly greeted them, joked, laughed and engaged in conversation. This enabled the management team to continually monitor standards and ensure people received high quality care. The director had met with some of the staff to check their understanding of the whistleblowing procedure and to discuss the importance of values and attitude. This ensured communication remained open and people felt supported. One staff member said, "Everything is the best it has been. The directors cannot do enough and [registered manager] is brilliant. I have never had a problem. They are there if I need to talk to them. Their door is always open." Another staff member commented, "I have so much respect for [directors]. They have kicked it up a notch. The residents come first. We are a big team and we help each other out."

The service had good links with the local community. Children from the local nursery visited for a 'sing-song' and students from the local academy were regular visitors to the service and did manicures, chatted and played games with people. When talking about the children visiting, one staff member said, "Everyone is smiling and it is great for people's well-being." The local fashion store had visited with new clothes which people were able to purchase. The service had gained a volunteer and numerous visitors through the 'Wishing washing line.' It was evident people were at the heart of the service.

The service were members of the local Dementia Alliance Group which aims to make the local community more dementia friendly and Corner Lodge had offered people within the community the opportunity to visit to increase the understanding of dementia. They had also held a dementia virtual tour for people within the local community and staff in partnership with Crossroads charity group. The dementia virtual tour allows people without dementia to develop understanding and empathy of what it can feel like to live with dementia. Corner Lodge had also received praise from the local fire service for how they responded to flooding which had occurred in the area by offering local people in the community support and offering blankets if required.

The management team were striving for excellence through consultation, research and reflective practice. The director told us how they had researched journals in Scandinavia and Holland and were planning to implement an initiative called, 'A pleasant winter stroll ' which would be actioned as soon as the garden project had been finished. This is a way of encouraging people to get some exercise by getting outside and taking a walk, which could improve their mobility and well-being.

The director told us of additional plans to improve the service through the implementation of hand held electronic tablets. These would recognise voice so care notes could be recorded more quickly allowing staff to focus on spending more of their time with people rather than recording hand written information.

Regular meetings with the provider's other services ensured the management team reflected on the care they were providing and shared good practice. There was a commitment to continuous improvement and the management team told us how they had used other inspection reports and had visited services rated as 'Outstanding' by the Care Quality Commission (CQC) to gather ideas for the current and future development of Corner Lodge. Staff spoke positively of the improvements that had been made with one staff member saying, "I get on really well with the directors and things have improved without a doubt. If something needs sorting, it gets sorted." Another staff member commented, "The bosses are amazing, so supportive and it's amazing here. The work they have been doing to change things is extraordinary and it's so nice." A third staff member said, "The home has improved greatly."

The views of everyone involved with the service were gathered regularly and feedback used to make improvements. For example, where one person had a leak in their toilet, action was taken to address the concern quickly. One comment from a professional involved with the service said, "Improvements are evident in the home and the knowledge of the residents is high."

The service worked in an open way for the benefit of people using the service. The management team had shared information and engaged with the local safeguarding and quality improvement teams to review care practice and make improvements where possible.

The registered manager addressed areas for improvements and any lessons learnt with the staff team. We saw they had completed an audit of the call bell system to check response times and any issues had been discussed in team meetings. We saw call bells were responded to promptly and on the rare occasion where this had not happened, action had been taken to understand why and how this could be improved.

The registered manager monitored accidents and incidents such as falls. This information was analysed to see if any re-occurring trends took place over a longer period and if action could be taken to reduce the risk of re-occurrence. Risk assessments were updated and referrals made to the falls prevention team as required.

Quality assurance systems had improved since the previous inspection. Audits were completed on areas such as pressure care, activities, chest infections and care records and these had been effective in identifying and addressing problems. For example, highlighting bedrooms, which required decorating and identifying where a pressure-relieving mattress was not working properly. The actions taken in response to issues found were recorded; however these records could be more detailed to evidence learning from concerns and incidents and how this resulted in positive outcomes for people living at Corner Lodge. The registered manager assured us they would take action to further develop this area.