

Cornerstones (UK) Ltd

10 High Street

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

10 High Street is a care home providing accommodation and personal for up to eight people with learning disabilities. At the time of the inspection five people were living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Some aspects of the service were not safe and increased the risk that people may be harmed. Staff did not keep accurate records of the medicines they supported people to take. Risk assessments had been completed, but had not always been reviewed regularly and sometimes contained contradictory information.

The systems for checking how the service was operating did not always identify shortfalls. Checks had been completed but did not identify poor medicines records or gaps in risk assessments.

Staff treated people in ways that maintained their dignity and privacy.

Staff were well trained and there were enough of them to provide the support people needed. Thorough checks were completed before staff worked at the service.

The service worked well with other health and social care professionals to ensure they could meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

10 High Street

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

10 High Street 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people to gather their views about the care they received and observe their interactions with staff. We looked at records, which included three people's care and medicines records. We also looked

at a range of records about how the service was managed. We spoke with the registered manager and four support staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff did not keep accurate records of medicines they had supported people to take. The medicine administration records (MAR) for the month before the inspection had not been completed on 21 occasions. The amount of medicine held meant it was likely people had been supported to take these medicines; however, it was not possible to be certain of this.
- Incident records demonstrated there had been two other occasions when people had been supported to take too much medicine or had missed a dose. On both of these occasions staff sought advice from the person's GP.
- Staff had received training in the administration of medicines and demonstrated a good understanding of what was required.
- Staff reported the layout of the home and position of the medicine cabinet meant it was difficult to support people without being distracted.
- The registered manager told us the majority of the recording errors had occurred during a period of building work in the home. The registered manager said they planned to introduce new ways of supporting people with their medicines, which would minimise distraction to the staff providing support.

The failure to keep accurate records of medicines administered to people and administer medicine in the way it was prescribed increased the risk that people would be harmed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks people faced had been assessed and there were plans in place setting out how the risks should be managed. The assessments had dates when they needed to be reviewed, but these reviews had not happened on time. This increased the risk management plans would not contain the most up to date information, particularly if people's needs had changed.
- One person's risk management plan contained conflicting information about the support they needed when out in the community. One document stated one to one staffing was needed while another document stated two to one staffing should be provided. The registered manager confirmed two staff should support the person. Staff said two staff were always provided when this person went out.
- Another person's risk management plan contained conflicting information about their mobility. One part stated they used a wheelchair at all times and another said they were able to walk short distances. Staff reported the person's mobility had recently deteriorated and they now used a wheelchair at all times.
- One person had experienced an episode of choking and had been supported to see their GP and a speech and language therapist. Whilst the appointments had been recorded, the person's risk management plans

did not contain any information about the support required. The assessments concluded the measures in place were appropriate. These included cutting up food and supporting the person to eat slowly. Staff confirmed this was happening and they were aware of the person's needs.

- By the second day of the inspection the registered manager had reviewed all of the risk assessments. The plans had been amended where necessary to remove contradictions and ensure they contained the relevant information.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and liked living at the home.
- The service had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to if they suspected people were at risk of harm. Staff had access to information and guidance about safeguarding procedures to help them identify abuse and respond appropriately if it occurred.
- Staff told us they had received safeguarding training and we confirmed this from training records. Staff were confident the registered manager would listen to them and take action to keep people safe.
- The registered manager had worked with the local safeguarding team when concerns had been raised. Action had been taken to ensure people were safe.

Staffing and recruitment

- There were sufficient trained and experienced staff to meet people's needs. Staff said there were enough of them on each shift to provide the support people needed. There were enough staff to enable people to participate in planned activities.
- Staffing levels had been increased in response to changes in people's needs.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection

- Staff were trained in infection control and demonstrated a good understanding of the systems in place.
- The home was clean and staff were seen to follow good hygiene practices.

Learning lessons when things go wrong

- Incidents were recorded and had been reviewed the registered manager before being closed. Actions included referrals to external health and social care professionals where necessary and changes to people's support plans.
- Staff took part in debriefing sessions where necessary following incidents. These were used to reflect on incidents that had happened and assess whether different actions would have resulted in better outcomes for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured people's needs were assessed before they moved into the service and as their needs changed. Assessments were comprehensive and expected outcomes were identified.
- People had been supported to develop positive behaviour support plans with input from specialist staff. Staff worked with health and social care specialists to ensure people's specific needs were met. The learning disability intensive support service were in the home during the inspection to assess the changing complex needs of one person.
- People and their representatives were involved in the assessment and support planning process.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. Staff told us they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- The registered manager reported they were in the process of introducing a new training system, including on-line and face to face courses. They felt this would improve the training opportunities for staff.
- Staff had completed a comprehensive induction and had regular supervision and appraisal meetings. Staff told us the induction and training they received had been very useful and given them the skills they needed. Staff said they only took the lead in supporting people when they were confident to do so.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to be involved in planning and choosing meals. We observed staff supporting people with preparing meals, providing good support regarding food safety and hygiene.
- Staff had a good understanding of people's specific dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- The service had systems in place to plan referrals to external services and to maintain care and support.
- Staff worked with local health and social care services to ensure people received the support they needed. Examples included reviews by the specialist learning disability team and epilepsy specialists.

Adapting service, design, decoration to meet people's needs

- The registered manager said they had identified the need to make changes to the building due to people's changing needs. One person's mobility needs had changed significantly and changes had been made to the driveway to make it easier for them to access. The person had been supported to move bedrooms. There were still issues accessing some areas of the home and the registered manager had made a referral to the

occupational therapy team for guidance and advice.

- The home had recently had some building work completed. The registered manager reported this had caused some unforeseen distress to people. As a result the registered manager made the decision to stop the works. They said further work would be completed once they had assessed how best to support people.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend a range of health services where they needed to.
- Staff had worked closely with hospital staff to enable one person to undergo surgery they required. The teams worked together to develop clear communication plans for the person so they knew what to expect while they were in hospital. Staff had received positive feedback from the person's relatives about the support they had provided.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Applications to authorise restrictions for people had been approved by the local council. Restrictions were kept under review to ensure they remained necessary to keep people safe.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process to follow when a person lacked capacity.
- Decisions made in people's best interest had been clearly recorded. Staff had considered all options and involved people's representatives in the decision making process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and were positive about the staff's caring attitude. People said they liked staff and liked living at the home.
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for support. Staff intervened promptly when people showed signs of distress, providing caring support that de-escalated the situation.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their support. Staff supported people to express their views through the use of non-verbal communication methods where needed, such as sign language and objects of reference.
- The service involved people's representatives in decision making where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People's support plans included details of how their privacy and dignity should be maintained and what was important to them. We observed staff working in ways that maintained people's privacy and dignity.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. Examples included information about people's preferred daily routines and the activities they liked to take part in.
- People were supported to make choices and have as much control and independence as possible, including in developing care and support plans. Relatives were also involved where appropriate.
- People had clear support plans, which set out how their needs should be met. The plans were specific to people and contained detailed information for staff. The registered manager told us they had made arrangements for people's positive behaviour support plans to be reviewed due to people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had identified people's communication needs and included them in the support plans. Methods included sign language, objects of reference and written documents made more accessible through the use of pictures and symbols.
- We observed staff using these different methods of communication throughout the inspection.
- Staff had supported people to develop hospital passports. These gave clear information about people's communication needs and support they may need during a hospital stay.
- People had been supported to develop communication boards. These used photos and symbols to support people to understand what was happening in the home and to plan out what they wanted to do.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities, both individually and in small groups. Examples included supporting people to participate in a skittles team and attend a church group. People said they enjoyed the groups they attended and their social activities.
- People were supported to maintain contact with family and friends.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, which was provided to people and their relatives and displayed

in the home. The procedure was presented in an accessible version, to make it easier for people to understand.

- There were systems in place to record and review any complaints received. Records demonstrated complaints had been thoroughly investigated and a response provided to the complainant.

End of life care and support

- The service was not providing any end of life care at the time of the inspection. Staff understood people's needs and were aware of good practice and guidance in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were not always used effectively and the provider did not have a clear overview of the service.
- The provider had experienced changes to their directors in the last year and had become part of a larger group of care services. This had meant changes to senior management of the service and the introduction of new management systems. The registered manager said they were confident this would lead to improvements in the service.
- Quality assurance systems included assessments of the records kept in the home. However, the checks had not identified the large number of gaps in the medicines administration records or that risk assessments had not been reviewed within the required time-scales.
- The registered manager had not always submitted legal notification to us when needed. On reviewing the incident records the registered manager identified one incident in which a person had been hit by another person which had not been reported to us. The incident had been reported to the Wiltshire Council safeguarding team and action had been taken to keep the person safe. However, the quality assurance systems had not identified that a notification had not been submitted for this incident. The registered manager reported this had been an oversight. Other incidents had been notified to us as required.
- The registered manager told us he was aware of the work that was needed to improve the service and felt he had good support from senior managers to complete these improvements. The registered manager said the area operations manager visited the home regularly. However, the registered manager did not receive a formal report of these visits or a plan of actions that were needed following their assessment.

The lack of effective governance systems increased the risk that shortfalls in the service would not be identified and improved. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed a person centred culture which contributed to staff work satisfaction. The registered manager prioritised safe, high-quality, compassionate care.
- Staff we spoke with praised the registered manager and told us the service was well run. Comments included, "He is very supportive. He genuinely cares about people who live here and always makes himself

available" and "We get the support we need to do our job. We are able to have open discussion about what is and what isn't working."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their responsibilities under the duty of candour. Records demonstrated they had provided clear information to people when errors had been made and apologised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt listened to, valued and able to contribute to the running of the service.
- The registered manager completed regular surveys of people's relatives and professionals who have contact with the service. The results of these surveys were used to plan improvements to the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager developed a culture of continuous learning. Staff were held to account for their performance through regular supervision and appraisals.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and service development. This included work with the community learning disability team and specialist nurses.
- The registered manager used reflective practice sessions to support staff to think about how they could work differently and improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured that medicines were managed safely. Regulation 12 (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured the quality assurance systems effectively identified and improved shortfalls in the service. Regulation 17 (2) (a).