Horizon Care And Welfare Association

Cornerstone House

Inspection report

Cornerstone House
14 Willis Road
Croydon
Surrey
CR0 2XX

Tel: 02086650921

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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 19 January 2016 and was announced. We told the provider two working days before our visit that we would be coming. At our last inspection in July 2013 Cornerstone House was meeting the regulations inspected.

Cornerstone House provides help and personal care to adults and children in their own homes. The agency provides support to people from all backgrounds including the Somalia community as well as to other black and minority ethnic residents. At the time of our inspection 42 people were receiving care and support from this service.

The service had 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.

People and their relatives told us they felt safe and that staff treated them well. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures and understood how to safeguard the people they supported.

Staff were up to date with training and the service followed appropriate recruitment practices.

People's individual risk was assessed to help keep them safe. Staff supported people to attend appointments and liaised with their GP and other healthcare professionals to help meet their health needs.

When required people were asked about their food and drink choices and staff assisted them with their meals. People were supported to take their medicine when they needed it.

People and their relatives thought staff were caring and respectful. Staff knew the people they were supporting and provided a personalised service for them. Staff explained the methods they used to help maintain people's privacy and dignity.

People and their relatives told us they would complain if they needed to, they all knew who the manager was and felt comfortable speaking with her about any problems.

People were contacted regularly to make sure they were happy with the service. Senior staff carried out spot checks to review the quality of the care provided.

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 processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

People using the service had risk assessments and these were kept under review. People were supported to take their medicine safely.

The provider had effective staff recruitment and selection processes in place. Appropriate checks were undertaken before staff began to work at the service.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Is the service caring?

Good

The service was caring. People and their relatives told us they were happy with the standard of care and support provided by the service. People's privacy and dignity was respected by staff.

All the staff we spoke with had a good knowledge of the people they were caring for.

Is the service responsive?

Good

The service was responsive. People received care, treatment and support when they needed it. Assessments of care were

completed when people first started to use the service and changes in people's healthcare needs were recorded.

Complaints were recorded and acted upon. The service provided information to people about how they could make a complaint if they wished and the manager took concerns and complaints about the service seriously.

Is the service well-led?

Good

The service was well-led. People's views and comments were listened to and acted upon.

Staff felt supported by their manager and were encouraged to report concerns.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Cornerstone 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.

The inspection took place on 19 January 2016 and was announced. We told the provider two working days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection team consisted of one inspector 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 we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR) the manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We sent 37 questionnaires to people asking them to tell us about the care and support they received from the service, 10 people responded and they told us about the care provided to them.

During our inspection we spoke with two staff members and the registered manager. We examined five care plans, three staff files as well as a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with another staff member and 11 people using the service or their relatives.

Good

Is the service safe?

Our findings

All of the people that had completed our pre inspection questionnaire and all of the people we spoke with said they felt safe. One relative told us, "Yes [my relative] is safe, I feel happy to leave them with him, they look after him." Another relative said, "Having the same carers make [my relative] feel safe."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the manager. All staff had received training in safeguarding adults and children as part of their induction programme and this was refreshed every year. The organisation's safeguarding and whistle-blowing policies and procedures were also contained in the staff handbook which was given to all new members of staff when they first joined the service.

Risk assessments were carried out to evaluate any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. People's records showed these assessments were focused on identifying risks based on their specific needs and circumstances, for example, where people had reduced mobility which could put them at risk of falls. One staff member explained how they moved obstacles and trip hazards to make the environment safe for one person using the service, they went on to say "They always must have their walking aid near so [the person] doesn't trip or fall." Identified risks were reviewed annually or sooner if there were any changes to people's care and support needs.

The service had processes to report and record any accidents and incidents that occurred in people's homes. We noted there had been three reported incidents in the last year, we saw how each incident had been recorded. The manager explained the outcomes and lessons learned from each event and how these had been shared with staff and she gave examples of processes put in place to reduce risk. However, this information was not recorded anywhere, in our discussion the manager acknowledged the value of keeping records of the action taken at the time and the measures introduced to reduce the risk of future occurrences to help promote learning and continuous improvement. We will look at this again during our next inspection.

All care staff had completed first aid training. Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed ,so they could contact the service out of hours if there was an emergency or if they needed support. All the care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

People told us their care staff usually arrived promptly and would stay the allotted amount of time. If there were any problems they said the office would call them. The manager told us they always introduced carers to people before they started working with them and tried to keep the same carers with the same people. Everyone we spoke with confirmed they had regular care staff to assist them and they were notified of any changes.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People were supported to take their medicine safely. We spoke with two relatives who told us that staff helped them with their family member's medicine. They felt that staff helped them to take their medicine safely and would wait to make sure it was taken. Where people needed assistance or prompting with their medicine care records contained details of the prescribed medicine and records of when these had been taken in the presence of a staff member. Each entry was signed and dated and the manager confirmed these records were reviewed regularly for any changes in people's medicine and to ensure staff competency. Staff had been trained in medicine awareness and the manager confirmed this training was updated yearly.

Good

Is the service effective?

Our findings

People told us they were supported by staff who had the skills to meet their needs and all of the people who answered our questionnaire told us they were happy with the skills and knowledge of care staff.

All new staff attended an induction which followed the framework of the Care Certificate. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. These include equality and diversity, person centred values, fluids and nutrition, safeguarding adults and children, basic life support, health and safety, medication and infection and prevention control. Staff completed workbooks to support their learning both during the induction and over the following weeks. After the initial induction staff completed refresher training, this was updated on a regular basis depending on the type of training required. Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed.

Care staff told us they felt they had received all the guidance and training they needed to effectively carry out their roles and responsibilities as well as learn new skills. One member of staff told us they were studying their National Vocational Qualifications in health and social care and another told us how they hoped to learn new skills and progress in the organisation. Staff meetings, supervision and appraisals provided an opportunity to identify group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team.

People were asked to give their consent for care and we saw examples of consent in people's care records such as consent to share information with others and for providing or planning personal care. Staff told us how they always asked people for their consent before assisting them. One staff member told us, "We have had Mental Capacity Act training…people have a choice they can refuse their medicine or personal care, we report this when it happens."

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.

We checked if the service was working within the principles of the MCA. Staff were aware of the Mental Capacity Act (MCA) 2005 and training was given during their initial induction. Staff told us they were aware of situations that may influence a person's capacity to make decisions for example if a person was living with dementia. The manager confirmed that no one currently using the service lacked capacity and that there had been no applications made to the court of protection. They explained that they would contact the person's social worker if they felt there were any issues with a person's capacity to make decision and would work to provide care in that person's best interests.

Where required people were supported to eat and drink appropriately. Care records contained details of people's diet and hydration needs with guidance to staff on how to assist people. For example, one person required thickened liquids and a soft diet because they had difficulties swallowing and were at risk of choking. Staffs was guided to take time and be patient when assisting this person to eat and always leaving drinks within their reach before leaving.

Although we noted people's food preferences, likes and dislikes were not always noted we saw examples where their cultural needs were. The manager explained that staff had a good knowledge of people's preferences and staff we spoke with confirmed this. One staff member explained that some people needed their food to be cut into small pieces to help them and that other people needed encouragement or assistance to eat their meals.

People's personal information about their healthcare needs was recorded in their care records. An office log was kept where healthcare professionals had been involved in people's care, for example, information from the GP and district nurses. Staff told us how they would notify the office if people's needs changed and we noted examples of how additional support from healthcare professionals helped people maintain good health. Staff told us they would contact the relevant healthcare professionals or in some cases the emergency services if they noticed a decline in the health of the person they were caring for. For example, staff noticed swelling in one person's face and thinking it may have been an allergic reaction to something immediately called the emergency services.

Good

Is the service caring?

Our findings

All of the people who completed our questionnaire told us staff were caring, kind and treated them with respect and dignity. People we spoke with told us they were happy with the standard of care and support provided by the service. Comments included, "[The staff] are so caring, [my relatives] face lights up when they arrive…when she first received care she couldn't communicate at all, now she does [the staff] are so good", "[The staff] are lovely. The lady I have does such a good job" and "I have been with three other agencies…these are the best, fantastic carers…nothing is too much trouble."

Staff had a good knowledge of the people they were caring for and supporting and were respectful of people's cultural and spiritual needs. One staff member explained how they communicated with one person who was non-verbal we heard how it had taken time to build a trusting relationship and for them to understand the persons facial expressions and gestures they told us, "Sometimes [the person] laughs with us, sometimes they cry, I try to help and speak with them…when I get there I know from [the persons] face if they are happy or sad or not feeling well."

People told us how staff responded to their needs and help them retain their independence. One person told us, "My carer is very good, I've had the same one for a very long time and she knows me. She will adapt to my needs, she will help me if I need help in the shower and If I can manage myself she will encourage me to wash…she know I need encouragement to go out and she provides that…she is like my big sister."

All the staff we spoke with told us they enjoyed working with the people they cared for, one staff member said, "I enjoy helping people. Sometimes [people] want to tell you stories and want to share because I am the only person they see. I worry for them. "Another staff member said, "The clients I have are amazing people, I love them."

Staff told us how they made sure people's privacy and dignity was respected. They said they addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "I always talk things through and give a choice, what clothes people want to wear, how they would like to be washed, what channel on the TV they would like on." Information about respecting people's dignity was included in induction and on-going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People told us they felt supported by staff who were responsive to their needs. One relative told us, "I have no worries to speak with the carers. If I am worried about any aspect of [my relatives] care they do not take offence and if we agree any changes it goes in the care plan." Another person said, "[Staff] encourage me to walk with my frame giving me lots of praise when I achieve a bit more."

People received their care, treatment and support when they needed it. People told us they had care plans in their homes and that these were updated on a regular basis. One person told us, "When I came out of hospital the manager came to see me, I am not sure about an assessment but they had my hospital notes and we set up a care plan." The manager explained that the service catered for a people requiring long term care and offered re-enablement to people for a temporary period. This lasted from four to six weeks and gave people the opportunity and confidence to relearn and regain some of the skills they may have lost because of poor health, disability or after a spell in hospital. The local authority provided information concerning the person including any background history, medical conditions and the support required by the service. The manager told us she or a senior care worker would attend on the first visit to undertake a risk assessment and ensure the person's immediate needs were covered. This also allowed them to introduce the care worker to the person and give them the information they needed about the service in the form of a service users hand book.

When people were on longer term care packages the manager explained these were reviewed every year or sooner if needed. We looked at a selection of peoples care records and noted that sometimes there was little detail about people's history, likes, dislikes and the way they liked to be cared for. However, when we spoke with the manager and staff we found they had an in-depth knowledge about the people using the service and how they wanted their care. We were given examples where care was personalised to each individual such as one person who liked staff to come a little later in the evening because they did not like to go to bed too early, and another person who liked to sing in the morning and enjoyed it when staff joined them. We spoke to the manager and they acknowledged the value of reflecting this information in people's care records. We will look at this again during our next inspection.

Consideration was given to people's disability, gender, race, religion and beliefs. We were given examples where care staff cooked traditional cultural food for some people when they asked or promoted events in the community that would enable people from certain backgrounds to come together and avoid social isolation.

Staff told us how they would notify the office if they had any concerns or there were changes in people's needs. All staff we spoke with told us they felt communication was good. We saw details of how telephone calls were recorded and acted upon, this included examples where GP's had been contacted following care staff concerns.

The service asked for people's views and experiences. One person told us, "The manager visits me and phones sometimes…four months ago the manager came to check on the carers, she is very nice and

approachable." Records of regular telephone reviews and visits to check the quality of care people received were kept at the service. We noted most responses were positive, however, where concerns had been highlighted we were told how the service had responded and saw that corresponding notes had been recorded and action taken.

People and their relatives told us they knew who to make a complaint to if they were unhappy but told us they had never needed to. When they first started to use the service people were given information about how to make a complaint and who to contact. This was kept in their file at their home for easy access. The service had a procedure which clearly outlined the process and timescales for dealing with complaints. The manager took concerns and complaints about the service seriously with any issues recorded and acted upon.

Good

Is the service well-led?

Our findings

People and their relatives said that they felt comfortable speaking with the manager and office staff when they needed to and were happy to discuss any concerns they may have. People told us when they needed to contact the office they were listened to and staff were courteous. One person told us, "If you leave messages they get acted upon."

People told us they were contacted on a regular basis for their views about the service they received and records confirmed that people were contacted during telephone monitoring or when conducting a spot check. We did not see any examples where negative comments had been made but the manager confirmed the process she would follow to improve the situation for a person who was unhappy.

The manager told us they encouraged staff to tell them if there was a problem or if they noticed something was wrong. Staff we spoke with told us they felt well supported by the manager at the service and were comfortable discussing any issues with them. Comments included, "My manager is very helpful" and "I am definitely supported by my manager…she will pick up the phone straight away."

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels. We saw minutes from a number of meetings including the last staff meeting held in December 2015.

During our office visit there was an open culture of supportive, clear and enabling leadership. The manager, who was registered with the Care Quality Commission (CQC) was able to describe a vision of how they saw the service. Staff were aware of the values and aims of the service and these were clearly set out in the staff handbook. We saw that records were appropriately stored and promptly located when requested.

The manager carried out a number of spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. The manager explained they reviewed peoples care records and staff files when they conducted staff supervision although there was no information to verify this audit.