

Cornellius Healthcare Ltd

# Cornellius Healthcare

## Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Cornellius Healthcare is a domiciliary care provider. It currently provides personal care to people in their own homes. At the time of our inspection the service supported ten people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

There was a high level of satisfaction with the service. People and their relatives told us, "The service is very caring. [Staff] are genuine, [staff] take their time and are friendly." Staff were also positive about the culture and ethos of the service. The registered manager led by example and staff reported a high level of job satisfaction.

Staff understood how to safeguard people and when to raise concerns. Staff were recruited safely. Risks associated with people's care were assessed and monitored. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

Assessments were person centred and care was responsive to people's needs. There was an established staff team that was motivated and well trained to carry out their roles effectively.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 26 January 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

# Cornellius Healthcare

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to make sure the registered manager was available.

Inspection activity started on 8 September and ended on 6 October. We visited the location's office on 8 September. We carried out telephone calls to staff on 5 and 6 October and we contacted families and relatives on 12 September.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 26 July 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

### During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with four care staff including the registered manager and three care staff. We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- People and their relatives told us the service was safe. One relative said, "I do feel [relative] is safe. There are lots of conversations. [Staff] go above and beyond. [Staff] are pleasant and take their time."

Assessing risk, safety monitoring and management

- Risks to people's wellbeing were assessed and recorded.
- There had been no incidents or accidents. Documentation needed to be developed to capture this information. This was implemented after the inspection visit.
- Staff told us there was an open culture and they were encouraged to report.

Learning lessons when things go wrong

- At the time of the inspection visit there had been no complaints, safeguarding concerns, whistleblowing concerns or incidents and accidents. We reviewed systems and processes with the registered manager to ensure they were focused on the need to learn lessons in preparation for any future concerns.

Staffing and recruitment

- Staffing arrangements were very good. People and relatives told us staff were on time and no visits were cancelled. One person said, "'Yes, always on time.'" People told us that care staff stayed for the allotted time or longer if required.
- Care and attention was given to staffing arrangements. The registered manager would introduce staff to people in person. People told us, "I have the same carer and the replacement carer was good. I met the new person before they came to carry out care."
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Using medicines safely

- At the time of the inspection staff did not administer people's medication.
- Policies and procedures were in place. Staff received training to administer medicines and a system to check their competency was in place.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.

- Staff had received training in how to prevent and control infection. Staff told us, "Yes, we have had very good support" and "Yes, we get all the PPE we need. Yes, I feel safe."

# 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.

This key question has been rated 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

- People's care and support and needs had been assessed and the care plan agreed before the service started. People and their relatives were happy with the process. They told us, "The registered manager was here for one and a half hours and drew up a plan" and "We know what we wanted. The registered manager agreed that what we asked for was okay. It is a comfortable relationship."
- Care plans provided staff with guidance on how to care for people. Care plans contained person-centred information about people's likes and dislikes.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- People and their relatives told us the standard of care provided was good. One person told us, "They are empathic, understanding and knowledgeable about what they are doing."
- Staff completed a full induction when they commenced employment. This included mandatory training and shadowing experienced staff. The registered manager was keen to point out the importance of values and to ensure staff understood they were ambassadors for the service.
- Staff new to care, completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All the staff we spoke to were positive about the support they received including the induction and the training opportunities available. They told us, "Yes, the induction was amazing. I have worked with other agencies where there was no shadowing. Cornelliuss Healthcare let you shadow and introduce you to clients" and "Yes, we have all the training we need. There are no gaps. Extra support is available. The registered manager is very attentive and will ensure she introduces staff to new clients."

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

- Staff received training in nutrition and hydration.
- People's nutritional needs were met. Where care workers had a responsibility to prepare and provide food and drink for people this was always provided.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care and people were supported to attend appointments if



required. Relatives were confident they would be contacted if required.

- The assessment process outlined who was in people's support network and the service ensured they liaised with these groups when required. This included GPs, social workers and district nurses.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was working within the principles of the MCA.
- People and their relatives told us staff always asked for consent before carrying out care.
- Care plans contained information about consent, capacity and decision making.
- No one using the service currently had been assessed as lacking capacity.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and their relatives were positive about the support they received and felt respected. They told us, "First class, could not have asked for better. Very happy with [staff]. Better than the previous service. They look after [relative] well. Can't speak more highly of [staff]" and "Definitely, [staff] manners are impeccable. Can't fault [staff]."
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way and upheld people's rights.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were treated with dignity and respect. They told us, "Yes, very respectful, when I have a shower [staff] put a towel over me. They also put a slip on me before putting on my pad. My dignity is maintained."
- Independence was promoted. People and their relatives told us, "Yes, [staff] does encourage [relative]. They will suggest [relative] takes a shower while I am here" and "Yes, [staff] do promote my independence. [Staff] is quite a task master."
- People and their relatives told us their privacy was respected. They told us, "[Staff] are very mindful of our privacy. [Staff] enquire if I should be out of the room before changing [relative] for example" and "Yes, [staff] are mindful of my privacy. [Staff] knock on the bedroom door before entering."
- Staff we spoke to were confident and professional and explained clearly how they promoted people's privacy, dignity and independence.

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

- People were in control of their care and good communication was in place to review care if and when needed. People and their relatives told us, "Yes, I had a review as my needs can change", "There is ongoing review. We just added an extra day" and "[Staff] sends me a text every day when I am away to tell me how [relative] is"
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to culture or religion.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- There was a high level of satisfaction with the service. People and their relatives told us, "Yes, all the needs are met. There is nothing more [staff] could do" and "Yes, [relatives] needs are definitely met. If [relative] wanted their hair cut or a shave that day, [staff] would do it. If [relative] wants a shower [staff] will make sure there are two carers."
- Care plans identified what was important to people and what they wanted from the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People received support from the same staff and knew them well. There were no concerns about communication.
- The assessment process gave people the opportunity to highlight any areas of need. There was no one who currently used the service that had a specific communication need.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and this was widely available. The service had received no complaints.
- People told us they were happy with the care provided. Relatives felt able to raise concerns if they had any. They told us, "I have full details of the complaints procedure."

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life.
- Care planning gave people and their relatives the choice to explore this area if required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- An excellent website promoted the values of the service clearly and these values were reflected in the feedback we received about the service.
- People and their relatives told us they were happy with the support they received and they would recommend the service to others. The service received excellent feedback through reviews of care.
- Staff felt valued and supported. They told us, "Yes, I do feel valued. The registered manager is friendly and approachable. I feel confident to ask if I need to" and "The service is person centred. The clients are treated very well and the staff are too. The management care and are approachable."
- Communication was very good. Staff told us, "The support we receive is very good and the registered manager is accessible. As workers we are not isolated. They always get back to you as soon as possible" and "Yes, the communication is very good. We have weekly team meetings. We also have the mobile phone application where we write our handover notes after each visit."

Working in partnership with others

- The service worked collaboratively with other local community health services.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The statement of purpose accurately reflected the service and the levels of care and support available.
- Staff delivered good quality support consistently. Staff told us the systems were effective and they received good support.
- The service is currently small in size with seven people receiving a regulated activity. The communication with people and their relatives was very good. This enabled the registered manager to have good oversight of the service.
- Recording systems needed to formalise what was taking place in practice. This included the need for more comprehensive care plans. These were implemented quickly after the inspection.
- This was a relatively new service and the registered manager was keen to keep developing the service. They were quick to acknowledge the recording issues raised during the inspection and action was taken to address the shortfalls.

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 understood their responsibility around the duty of candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- There had been no circumstances, since the service was registered, where the service had needed to exercise the duty of candour.