

House Of Light Trust Limited

The Cornerstone

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

The inspection took place on 17 April, 2018 and was unannounced, which meant that nobody at the service knew we would be visiting. The last comprehensive inspection took place in February 2017 when we identified three breaches of Regulation. The monitoring of the service was ineffective as the registered provider had not identified concerns within the service. There was a lack of mental capacity assessments and best interest decisions had not been recorded and risks associated with people's care had been identified but not always addressed appropriately. The service was rated as Requires Improvement.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do to improve the key questions safe and well led, to at least Good.

At this inspection we checked if improvements had been made. We found that the registered provider had addressed the concerns raised at our last inspection and the service was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'The Cornerstone' on our website at www.cqc.org.uk.

The Cornerstone is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Cornerstone provides care for up to eight people with learning disabilities or autistic spectrum disorders. The home is situated close to Rotherham town centre.

At the time of our inspection the service had a registered manager. 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 were safeguarded from the risks of abuse. Risks associated with people's care had been identified and appropriately managed. People's medicines were administered as prescribed and stored safely. We observed staff interacting with people and found there were enough staff to meet people's needs in a timely way.

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. Consent was sought in line with current legislation.

People's needs were assessed and care delivered was in line with their preferences. Staff received support and training and the registered provider ensured they were knowledgeable about their role and responsibilities. People were supported to maintain a balanced diet which incorporated their choices and preferences. People had access to healthcare professionals as and when required.

We observed staff interacting with people and found they were thoughtful and caring. We saw lots of friendly and appropriate banter between staff and people who used the service. Staff ensured people's dignity was maintained.

People received person-centred care as detailed in their care records. This took in to account levels of independence and supported people to follow their interests. The registered provider had a complaints procedure and people felt able to raise concerns and felt listened to.

A range of audits took place to ensure policies and procedures were being adhered to. People who used the service, their relatives and staff were engaged and involved in the running of the home. A range of meetings took place to facilitate this. Management tools had identified that ground floor toilet required a new seat and the downstairs bathroom required attention to the bath seal.

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.

People were safeguarded from the risk of abuse.

Risks associated with people's care had been identified and appropriate action had been taken to minimise them.

The registered provider ensured that people's medicines were managed in a safe way.

Procedures were in place and followed to ensure people were protected from the risk of infections.

There were enough staff available to ensure people's needs were met in a timely way.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about people's needs and attended regular training to update their skills.

The registered provider was meeting the requirements of the Mental Health Act 2005.

People were supported to maintain a balanced diet which met their needs and preferences.

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

We observed staff interacting with people and found they were kind and caring.

Staff we spoke with were keen to ensure people's privacy and dignity were maintained.

People were supported to express their choices and preferences and staff ensured they were respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that responded to their individual needs.

People were aware of the complaints procedure and felt able to raise concerns. People felt that staff would listen to them and resolve any issues.

People were supported to maintain links with the community and took part in various activities.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives spoke highly of the service and felt supported by the management team.

Audits took place to ensure quality of service was maintained and action taken when required.

People had a voice and were involved in the running of the service.

The Cornerstone

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 17 April, 2018 and was unannounced. The inspection was carried out by two adult social care inspectors. At the time of our inspection there were seven people using the service.

Prior to our inspection we gathered and reviewed information about the service to help us to plan and identify areas to focus on in the inspection. We considered all the information we held about the service. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with three people living at The Cornerstone and three relatives. We spent time observing people going about their daily lives and looked round the home's facilities, including people's rooms, communal areas and bathing facilities.

We spoke with staff including care workers, the house manager and the registered manager. We also requested the views of professionals who were involved with supporting people who lived at the home, such as the local authority. We also contacted Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at three people's care files, as well as records relating to the management of the home. This included minutes of meetings, medication records, three staff files and quality and monitoring checks

carried out to ensure the home was operating to expected standards.



Our findings

At our last inspection of February 2017, this domain was rated as requires improvement. The registered provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. The registered provider was required to address this issue and sent us an action plan telling us how these would be addressed.

At our inspection of 17 April, 2018 we found the registered provider had taken appropriate actions to address the issues. In-depth risk assessments were in place including an assessment of risks at night. We saw that risk assessments were also completed regarding safe evacuation in the event of a fire. People who used the service had access to fire escapes and know the procedure to follow. The registered manager and staff team discussed this on a regular basis to ensure people knew the routes to take in a fire.

The registered provider had installed a call system, so that people could summons the support and help of the staff member sleeping in at the service. The registered manager kept a log of how frequently this had been used, so the staffing levels during the night could be monitored to ensure people were safe. The registered provider currently had one member of staff on the premises at night. The registered manager told us this would be kept under review.

People we spoke with told us they felt safe living at the home. When asked, one person said, "I do feel safe and I talk to the staff." One relative we spoke with said, "We have never had any concerns about [relative's name] safety. They [relative] is very safe here." Another relative said, "I visit the home regularly and I have never heard any raised voices or anyone being any other than kind and caring."

During our inspection we saw there were enough staff available during the day to support people. This included assisting people with appointments and trips in to the community and supporting people to prepare for day centre visits.

The registered provider had a policy in place to protect people from the risks of abuse. There was a culture and ethos of promoting people to speak with staff openly about concerns and safety issues. Staff we spoke with confirmed they had received training in safeguarding and could explain what action they would take if they suspected abuse. Staff knew the types of abuse and how to recognise them.

We saw that all staff and people who used the service were trained in fire safety and knew what to do in the event of a fire. The registered provider had ensured that people understood the fire evacuation plan and

completed fire drills.

The registered provider had systems in place to ensure people's medicines were managed in a safe way. Medication administration records (MAR's) were kept which detailed when medicines had been administered. People had a front sheet which detailed their name, date of birth and GP and any known allergies. Topical creams were also recorded on the MAR's and staff had signed to say they had been administered.

Some people were prescribed medicines on an 'as and when' required basis, known as PRN medicines. We saw the service had PRN protocols in place which identified what the medicine was used for and when to administer it.

Medicines were stored safely and temperatures were taken of the room and fridge where they were kept. We also saw that controlled drugs (CD's) were kept in a separate metal drug cabinet. Controlled drugs are medicines which the law says should be stored with additional security. A controlled drugs book was in place which was used to record all controlled medication. This was double signed in line with current guidance. We checked controlled drugs and found the amounts in the CD book and the actual amounts were correct.

We completed a tour of the home with the deputy manager and found it was mainly clean and tidy. We saw one toilet seat on the ground floor, which needed replacing as it had worn. We also saw a bathroom downstairs which required attention to the seal around the bath. We spoke with the registered manager who was aware of these issues and had already started a process to address them.

We looked at three staff recruitment files and found the registered provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Staff records we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Staff we spoke with told us that they completed an induction program which included training and shadowing experienced staff. Shadow shifts were also in place to enable new starters and people who used the service to get to know each other.



Our findings

At our last inspection of February 2017, this domain was rated as requires improvement. The registered provider did not always ensure that consent was sought in line with the Mental Capacity Act 2005.

At our inspection of 17 April, 2018, we found the registered provider had taken action to address this issue. We observed staff seeking consent from people prior to completing tasks. People's views were respected. We also found clear documentation to support people who lacked capacity to make specific decisions and where appropriate these had been made in the person's best interest.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered provider ensured that people were supported by staff who had the skills, knowledge and experience to provide effective care. Staff we spoke with were knowledgeable about people they supported and knew people very well. Staff told us they received regular training to support them to deliver appropriate care and to keep them up to date with any changes in legislation.

The registered manager kept a training matrix, which was a record informing them of what training had been completed and when it was due to be up dated. The record showed and staff confirmed that training had been completed in subjects such as safeguarding, food hygiene, fire safety, moving and handling and first aid.

Staff we spoke with felt supported by the management team and confirmed they received supervision sessions. Supervision sessions were one to one meetings with their line manager to discuss work related issues. Staff told us these sessions were beneficial and worthwhile. We also saw records of these meetings along with an annual appraisal. This was a reflection on the past year and objective setting for the coming year.

People were supported to access healthcare professionals when required. For example, physiotherapist and dysphagia therapist. People also had an annual review with their GP. One relative said, "Staff support [person's name] to attend appointments with the nurse. They [staff] know [person's name] really well and know just what they need."

People received a balanced and nutritious diet which incorporated their preferences. People were involved in all aspects of menu planning and grocery shopping. People living at the service met on a Sunday afternoon to decide the menu for the coming week and they prepared a shopping list. We saw that people were offered and had access to drinks and snacks in-between meals.



Our findings

We spoke with people who used the service and their relatives and everyone felt the staff provided a caring and supportive environment. One relative said, "Staff are very friendly and care. I mean really care." Another relative said, "Staff are very nice and really care. There is always a lovely atmosphere in the home whenever I visit. You can tell people just love living there." Another relative said, "Everything is done on [relative's name] terms. The staff involve [relative] in everything." One person said, "The staff are lovely. I like them all."

We observed staff interacting with people who used the service and found them to be kind and caring. Staff considered people's views and choices and there was a lot of friendly and appropriate banter between them.

Staff told us how they enjoyed their job. One care worker said, "It's not like a job, it's like coming to help a friend. I really enjoy it." Another care worker said, "I feel a sense of achievement and job satisfaction, knowing that I have made a difference in someone's life."

The ethos of the service was to promote honest, open communication and the home provided several methods to facilitate communication. For example, house meetings, one to one meetings with staff and resident's forum meetings. This was supported by a stable staff team who over years had developed meaningful relationships with people and their relatives.

People who used the service had devised a 'resident's charter' which stated how people wanted to be treated. This included things such as 'staff to do things with me not for me,' and 'speak to me kindly, politely and respectfully.' Through our observations on inspection we observed staff abiding by these principles which showed consideration for people.

Care plans we looked at included a section about what people valued. This included things such as family, inviting people to events and being able to practice their faith if they wanted to. One person's care plan stated that whilst the person no longer practiced their faith, it was still important to them. Care workers were to support the person to attend church if the person decided to go.

We spoke with staff about how they ensured dignity and privacy were respected. One care worker said, "We build up relationships with people first, prior to providing personal care."



Our findings

We spoke with people who used the service and their relatives and they all told us they felt involved in their or their relatives care. One relative said, "[Relative's name] is involved in everything and supported to fulfil their goals." Another relative said, "They [the staff] know [relatives name] inside out and involve them at all times."

People were supported to receive personalised care that was responsive to their needs. We looked at care records and found that people and their relatives as well as other significant people were fully involved in the development of care plans. Care plans included sections such as, health care, medicine management, communications, personal care and mobility. People's needs were clearly documented and clear instructions about how people preferred their needs to be met, were included within the records. For example, one person required people to communicate with them slowly and clearly. This person needed support to speak out and join in conversations. We observed staff allowing time for the person to respond. This showed they respected the person's views and were involving them in discussions.

We saw people had a personal activity plan in place which incorporated interests which people enjoyed. Staff supported people to engage in the community and to keep contact with family and friends. For example, one person had completed a cookery course at the local college along with another person who lived at another service owned by the same registered provider. When the course came to an end the people involved were encouraged to use the skills they had learned. The staff assisted them in setting up a 'come dine with me evening' where they hosted and cooked a three course dinner and invited people to attend. This now occurs every week and has provided a forum where skills can continue to be developed and people feel valued.

People were supported to choose holidays and outings of their choice and provided forums to talk about these topics. For example, individual meetings with key workers, residents forum meetings and house meetings.

The registered provider had a complaints procedure in place which was also available in an easy to read format. The registered provider kept a log of concerns which included low level issues. Appropriate action was taken when concerns were identified.

People we spoke with and their relatives knew how to complain if they needed to but were keen to express how they had never needed to. One relative said, "I have never needed to complain, nothing has ever been

wrong." Another relative said, "If I was a millionaire, I could not find anything better."

The registered manager explained how they supported people to understand and experience the loss of someone close to them. All staff commented that they would ensure people's wishes around end of life care, were maintained and how they would uphold their preferences.



Our findings

At our last inspection of February 2017, this domain was rated as requires improvement. The registered provider did not always ensure that quality monitoring systems were effective. The registered provider was required to address this issue and sent us an action plan telling us how these would be addressed.

At our inspection of 17 April 2018 we found the registered provider had taken appropriate actions to ensure quality monitoring systems were developed and embedded in to practice. We saw that audits had been developed to include more detailed information which assisted the registered provider in identifying and taking action when needed.

Audits were completed by the home manager and the registered manager ensured they were clearly recorded and had an oversight of the service. Audits included areas such as maintenance, medicine management, repairs, staff files concerns and complaints. Action plans were developed and action taken where needed. For example, the audits had identified that some areas of the service required decorating. The registered manager had devised a refurbishment plan to address these issues and we could see that some areas had already been completed. For example, new settees had been purchased for the main lounge area.

The registered provider ensured that people who used the service, their relatives and staff, were given opportunities to share their views and opinions about the service. House meetings took place on a weekly basis and this time was used to reflect on the week, organise the forthcoming week and discuss any concerns people may have. The registered provider also had resident's forum meetings which occurred on a monthly basis. These meetings were to discuss fundraising, events, holidays, and to plan seasonal events.

The service completed an annual quality survey, where questionnaires were sent to people and their relatives to ask for comments. The outcome was discussed at the forum meetings and any actions required were discussed and resolved.

We spoke with people and their relatives and they all spoke highly about the service and the management team. The management team consisted of the registered manager, house manager, senior staff and a deputy manager. One relative said, "The managers' are brilliant and they always have a presence in the home." Another relative said, "We have regular meetings and staff talk about what's happening. Very inclusive."