Cornerstones (UK) Ltd

10 High Street

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

10 High Street is registered to provide accommodation and personal care for up to eight people with a learning disability and associated health needs. There were five people living there at the time of our inspection.

This inspection took place on 19 November 2016. At a previous inspection which took place in May 2014 we found the provider was meeting all of the requirements of the regulations we looked at.

There was a registered manager in post who was present throughout our inspection. 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.

Due people's complex needs people were limited in what they could tell us verbally about their experiences of living at 10 High Street. From our observations we saw staff members' approach to people who use the service was kind and caring. We saw that positive praise and choices were offered and that communication was calm and respectful. People were encouraged to make their rooms at the home their own personal space.

People were protected from harm and abuse by staff who had received training in how to recognise, respond to and report poor practice and abuse. Relatives knew how to report any concerns they had about people's safety and wellbeing and told us they felt comfortable doing so. The risks associated with individual's care and support had been assessed and plans but in place to manage these. The registered manager had organised their staffing requirements to ensure people had their care and support needs met safely.

The provider had systems in place to ensure that medicines were administered and disposed of safely. Staff completed training in the safe administration of medicines and had their competency assessed All medicines were stored securely.

People were supported by staff who had the necessary skills and knowledge to meet their individual needs. Staff received effective training and supervision to support them in their roles. There were sufficient numbers of staff available to meet people's care and support needs.
Staff were recruited safely. The provider and registered manager carried out all the required pre-employment checks to protect people from the employment of unsuitable staff.

People's rights under the Mental Capacity Act 2005 were protected by the provider and staff team. People's care plans evidenced specific decisions had been made in their best interest when they lacked the capacity to make these. Staff asked people's permission before care was provided and gave people choices about

their support.

People received care and support which was tailored to their individual needs and preferences. Staff knew people living in the home well and treated them with dignity and respect. People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest others they would like to try. People were supported to maintain relationships which were important to them.

People were provided with support to maintain good health and nutrition. We saw people had their preferred food and drink. Snacks and drinks were available in between meals throughout our inspection.

The registered manager demonstrated good management and leadership skills. The quality of the service was audited and action was taken where improvements were needed. There was good communication between the registered manager, relatives and staff. Relatives and staff said they were comfortable in making suggestions for improving people's individual care and felt listened to.

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

This service was safe.

People were protected against the risks of potential harm or abuse. Staff had received training and understood their roles and responsibilities in relation to safeguarding people from abuse and harm.

Risks to people and their safety had been identified and actions taken to minimise these. Risk management plans were in place to ensure people received safe and appropriate care.

There were sufficient staff to meet people's care and support needs. Safe recruitment practices of staff were followed.

Is the service effective?

Good

This service was effective.

Staff had access to a range of training to ensure they had the correct knowledge and skills to provide people with care and support to meet their needs.

People had a choice of food and drink and they received sufficient to meet their needs. Concerns relating to people's health and wellbeing were promptly acted upon by staff.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. People's best interests were managed appropriately under the Mental Capacity Act (2005).□

Is the service caring?

Good

This service was caring.

People were cared for by staff who valued each person as an individual. Staff developed kind and compassionate relationships with the people they supported.

People's dignity, privacy and independence were promoted and people were treated with respect.

People's care was not rushed enabling staff to spend quality time with them. People looked comfortable in the presence of staff and did not hesitate to seek assistance.

Is the service responsive?

Good

This service was responsive.

People received person centred care from staff who promoted each person's health, well-being and independence. Care plans were in place which described how each person would like to receive their care and support.

People had access to a range of activities and where able to choose what activities they took part in. They were able to suggest other activities they would like to do.

A system was in pace for people and their relatives to raise their concerns or complaints.

Is the service well-led?

Good

This service was well-led.

The registered manager demonstrated good management and leadership skills. The quality of the service was audited and action was taken where improvements were needed.

Staff spoke positively about working as a team and felt valued for their contribution to the service. Staff said they could raise concerns and suggestions and felt supported by the management team.

People and those important to them had opportunities to feedback their views about the quality of the service provided.

10 High Street

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.

This inspection took place on 19 November 2016 and was announced which meant the provider knew we would be visiting. This was because this is a small service where people go out on activities during the day. We wanted to ensure people using the service would be at home during some of our inspection. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. One inspector carried out this inspection.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. As people using the service were unable to verbally tell us their views about all aspects of the care they received, we spoke with two relatives about their views on the quality of the care and support being provided to their family member. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included two care and support plans and daily records, staff training records, staff duty rotas, staff personnel files, policies and procedures and quality monitoring documents.

During the visit we met all five people who use the service. We spoke with the registered manager, deputy manager, two care staff and the senior administrator. We received feedback from three healthcare and social care professionals who worked alongside the service to ensure people received the appropriate care and treatment.

Good

Is the service safe?

Our findings

Relatives told us their family member's care and support needs were met by staff who knew how to keep them safe. One relative told us "They give the best care. I feel she is very safe living there". We saw through people's facial expressions, body language and interactions they were relaxed in the company of staff.

We looked at the arrangements in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. The registered manager was able to tell us how they would report safeguarding concerns to the appropriate local authority and would work with them to ensure action was taken to keep people safe.

Staff had completed training in the safeguarding of vulnerable adults and were aware of the different types of abuse people may experience such as verbal, physical or financial. Staff knew who they should report any concerns to and what actions to take should they suspect abuse had taken place. They said they would report their concerns to the registered manager or home manager. Staff were confident any concerns raised would be listened to and acted upon. One member of staff told us "We noticed that one person regularly had bruising and reported this to X (registered manager). We thought it was the way they were coming down the stairs so an occupational therapist has been involved to assess this. We have also discussed this at team meetings and handovers to see if there are different things we could try that might help".

People were protected from the risks of potential abuse or harm. There were a range of individual assessments which identified potential risks for people. Care plans contained risk assessments for areas such as mobility, accessing the local community, personal care and travelling in vehicles.. Where risks had been identified, care plans contained guidance for staff on how to manage and minimise the risks. For example, moving and handling risk assessments were linked to plans on how to move the person safely; details of which hoist and sling to use were included.

Staff we spoke with could explain about keeping people safe whilst maintaining their independence. For example, one member of staff told us how one person was supported to stay home alone for certain periods of the day. The person had a 'lifeline' which when pressed went straight through to a staff member's mobile phone so the person could seek assistance. There were guidelines in place to support this which included staff ensuring they were no further than 30 minutes away from the home so they could get back in a timely manner.

Staff supported people to manage their money safely. Staff followed procedures for people who required help from staff with budgeting. When staff made purchases on behalf of people receipts were retained, all expenditure was recorded and balances were checked and signed for by staff. This was then audited by the registered manager to ensure there were no discrepancies and that all expenditure was in line with guidance.

Medicines were stored securely and administered safely. Medicines held by the service were securely stored

in a locked cabinet. Most medicines were delivered in four-weekly monitored dosage packs supplied by the local pharmacy. The service followed safe procedures when ordering repeat prescriptions and new stocks were checked in to the home on delivery. We looked at the medicine administration records (MAR) for three people using the service and saw there were no gaps in these records. Medicine records and stocks of medicines were checked regularly and running totals of medicines recorded. These monitoring checks ensured that any potential errors in administration were picked up and addressed promptly.

People's photographs were attached to their MAR sheets to aid identification. Processes were in place to ensure medicines that were no longer required were disposed of safely. All staff completed training in the safe administration of medicines and had their competency assessed before taking on this responsibility. Regular audits of medicines management were carried out by the registered manager.

Staff knew when to offer medicines prescribed on an 'as required' basis. For example, when people required pain relief. Guidance for staff to follow on when they might need to offer or administer 'as required' medicines was held in people's medicine administration records.

There were sufficient staff employed to meet the needs of people living in the home. There were three members of staff on duty during the day and one member of staff who 'slept-in' during the night. We spoke with a senior staff member who was responsible for organising the weekly rotas. They told us the planning of staffing was flexible and that if additional staffing was required for such things as outings or appointments then this would be provided. We saw people received care when they needed it and routines were carried out in a timely manner. Staff we spoke with felt there was enough staff on duty to meet people's needs and could seek additional support if required. The management operated an on call system to enable staff to seek advice in an emergency.

We saw safe recruitment and selection processes were in place. The registered manager informed us that appropriate checks were undertaken before staff commenced work. They said staff records, which were held centrally at head office and were not available during our inspection, included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Good

Is the service effective?

Our findings

Staff told us they felt they received the correct training and support to develop the necessary skills and knowledge to care for the people using the service. Records of staff training reflected that staff had received a range of care training as required by the provider which included specialist training specific to people's needs. Core training included the safeguarding of vulnerable adults, The Mental Capacity Act 2005, first aid and the safe moving and handling of people. Staff told us they felt supported to access training appropriate to their role. One staff member told us "There is plenty of training available to make sure we are kept up to date. It's a mixture of booklets, on line and classroom based training".

The registered manager told us that new staff members were required to complete an induction programme which included the 'Care Certificate'. This sets out learning outcomes, competences and standards of care that staff are expected to achieve to ensure they understand the requirements of their role. Induction included new staff shadowing experienced staff to learn about how people wished to receive their care and support.

Staff practices we saw showed how they used their knowledge and skills to meet people's individual care and support needs. For example, staff were aware of how important it was for some people to follow their preferred routines, which helped people avoid potentially stressful situations. Another example we saw was in the way in which staff followed good infection control practices when supporting people with personal care and handling laundry.

People were offered a healthy and balanced range of home cooked meals to suit their dietary needs and preferences. Staff knew each person's likes, dislikes and dietary needs and alternatives were offered if people did not like the main meals on offer. People received their preferred food and drinks and were supported to ensure their nutritional needs were met. Staff told us people were encouraged to help make their own food and drinks but if they did not wish to do this then staff would offer them the choice of food and prepare this for them. Drinks and snacks were freely available and these were offered to people throughout the day during our inspection.

People living at the home had a 'Health Action Plan', to plan and record any medical intervention required such as optician, dental and doctor's appointments. People were supported to maintain good health and had access to healthcare services as required. The service had arrangements in place to ensure people were able to attend appointments and check-ups for all health needs. Staff told us they supported people to see a health professional such as a doctor, dentist or optician as required. Contact with health professionals was recorded in people's records. This showed people's day-to-day health needs were met.

People's records showed when staff had contacted healthcare professionals when they had seen a change in the person which had required an assessment of their health needs. For example, the registered manager explained some changes in one person which had indicated they may be unwell. Referrals had been made to the appropriate healthcare professionals and investigations were underway. A relative told us "They are always in touch with practitioners to make sure she has the best care. They are actively looking at things to

keep her well". One healthcare professional told us "In my experience staff have been attentive to small changes in resident's presentations and behaviours and have been quick to seek additional advice and inform allocated professionals of any changes in people's needs. Another healthcare professional said "For the patient whose care I manage, they have recently had lots of changes with their health. The manager has kept in daily contact with me either via phone or email to keep me up to date with the patient's needs. We will have regular reviews and they will contact other relevant professionals as required".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people did not have the capacity to make decisions for themselves, mental capacity assessments had now been undertaken specific to the decision being made. Decisions made in the person's best interest and those people involved were recorded. The registered manager told us where required applications for DoLS authorisations had been made. Applications had been submitted by the provider to the local authority.

Staff had received training on this topic and understood the importance of encouraging and enabling people to make informed choices about their daily lives. They explained people were always offered the choice of what they wanted to eat and drink, what clothes they wished to wear and how they wanted to spend their day. We observed staff sought permission from people before undertaking any care or support. They said unless people had an appointment then they were able to get up when they wanted and go to bed when they wanted. The registered manager said due to the changes with people living at the home, people were now staying up later. With this in mind they explained they were reviewing the times staff were on duty to offer people choices of evening activities if they so wished.

Good

Is the service caring?

Our findings

People's relatives spoke positively about the care and support received by their family member. Their comments included "The staff know her well and I have confidence in their abilities" and "The staff are excellent. They are more like friends and have gotten to know her well".

Staff had a caring and compassionate approach to their work with people. They knew people well and demonstrated an understanding of the preferences of the people they supported. This included what their preferences, likes and dislikes were. Staff had developed caring relationships and we observed staff communicated with people in a warm, friendly and sensitive manner that took account of their needs and understanding.

Staff took care to promote and maintain people's well-being and happiness. For example, one person became anxious about knowing which staff were going to be on duty that day. The person used photographs to know what was happening now and what was happening next. These photographs included pictures of staff, places of interest to the person and pictures of faces with different emotions to help the person explain how they were feeling. We saw a staff member sat with this person to assist them with choosing the pictures of the staff who would be on duty and to also plan what activities they would like to take part in. For example, the person chose a picture of the local pub they wished to visit later that evening. They also requested to go to the local supermarket. The person picked the picture of an 'angry' face. The staff member took the time to ask the person why they were feeling angry and what help they needed. They stayed with the person until they no longer felt anxious. The person then chose a happy face.

One relative told us "They know her well and support her with choices". They gave an example of when they were going to be later than expected to visit their family member. They explained they had phoned the service to make them aware of this and how staff had supported the person to make sure they did not become anxious regarding this change. They said "They managed the change well with (person's name) and she wasn't distressed at all when we got there".

It was evident that staff were working to ensure people maintained their independence and to empower them to understand their choices and rights. One staff member spoke fondly of people and said how they admired one person who "Despite experiencing difficulties with their mobility still remained as independent as possible". We saw staff offering people choices throughout inspection. This included people choosing what food and drink they wanted and which activities they wanted to take part in that day. One person declined the offer to attend their usual day centre and spent some time in their room. Staff respected this choice and ensured they checked on the person throughout the day. Later in the day staff supported the person to access the communal lounge and take part in an activity of their choice. People's care plans guided staff on how to support people with maintaining their independence. For example, one person's personal care plan included information on the support they required and what they were able to do independently.

Health professionals we contacted prior to our visit spoke positively about the care and support people

received. Comments included "For all the clients I support, when visiting I feel they are treated with dignity and respect by all the staff on duty. Clients receive care appropriate to their needs. The staff team get to know the individual and ensure they follow the care plan" and "Most of the staff appear to have known the people there for quite some time. I have heard staff communicate with individual's appropriately and speak of those they support with great respect".

People were supported to maintain relationships with people that mattered to them. A relative told us they were welcome at the service any time and visited on a regular basis. They confirmed they were included and involved in planning their family members care. They said "We can pop in anytime. We have regular meetings where we are encouraged to discuss (person's name) care needs. They go above and beyond to meet her needs. They are always in contact and we have a good relationship with the manager".

We saw people appeared at ease with staff and their surroundings. People moved freely around the home choosing to sit in the communal areas or go to their bedrooms. People's needs and preferences had been taken into account to ensure their bedrooms reflected these and were personalised. Staff knocked and sought permission before entering people's rooms.

People had access to local advocacy services. The registered manager told us one person who was currently using this service had an advocate to support with some decision making. Where needed, family members had been involved to speak on behalf of people or assist them to share their views.

Communication between staff was effective. There was a handover meeting between shifts, which was also recorded. At these meetings, information was shared about how people had spent their time and to pass on any issues or concerns that the staff coming on duty, needed to be aware of. One member of staff said "We use handovers to discuss any incidents that may have happened and to see if we need to do anything differently". They said staff meetings were used to discuss important events such as incidents or accidents and to identify if there were any trends or patterns. They would discuss if any actions were required, such as changes to people's care plans.

Good

Is the service responsive?

Our findings

Whilst care plans provided detailed information about people including their personal history, individual preferences, interests and aspirations some areas lacked detail. For example in one person's care plan it stated 'I use key phrases to talk about certain things' but there was no information to say what these key phrases were. Care plans had recently been reviewed and were in the process of being updated. The updated information was personalised and contained information on all aspects of the person's health, personal care and social needs. The registered manager explained that before the information was included in the person's care plan they wanted to discuss the updated information with staff to seek their views and ensure the information was relevant to the person. From the manager's action plan we could see the areas that required further detail had been identified as requiring additional information. The action plan stated that key areas would be reviewed and updated by 31 January 2017.

Care plans were centred on the person to ensure people received the correct care and support. For example, they included details of people's daily routines, preferences, likes and dislikes. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their health and well-being. Staff told us they were provided with enough time to read people's care plans and were able to describe people's emotional and physical needs. They told us about the sorts of things people liked to do and people's care plans reflected what we had been told by staff.

People's care plans contained details informing staff of when people displayed particular behaviour, what they were trying to communicate and how staff should respond. This ensured the person received a consistent approach from the staff team with their support. Plans included people's health conditions and how to meet their health needs. Where a person's health had changed it was evident staff worked with other professionals to review their care needs. For example, for one person whose health had recently changed support from other health care professionals had been sought by the registered manager with the purpose of identifying what may have caused these changes and what support they could offer this person during these times.

We observed staff interacting positively with people and responding to their needs so they received care, treatment and support when they required it. For example, one person requested a sandwich as they were hungry. Staff responded promptly asking them what filling they would like and which bread they preferred. They asked the person if they would like to help make their sandwich and respected their choice not to.

People led active lives. Care plans contained information about the person's daily routines and the weekly activities they participated in. During our inspection three people went out to the day centre which is provided by the organisation. During breakfast some people chatted with staff and requested they go to the local pub later in the day. The staff member confirmed they would go later. One person told us "I like the pub. I have a coke to drink". A relative told us about the many activities their family member enjoyed each week saying, "She is always going out. She has a better social life than I do". Another relative said "She is always out and about. They know what she likes and support her to do it".

There was a complaints policy in place. Relatives told us they knew how to make a complaint and who to speak with. They said they felt they would be listened to and that any actions needed to resolve the situation would be taken. They said they had a good working relationship with the registered manager and staff team. There had not been any complaints since our last inspection. One relative told us "I have never needed to make a complaint as we talk regularly and any issues are resolved immediately by the staff". There was a section in people's care plan on 'How I can complain'. In one person's care plane it noted 'I express myself when I am not happy by my behaviour which can include crying'. It prompted staff to be aware of this and to take any necessary action to resolve the situation. It also stated 'My family advocate on my behalf' and 'Staff should contact my family for support'. Written feedback from one relative about the registered manager stated 'Anything he has said he would investigate or sort has been done'.

People and their relatives were invited to share their views of the service. Surveys were sent out each year. Regular reviews of people's care needs were held with the person and their relatives periodically throughout the year. The culture was that of an 'open door policy' where relatives could visit at any time to discuss their family member's care needs and any concerns or make a telephone call. Written feedback from relatives and health professionals included 'Thank you ever so much for the outstanding care that you and your team provide. It is so reassuring that (person's name) is so happy and care for to such a high standard' and 'I am writing to let you know how wonderful and caring your staff were whilst looking after (person's name). I was impressed watching them attending to (person's name), knowing his routine, his likes and dislikes.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by two deputy managers. All were present within the service and responsible for the day to day running of the service. Staff told us the registered manager was approachable and they felt part of a team. They said they could raise concerns with the registered manager and were confident any issues would be addressed appropriately. Staff told us they felt supported in their role and they did not have any concerns.

Health professionals we contacted prior to our visit spoke positively about the management of the service. Comments included "The managers are approachable and easily contacted either via the telephone or email. If I raise something and ask they look into this, it is dealt with promptly and the issues I have raised have been addressed with the staff team either via team meetings or 1:1 supervisions" and "The manager and staff team are very approachable and they deal with any concerns raised in a professional way".

The registered manager had been in post for since January 2016 and explained that initially their main focus had been predominately on sourcing suitable accommodation for one person living in the service. Now this had been achieved they spoke passionately about reviewing the services provided for those people still living in the home to ensure they met their needs. They had been in discussions with the local authorities to ensure people were receiving the correct funding to support their care requirements. For one person several referrals had been made to health and social care professionals to support this person with their changing health needs.

The provider had effective systems in place to monitor the quality of service being delivered and the running of the home. Audits were carried out periodically throughout the year by the registered manager and the senior management team. The audits included safe medicine administration, infection control, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed.

Accidents and incidents were investigated and plans put in place to minimise the risks or reoccurrence. These were reviewed by one of the registered manager to identify if there were any trends or patterns. They recorded what actions they had taken to minimise the risk and also learned from mistakes by ensuring actions were put in place to prevent re-occurrence. For example, Staff had observed that one person's mobility had changed and they were no longer able to use the stairs confidently. The situation was reviewed and in discussion with the person, their family and social care professionals a suitable room on the ground floor was provided.

Staff members' training was monitored by the senior administrator to ensure their knowledge and skills were kept up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

The provider and registered manager actively sought the views of those people using the service and their relatives. Surveys had been sent to people and their relatives inviting them to comments on areas such as staff and the care provided. Feedback was positive with one relative commenting 'The new manager has improved things'.

In the provider information return (PIR) submitted in September 2016 the registered manager had detailed a number of improvements they had identified to improve the service. For example, the registered manager had recorded they were going to increase the use of 'Person Centred Thinking Tools' to reflect and plan people's support. We saw at this inspection the manager had started to introduce new paperwork for one individual to support staff to understand how the person communicated with them. They had recorded the service had also been reflecting on what was working well and not so well. This was reflected in the discussion held in team meetings and staff's one to one meetings. The PIR stated that in September of 2016 the service would be planning all staff appraisals. These had all been booked for January 2017.

The registered managers knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.