

Cornwallis Care Services Limited

Kernou Residential Home

Inspection report

West Cliff
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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?

Requires Improvement 

Overall summary

We inspected Kernou residential home on 3 February 2015, the inspection was unannounced. Kernou provides accommodation and personal care for eight people who have a learning disability. Kernou residential home is owned and operated by Cornwallis Care Ltd. On the day of our visit seven people were living at Kernou residential home.

At the last inspection in September 2014 we identified that the provider needed to improve the quality of their record keeping. At this inspection we checked to see what

action the provider had taken in relation to the quality of recordings. We found that improvements had been made and therefore the provider had met the relevant legal requirements in this area.

The home did not have a registered manager in place. 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

Summary of findings

and associated Regulations about how the service is run. A manager was appointed in September 2014 and had submitted their registered manager application to the Care Quality Commission .

The manager had some administration time to undertake management duties. The manager had needed to implement many changes since taking up employment at Kernou. For example new care plans were implemented: increased staffing levels and contacted commissioners to ensure an up to date review of people's care needs was planned to ensure staffing levels were accurate. The manager identified issues with medication and the need for training to be updated.

The manager and staff were not aware of all new guidance . **We recommend that the service seek support for the management team so they are able to keep up to date with current guidance and working practices.**

People told us "I love it here" and all were complimentary about the care they received at the service and felt supported by caring staff. Relatives echoed this view.. We saw people moving around the home as they wished, interacting with staff and smiling and laughing. Staff were attentive and available and did not restrain people or prevent them from going where they wished. We saw they encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner.

Care records were detailed and contained specific information to guide staff who were supporting people. One page profiles about each person were developed in a format which was more meaningful for people. This meant staff were able to use them as communication tools.

Risk assessments were in place for day to day events such as using a vehicle and one off activities. Where activities

were done regularly risk assessments were included in people's care documentation. People had access to a range of activities. These were arranged according to people's individual interests and preferences.

People and relatives told us Kernou was a caring environment and staff had a good understanding of people's needs and preferences. We found staff were knowledgeable about the people they supported and spoke of them with affection.

The service adhered to the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

Staff were well supported through a system of induction and met regularly with the manager to discuss their work practise. The manager had identified that some training was out of date and was arranging for staff to attend refresher courses.. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people.

People and relatives knew how to raise concerns and make complaints. They told us concerns raised had been dealt with promptly and satisfactorily.

Incidents and accidents were recorded. These records were reviewed regularly by all significant parties in order that trends were recognised so that any identified risks could be addressed with the aim of minimising them in the future.

There was an open and supportive culture at Kernou. Staff and relatives said the manager was approachable and available if they needed to discuss any concerns. Not all staff felt they were fully appreciated by the larger organisation or that the organisation had an understanding of the day to day demands on them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe. Staff were confident they could keep people safe whilst supporting them to take day to day risks.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Systems in place for the storage and administration of medicines were being monitored.

Good



Is the service effective?

The service was effective. Staff were well supported through a system of regular supervision. Up dated training was being arranged for staff to attend.

We found the service to be meeting the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

Good



Is the service caring?

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People were encouraged to maintain and develop their independence. We saw relationships between staff and people were strong and supportive.

Staff knew the people they were caring for well and communicated with them effectively.

Good



Is the service responsive?

The service was responsive. Care plans were personalised and reflected people's individual needs.

People had access to a range of activities both in the home and the local community. These were planned in line with people's interests.

The service had a satisfactory complaints policy in place which was adhered to.

Good



Is the service well-led?

The service was not always well led.

The manager did not have dedicated administration time to undertake management duties.

The manager and staff were not aware of all new guidance

Requires Improvement



Summary of findings

People and their relatives were regularly consulted about how the home was run.	
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Kernou Residential Home

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 checked 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 3 February 2015 and was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed any information we held about the service including past inspection reports. There was no Provider Information

Record (PIR) available. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed notifications we had received. A notification is information about important events which the service is required to send to us by law.

We looked around the premises and observed how staff interacted with people throughout the day. We looked at two care records relating to people's individual care. We also saw records associated with the management of the service including quality audits.

We spoke with four members of staff and the manager. We spoke with four people who used the service and a relative.

Is the service safe?

Our findings

People told us they felt safe at the service. People told us if they had any worries they could talk to the manager or staff and they would listen, take their concerns seriously and support them. One person told us that on occasions they had a difficult relationship with another person in the service. The person told us they had spoken to the manager and agreed how they would respond when in the presence of the person. They felt this kept them safe and were happy with this arrangement.

Two people showed us their private bedrooms. The rooms were personalised and reflected the person's preferences. They told us staff knocked on their door to ask for permission to enter their room and they had the opportunity to lock their doors if they wished. One person showed us the keys they had for their room.

During our visit we spent time in the communal areas with people and staff. People were relaxed and at ease in each other's company. When people needed support they turned to staff for assistance without hesitation. We saw that positive relationships between people and staff had been developed. During our visit the managers' office was unlocked with people coming and going to speak with the manager and see what was going on.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One commented; "(person's name) feels very safe there. He has lived there for years and it is his home. He's very happy."

Staff had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. Staff told us "we do this job as people need to be safe and well cared for." Information for people and staff were available with the appropriate contact details and telephone numbers should staff or people be witness to or suspect abuse. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The management of the home recognised when to report any suspected abuse. The manager had when needed, reported concerns to the local authority in line with local reporting arrangements.

This showed that the manager worked openly with other professionals to help ensure safeguarding concerns were recognised, addressed and actions taken to improve future safety and care of people living at Kernou.

Staff were aware of the service's safeguarding and whistle blowing policy and said they felt able to use it. These policies encouraged staff to raise any concerns in respect of work practices.

The manager and staff supported people to take day to day risks whilst keeping them safe. We saw care plans contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person's work placement and associated activities. All people living at Kernou had a risk assessment completed in respect of how they would respond to a fire alarm and what support they would need to help ensure they left the building safely. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Staff were knowledgeable about people who had behaviour that might challenge others. Information regarding signs of anxiety was recorded in care plans which directed staff as to how they could recognise signs and take steps to avoid people becoming distressed or anxious.

Incidents and accidents were recorded appropriately during and after an incident and the information was reviewed and analysed regularly to identify any common triggers.

The manager had identified that people's contracts had not been reviewed for some time. Therefore they had requested reviewing review of each person's care needs at the service to help ensure the correct staffing levels were available to meet the person's individual's needs. This was being carried out by the commissioning authority. Since the manager had been in post staffing levels had increased to a minimum of three staff from 8am to 9pm. Staff told us they felt there was sufficient staff available to meet the needs of the people living at Kernou. They told us staffing levels "had improved" and that people were being provided with support in a consistent manner. Staff felt that they had time to spend with the people living at the service. We looked at staff rotas for the last month which confirmed the minimum staffing levels were observed at all

Is the service safe?

times. Staff were able to spend time chatting with people about their day as well as attending to people's personal care needs. The support was unrushed. The manager had some dedicated administration hours. This meant they were able to carry out their management duties effectively. On the day of our visit there were sufficient trained staff on duty to meet the needs of people who lived at the service

There was a thorough recruitment process to help ensure new employees had the appropriate skills and knowledge required to meet people's needs. We looked at the most recent recruitment file and found they contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment. We spoke with a member of staff recently employed and they said they found the recruitment process was thorough and fair.

The manager had identified there had been medicines errors at the service and had taken action to address this. The medicines errors had been investigated and lessons learnt from the investigation findings had been discussed with staff. In addition the manager had arranged for immediate medicines training and had planned for more in

depth training in March 2015. The manager was auditing the medicines process weekly to provide reassurance that staff were handling medicines correctly. We looked at the arrangements in place for the administration of medicines and found these to be safe. Medicines were stored securely in a locked cupboard. We checked the Medicines Administration Records (MAR) for two people and found the number of medicines stored tallied with the number of medicines recorded. There was clear guidance for staff when administering 'as required' medicines (PRN). For example we saw descriptions of the behaviour that might cause these medicines to be administered with guidance for how to administer, and who to inform. This meant there was clear guidance to help ensure a consistent approach from the staff team.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

Is the service effective?

Our findings

People were fully involved in how they planned their day from choosing what they wanted to wear, to what they wanted for their meals, how they furnished their room and how they spent their day. For example one person told us they liked to go on their own to the shops to buy their newspaper.

People told us the food was, “Good. We have lots of choices” and snacks were available throughout the day. We saw a person assist care staff in the preparation of the lunch time meal. We spoke with one person about how they were involved in choosing their food. They told us they could go food shopping with staff if they wanted too. There were pictorial prompts to aid people to pick meals and a pictorial menu was on display in the kitchen. The person told us they were happy with this arrangement. They told us that staff cooked the main meals but they were able to prepare their own snacks and drinks, with support as necessary.

People had access to good quality food and there was plenty of choice. The fridge was well stocked with a range of fresh food. People’s preferences in respect of food were recorded in care plans and staff knew these well. We spent time with staff and people and saw throughout our visit fresh fruit was readily available and that people could make snacks or drinks at any time, with staff support as needed. This meant that people were supported to maintain a healthy diet.

We noted that if a person had a specific health need and a particular diet was needed that this was specified clearly in the care plan. This enabled staff to know what foods were to be avoided. We noted from food records these foods were not offered.

We spoke to a new member of staff. They told us their induction to the service was comprehensive and that it prepared them well for the role they were undertaking. They told us they had felt confident and competent to start supporting people when the induction period was completed. Following the induction there was a six month probationary period.

Relatives told us they found staff were knowledgeable and competent. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The manager had identified that some staff training required by

law was due for an annual refresher and was arranging this. For example in the areas of fire safety, moving and handling and safeguarding. Staff told us they felt they had enough training to enable them to carry out their roles effectively and they were encouraged to complete National Vocational training (NVQ level3).

Staff did not use any form of physical restraint at the home. Staff supported people who presented behaviour that may challenge them at times. Due to this the manager was resourcing a bespoke training course on how to support people whose behaviour might challenge staff. Further training in areas specific to the needs of the people using the service was provided. For example training in the area of learning disability and communication techniques.

Staff attended regular meetings every six to eight weeks (called supervision) with their manager where they discussed how they provided support to help ensure they met people’s needs. It also provided an opportunity to review their aims, objectives and any professional development plans. The manager also held an annual appraisal to review their work performance over the year. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices.

The manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. The manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the MCA and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. The manager was aware of the recent court ruling where the criteria for when someone maybe considered to be deprived of their liberty had changed. The manager had reviewed all the people living at the service and no authorisations were

Is the service effective?

needed at the time of our visit. However the manager was aware of what process they needed to follow if they believed a person lacked capacity to make specific decisions and were deprived of their liberty.

People's care plans contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed people were supported to see their GP and dentist

regularly. The manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. For example a person had mobility difficulties and contact with medical professionals ensured the right equipment and follow up care was provided that met the person's needs. This meant that the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

People were complimentary about the staff and how the service met their care needs. Comments included, “I love it here” and “I’m happy here, I have no worries” and “staff are terrific.” People were relaxed and at ease in each other’s company. Staff were respectful and spoke with people kindly and made sure people were comfortable and occupied. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter.

Relatives told us they thought the staff provided a caring service. Relatives said they contacted the service often and staff were always available to talk to them and knew how their family member was keeping. Relatives told us staff supported their family member when travelling so that they could visit them at their home. People told us they stayed in contact with family and showed us recent photographs of contact with family members.

Staff spoke fondly of the people they supported. Staff said “we love our job, we do the job for people to be safe and well cared for.” “We know the people here well and we try to think of different ways to encourage people to try new things.” For example a staff member told us she realised that a person liked animals and brought her own pets into the home and offered to take the person to see their horse. This then developed into a person showing an interest in horse riding and the staff member then sought out lessons for the person.

The manager and staff told us about people’s backgrounds and described the progress they had made and the pride they took in their achievements. Staff said “People need to be encouraged to be independent, it’s not helpful for us to do everything for the person in the long run as we want the person to learn and be as independent as possible.” For example a person became anxious about how their laundry was managed. Staff developed a pictorial board with the person so that the person knew what clothes were being washed and could then check that they had been returned. The person showed us this pictorial board and was able to explain why it had been needed and that this worked in reducing their anxiety. This showed that staff considered how to support people to overcome their anxieties and were patient in working with the person at their pace to achieve their desired outcome.

The service was innovative and creative when identifying ways to enable people to express their views. For example due to people’s complex health needs staff used a variety of ways to communicate with people. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Objects of reference were used to inform people what was happening and people had activity boards to show what they would be doing during the day and in what order. This showed that staff considered how to share information with people in a meaningful way.

On our arrival at the service people were preparing to go out for the day. We saw staff support people to get ready and explain to them what was happening and why. We observed staff speaking gently to people and reassuring them about the plans for the day. They demonstrated kindness, patience and understanding in their interactions with them. We were introduced to some people so that they knew who we were and we explained why we were visiting.

Staff knew the people they supported well and were able to talk about them knowledgeably. Care records contained information about people’s personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. In addition along with the person, staff had summarised what was important to the person by compiling a one page profile which outlined the persons likes and dislikes, preferences, what others liked about the person and what was important to and for the person. People had dedicated key workers. The manager was responsible for updating care plans with input from the keyworkers and people. These were chosen according to their experience and relationship with the person concerned.

Staff maintained people’s privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the home we observed staff knocked on people’s doors and asked if they would like to speak with us. We saw people had been

Is the service caring?

asked if they wanted a key to lock their own bedroom door, two people showed us they had their own key. This meant that the person's privacy and dignity was promoted and encouraged.

When any personal care was required care staff offered support unobtrusively and in a manner which ensured the person's dignity was maintained. People were smartly dressed and looked physically well cared for. People had specified in their care plan that they wished to be involved in choosing their clothes, and liked to look 'smart'. This showed that staff took time to assist people with personal care and respected people's individual preferences.

Staff told us they had opportunity to have one to one time with people. A member of staff told us they would often sit and chat with people. We saw this occur throughout our visit and this was recorded in care notes. This demonstrated that staff took time to listen to people.

People had access to advocacy services and Independent Mental Capacity Advocates (IMCAs). This ensured that people had an independent person to represent their views.

Is the service responsive?

Our findings

People told us they felt staff supported them in their daily lives. People felt they could approach staff if they were not happy or had any worries about how they were being supported.

Relatives were fully involved in the care planning process and were kept informed of any changes to people's needs. People were aware that they had a care plan and told us they were consulted about the support they received and had signed their care plans which indicated they agreed with them. We heard staff ask people what they wanted to do and how they wished to spend their day. In discussion with staff and the manager we heard how the service endeavoured to help people maintain relationships with family and friends. People told us staff arranged for them to see their families and supported them to meet up if necessary.

The manager had reviewed and implemented new care plans. Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people and were regularly reviewed to accurately reflect any changes in people's needs. Staff said they found care plans to be informative and clearly described the person and how they needed to be supported and in what areas. For example how to support a person with diabetes to help ensure that the correct diet was being provided and followed.

People were involved in reviewing their care along with other interested parties. The person's ideas as to how they would like to progress their living skills were discussed in these reviews and agreement made as to how this would be achieved. For example staff told us how they needed to support a person to prepare their own snacks and drinks, this person now had limited staff support due to the progress they had made and this was seen to be a "great achievement" by and for the person. This showed that staff were willing to listen to new ideas and find a way to enable the person to achieve their ambition.

People were supported to take part in a wide range of meaningful activities both in and out of the service. For example people attended work placements, college, fishing, horse riding and local walks. People were supported to use local amenities such as shops and cafes and the manager told us they were known in the local community. On the day of the inspection all of the people who lived at Kernou were taking part in various individual activities.

In addition to care plans each person living at Kernou had daily records which were used to record what people had been doing and any observations regarding their physical or emotional well-being. We saw these were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

People told us, as did a relative, that if they had any "worries" or "concerns" they would be able to approach the manager or staff and discuss them and felt they would be listened too. A relative told us they had been concerned that the service was without transport for a while and had raised this with management. The reason for no vehicle being available was explained and the vehicle was then reinstated. The manager explained that due to the service location local transport links were limited. If a vehicle was not available this would have an impact on the quality of people's lives, for example they would not be able to access particular activities.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local authority, the police and the ombudsman so people were able to take their grievance further if they wished.

Is the service well-led?

Our findings

Staff said they felt that the manager was approachable, listened to comments and suggestions and they had confidence that any issues raised would be addressed. Staff said they believed the manager was aware of what went on at Kernou on a day to day basis. There was a clear ethos at the home which emphasised the importance of supporting people to develop and maintain their independence. It was important to all the staff and management at the home that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care documentation.

Staff comments regarding higher management were varied. The manager had been in post since September 2014 but had still not met the provider. Staff said they did not see the provider and did not feel that he had an understanding of what it was like working at Kernou. There had been five changes in the manager of the home during the past and staff said they hoped that this manager would “stay and provide some consistency”. The overall view was that higher management did not appreciate the work they did, and staff felt contact with them was usually when “something’s gone wrong.” In discussion with the operations manager it was acknowledged that working practises and contracts had changed and that staff acceptance of this had varied. They told us they would address this at the next team meeting to remind staff their work was valued and that higher management were available to talk with staff at any time.

The manager had some dedicated administration time to undertake management duties. The manager had needed to implement many changes since taking up their position at Kernou. For example new care plans had been implemented: staffing levels had been increased and it had been necessary to contact commissioners to ensure an up to date review of people’s care needs was planned to ensure staffing levels were accurate. The manager had identified issues with medication and the need for training to be updated. Administration hours would allow the opportunity for the manager to monitor the changes implemented were being maintained.

The manager had some awareness of the new guidance in respect of how CQC inspect services. During the visit they downloaded the guidance. The manager was aware of the new legislative guidance in relation to the Mental Capacity Act.

Staff meetings were held regularly and staff told us these were an opportunity for them to raise any concerns or ideas they had. They felt their ideas were listened to and acted upon. The manager told us they had supervision and attended meetings with the other registered managers of the Cornwallis Care Home group. These meetings looked at staffing issues, updates on people using the service and overall day to day management of the services. They also had access to on going support from their line manager as they needed it. They told us they felt supported in their role.

People and their relatives were consulted regularly both formally and informally. There was an annual satisfaction survey and we saw the results from the most recent one were positive. Relatives told us they were pro-actively encouraged to approach the manager and staff with any concerns or ideas they might have.

The manager and staff told us they were continually gathering the views of people who used the service. They did this formally using pictures and symbols to attempt to make the process meaningful for people. Staff said the most reliable way of ascertaining people’s satisfaction was by observing and monitoring behaviour. This was recorded in a variety of ways including daily logs, incident sheets, and learning logs. This helped to capture people’s views. The manager said that she aimed to gather views from professionals with experience and knowledge of Kernou so that the manager could consider how to improve the service.

There was a quality assurance system in place to drive continuous improvement within the service. Audits included medicines, accidents and incidents, refrigeration temperatures for both food and medicines fridges, and maintenance of the home. The manager acknowledged that the environment needed some attention as in places the décor and furnishings were worn. The manager said that this had been raised with the provider and they were awaiting a response.

Is the service well-led?

Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.

We recommend that the service seek support for the management team so they are able to keep up to date with current guidance and working practices.