Cornerstones (UK) Ltd

Cornerstones Supported Living Services Head Office

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

This comprehensive inspection took place on 15 and 16 August 2018 and was announced.

Cornerstones Supported Living Services Head Office, provide supported living services for seven people in five different locations. This service provides care and support to people living in five 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

People were safeguarded and staff knew how to recognise the signs of abuse and how to address any concerns they had. People had risks assessed which balanced their rights to freedom as well as keeping them safe. People's medicines were managed safely.

Staff understood the principles of the Mental Capacity Act (2005) and how to apply its principles when supporting people. Staff were supported through regular one to one supervision and had access to regular training and personal development.

People's needs were assessed and a multi-disciplinary support plan developed to meet those needs. The service was responsive to people's changing needs and support plans were regularly reviewed.

The staff were very caring and treated people with respect and dignity. People were fully encouraged to be involved in their care and treatment and in making daily choices. The service was committed to promoting people's independence.

There were quality assurance audits in place to monitor the service and improvements were continuously sought. People and their relatives were encouraged to give feedback to facilitate change. There was a clear ethos of promoting person centred values and inclusion throughout the staff team.

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 and staff knew how to recognise abuse and how to report any concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's needs were assessed before their admission and care planned to ensure it met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received regular support through one to one supervision.

Staff had been trained in the Mental Capacity Act (2005) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff encouraged people to be fully involved in their care and to express their wishes and choices.

The service fully promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People and their relatives knew how to raise concerns and were confident action would be taken.

People's diverse needs were respected.

Is the service well-led?

Good

The service was well-led.

The service has systems in place to monitor the quality of service.

The service looked for ways to continuously improve.

There was a clear ethos of promoting people's independence and inclusion throughout the staff team.

Cornerstones Supported Living Services Head Office

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 site visit took place on 15 and 16 August 2018 and was announced. We gave the service three days' notice of the inspection visit because the people using the service can become unsettled by the presence of an unannounced visitor. This gave the provider an opportunity to plan our visit with the people using the service. The inspection was carried out by one inspector.

Before the inspection we reviewed the information, we held about the service and the service provider. This included statutory notifications sent to us by the registered manager. Notifications are information about specific important events the service is legally required to send to us.

We spoke with five people, two relatives, three support staff, the registered manager and the operations manager. During the inspection we reviewed five people's care plans and daily records. We reviewed records relating to the management of the service, including policies, procedures and staff personnel files. We looked at accident and incident reporting and quality assurance audits. Following the inspection one professional responded to our request for feedback about the service.

Good

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. Staff told us they had received safeguarding training and were knowledgeable about their responsibilities to report any concerns. We confirmed this by reviewing training records. Staff had access to guidance and information about safeguarding people, to help them identify abuse and respond appropriately. There was a Wiltshire adult safeguarding flowchart visible in the staff room in people's homes and a policy in the main office.

Staff were aware of their responsibility to whistle blow and understood who to contact. The staff we spoke with told us they had not needed to whistle blow. Whistleblowing is the term used when a worker passes on information concerning wrongdoing by other staff. Whistleblowing procedures ensure that the whistle blower is protected from reprisals when they raise concerns of misconduct witnessed at work.

Risk assessments were in place to protect people whilst also supporting them to maintain their freedom. One person had a risk assessment around withdrawing support when the person's behaviours escalated. This included, how staff were to identify hazards when the person was not visible to staff and identifying places of safety for staff and others. For example the kitchen was considered a place of safety which also prevented the person's access to hot or sharp items. Staff could observe the person's environment from the safety of the kitchen. The registered manager identified, through the review process, that the risk assessment should also include what methods staff had tried but had found to be ineffective. They also identified that less restrictive options should be trialled. For example, staff observations or considering the use of visual monitors, which were to be discussed in a best interests meeting with the persons representative.

There were sufficient numbers of staff available to support people. Staff rotas were developed following a comprehensive multi-disciplinary assessment of people's needs. Staffing levels were reviewed according to the changing needs of the people using the service. The service had safe recruitment practices in place. This included references, identity checks and Disclosure and Barring Services (DBS). A DBS check allows employer to make safer recruitment decisions and helps to prevent unsuitable people from working with vulnerable groups of people. There was a stable staff team with a low turnover rate and minimal use of agency staff. This meant that people knew the staff team well and staff were consistent in their support of people.

Medicines were managed, administered and stored safely. Staff received training in medicines administration and had regular observations to check competency. We confirmed this by reviewing training and supervision records. Staff were knowledgeable in the 'five R's' of medicines administration (the right person, right drug, right dose, right route and right time).

Where people were self-administering their own medicines, a risk assessment had been completed. The service had a medicines policy in place, but on the day of the inspection no formal protocols for 'as required' medicines. This was discussed with the registered manager at the time of the inspection who took immediate action to develop a new protocol which was sent to us.

People were protected from the risks of infection. Staff told us they had training in infection control practices and we confirmed this by reviewing training records. Staff told us they use personal protective equipment (PPE) appropriately and they were available in people's homes. Where people were able, they were involved in helping to clean their homes alongside staff. People were encouraged to use safe hygiene practices, for example hand washing in the kitchen.

The service monitored accidents and incidents and reflected on them as a means of improving safety for people. For example, we observed an incident monitoring form for one person, which showed when and how often incidents and accidents occurred. The registered manager had oversight of these and could identify a pattern in occurrences. The investigation highlighted that periods of increased incidences coincided with a cessation in the person's medication. Decreased incidences occurred when the person's medication was re-introduced. The registered manager told us that this was a good example of joint working using clear evidence to inform their decision making alongside the person's representative.

Good

Is the service effective?

Our findings

People were assessed by a multi-disciplinary team to identify the right support appropriate to their needs. When staff were recruited they were matched to people using the service according to their experience, personality and interests. Matching worked both ways and people had the opportunity to decide if they wanted a staff member to support them or not. New members of staff underwent interviews with people, where they were able, in their homes.

Staff received regular training to equip them with the skills and knowledge to support people's needs. Staff told us that they had plenty of training which was updated annually. Most training was on line but the provider was also re-introducing face to face training. The registered manager told us this mix of training methods would suit the different learning needs of staff. We saw a training matrix which showed where training had been completed and when updates were required. The registered manager told us they planned to introduce individual training schedules as part of personal development plans. This would mean that staff would take control and responsibility for their own learning. The providers mandatory training must be completed prior to further specialised training such as QCF. The Qualification and Credit Framework enables staff to build credits towards certificates or diplomas in social care. Mandatory training included equality and diversity, person centred care and safeguarding.

New staff attended training along the lines of the care certificate during their induction period. The care certificate is a national scheme to ensure that all staff working in social care have a basic understanding of the way they should be working. The registered manager told us that all staff will have Positive Behaviour Management training which will equip staff with the skills to 'think outside of the box' and be more creative in developing strategies for support and communication.

Staff were supported through regular supervision and informal one to one discussions with the registered manager. The supervision matrix showed when supervisions had taken place and when they were booked. The registered manager was also introducing telephone supervisions to be more flexible and creative with staff time. Supervision included staff welfare discussions, any concerns and personal development. The registered manager viewed supervision as "a proactive and positive support mechanism."

People were supported to plan and prepare meals that met their individual tastes and needs. There was a menu plan which was devised weekly with people and staff. People using the service shared the cooking and the shopping for groceries. People told us what they liked to cook, one person made jam tarts and another person liked to make cheesecake. The menu plans observed showed that people had a varied diet.

The service worked closely with health and social care professionals to develop personalised support plans. For example, input from Occupational Therapists, Clinical Psychologists and Advanced Nurse Specialists in Learning Disabilities. We saw a 'Multi Agency Positive Behaviour Support Plan' for one person. This included a robust and comprehensive assessment of the person's needs, their displayed behaviours and how they processed information. The plan enabled staff to understand the person's behaviour by describing the function and what the person will gain from the behaviour.This guidance detailed to staff how to identify

triggers and what actions to take.

People could see their GP or community health specialists where necessary. Support plans described the support they needed to attend appointments, how often they needed to attend and when equipment for example needed to be re-assessed. Daily records showed when people had attended health appointments, including actions and follow up requirements.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 people lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Mental capacity assessments had been carried out to determine whether people had the capacity to make certain decisions. The assessments we saw included details of how the person communicates, how they express their wishes and feelings, for example which behaviour or signs mean happy or sad. Where people were assessed as lacking capacity to make a decision we saw that a best interest's decision had been made with professionals, relatives and where appropriate, a representative involved in their care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. For people receiving care in their own homes this is an Order from the Court of Protection. The registered manager told us that they had provided information to the local authority identifying people who may need to be referred to the Court of Protection for lawful arrangements to be made. We saw evidence of using least restrictive practices for one person in relation to the frequency of using specialist protective equipment, and monitoring to finds ways of continuously reducing restrictive measures. This meant the service was following the principles of the MCA.

Good

Is the service caring?

Our findings

People using the service told us they were happy with their support team and their living arrangements. Many people had shared their homes with each other for a number of years and considered their housemates as friends. One person told us their housemate was, "My friend, we have lived here for 10 years, I'm really happy." People were comfortable and relaxed in each other's presence and with support staff. There was lots of conversation and laughter. People and staff chatted with each other, talking about their plans for the day and what they wanted to do. Each person had their own room which was personalised with their belongings. Staff told us people's private spaces were respected by everyone in the house.

Some people had sleep in support at night and they knew which members of staff would be on duty at which times. People told us the names of the staff who would be supporting them each day and had their names and pictures on a pin board of information in their kitchen. Other people were more independent and did not need overnight support from staff. This was very important to one person we spoke with who had been living independently for many years. They knew how to lock up at night and keep their home safe. The registered manager and the staff we spoke with clearly knew the people they supported very well. They could tell us about the dynamics between the people sharing, what people liked or disliked and how they preferred to do things. They spoke respectfully about people's preferences and specific needs. The service was very inclusive and sought people's feedback and opinions regularly. One person's feedback stated, "I choose what I want to do every day."

People were encouraged to be as independent as possible and to make their own decisions and choices about everyday life. The people we spoke with told us they had a house rota for cooking and looking after their home. They were fully involved in developing this and sharing tasks. People could come and go independently as they wished (with support if needed) and visit friends and family when they chose to. One person told us they saw their family regularly and their relative confirmed that they were very satisfied with the care they received. "I have no worries at all, I have peace of mind, I see [person] often and [they] are really happy, absolutely wonderful, the best of care."

Each person had a hospital passport with essential and personalised information for medical staff if they should require hospital admission. This helped to maintain their dignity and independence by ensuring their abilities to participate in their treatment were recorded. It also detailed their preferences, likes and dislikes, to maintain personalised care. During the inspection we observed staff treating people with dignity and respect at all times. Staff understood the importance of maintaining people's confidentiality. They understood how to apply the principles of privacy and dignity when supporting people.

Good

Is the service responsive?

Our findings

People's support plans contained a 'pathways to independence' section which detailed goals and potential achievements. One person chose day trips and holidays and places to visit. Another person wanted to purchase birthday cards and write letters independently. Support plans also detailed activities and interests and one person told us, "I love animals and I go to lots of clubs."

We saw one person's 'supporting positive behaviour' assessment and support plan, developed by a multi-disciplinary team of health and social care professionals. This was regularly reviewed and adapted when changes occurred. For example, when the person's behaviours escalated the protocol guided staff to withdraw to a safe place, whilst the person's behaviours de-escalated. The recommendations made were to re-assess the withdrawal protocol following an injury to the person's foot during withdrawal time. The outcome was for staff to check the person for any injuries following every period of withdrawal, and continue to observe whilst being withdrawn from the persons presence.

Regular reviews of people's support plans by the service also served to provide evidence for requests to increase people's levels of support when their needs changed. For example, detailed monitoring of changes in one person's behaviour and incidences of self injurious harm. This then led to agreements between the service and commissioning services to increase their one to one support.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was compliant with this requirement. We saw that people's individual communication needs had been assessed and information was adapted accordingly. For example, there were easy read and pictorial versions of policies and the complaints procedure.

We saw records which showed the provider had a complaints policy and procedure in place. There was recorded evidence that people's concerns were investigated and actions reported back to the person making the complaint. All concerns or complaints are responded to within 72 hours. For example, one relative raised a concern regarding a lack of communication from the support staff regarding their loved one's requirements. This was fed back and reiterated to the staff group during a team meeting and a reminder placed in the home to prompt staff to communicate more regularly.

The service was not providing end of life care at the time of our inspection. However, there was evidence that the subject had been discussed. People had been given the opportunity to record their wishes and we observed that some people had funeral plans in place. These included preferences for cremation or burial, flowers and music.

Good

Is the service well-led?

Our findings

The service had a registered manager in post, who was present throughout the inspection. We spoke with the operations manager who had a clear vision of how they wanted the service to offer high quality personalised care and support. These values were very evident within the whole staff group and the registered manager promoted an inclusive and empowering ethos within the team. The registered manager told us, "learning about, knowing and understanding people is key" and he clearly knew the people who used the service very well. The staff we met spoke highly of the registered manager. They told us he visited people's homes (the service locations) regularly and was available for support at all times.

The registered manager and operations manager were both positive about the new owner, The Care Management Group and their vision for service improvements. One area they had developed was a return to face to face training continuously throughout the year. The registered manager told us, "This will enable staff to develop and engage in a more appropriate learning style for them."

There was a system of audits and quality monitoring of the service. The registered manager received monthly reviews of ongoing support and audits from all services, for each person. This meant that the registered manager was kept up to date of any changes or appointments for people using the service. The findings across services were then assessed by analysing what was in date, what was out of date, was there an alert? For example, one person missed a dental appointment. This was investigated, the reasons found and another appointment was made. The audits all showed actions and who would do what by which date. The registered manager has recently updated the audits to a colour coded format which clearly represented the necessary current information.

The audit system was also being used as a staff development tool as it identified areas for development within each service location. This enabled the registered manager to trial ideas and put new systems in place bespoke to the needs of the people using the particular service. For example, in one service location an emphasis on positive behaviour management training for staff, had shown improvements in the reporting of incidents of challenging behaviour. The registered manager told us "We need to adapt our way of working, people are more in control of their lives, this is what I have embedded, it is a cultural change. Staff are very receptive to change, they tell me what is working and what is not working. It reduces complacency."

The service had systems in place to request and monitor feedback and take action on the comments made. People using the service, who were able to provide feedback, had regular tenant meetings. The registered manager had devised an action plan on how suggestions and concerns raised by families through questionnaires were to be addressed. Feedback was positive, one family member stated, "Thanks for all you do and have done over the years to support [person]. I don't know what we would have done without you."

The registered manager told us they are continuously looking at ways to improve systems by trialling new formats and adding more structure to processes. Interactive workshops for people around personal safety (which received good feedback from people) will be re-introduced. The registered manager told us they

worked closely with colleagues from Wiltshire Council commissioning service and the Community Team for People with Learning Disabilities to develop individualised support plans.