

House Of Light Trust Limited

The Cornerstone

Inspection report

115 Doncaster Road
Rotherham
South Yorkshire
S65 2BN

Tel: 01709365387

Date of inspection visit:
21 February 2017

Date of publication:
30 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 21 February 2017 and was unannounced. The last comprehensive inspection at the home took place in February 2015, when a breach of legal requirements were identified. The provider sent us an action plan outlining how they would meet the breach. We inspected the service again in June 2015 to look at the progress and found they were meeting requirements. However, the rating of the service remained as requiring improvement as we needed to ensure that the actions taken were embedded into practice. You can read the report from our last inspections, by selecting the 'all reports' link for 'The Cornerstone' on our website at www.cqc.org.uk.

The Cornerstone provides support and accommodation for up to eight people who have a learning disability. The home is situated near to Rotherham town centre and local amenities.

The service had a registered manager in post at the time of 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.

The day to day running of the service was the responsibility of the home manager. The home manager told us that the registered manager was based at the home Monday to Friday every week, and was available to support the staff and service when required.

Risks associated with people's care had been identified but the service did not always address them adequately. For example, some people had been assessed as being at risk of accessing the building during the night. However the service had not adequately reduced the risk.

During the day there was enough staff available to meet people's needs and to support people to engage in community activities when required. During the night the service had one sleeping in member of staff and we asked the home manager to look at the risks associated with this.

We identified some concerns with the safe handling of medicines. For example the temperature of the room where medicines were stored was not checked. Also protocols in relation to medicines prescribed on an 'as and when' required basis, were not always clear.

The provider had a safe and effective system in place for employing new staff. We looked at three staff files and found that pre-employment checks had been satisfactory completed.

Staff we spoke with said they received appropriate support and training to do their job. However, we saw that the training records did not always support this. We spoke with the home manager who told us that the training they accessed had minimum places.

We looked at care records and found that they gave a short paragraph about the person's capacity. However, this was not decision specific and did not give any further detail on how to support the person.

People were supported to eat a healthy diet based on their nutritional requirements. People who used the service spoke with us about their meals.

The core values of the service were privacy, dignity, independence, choice, rights and fulfilment. These values were used to create, implement and monitor care plans. The staff we spoke with were aware of these values and told us that they aimed to provide an environment where people were supported to develop skills.

We saw people had support plans in place. These were reviewed and updated and reflected people's changing needs. Care plans reflected people's choices, wishes and decisions.

We saw that people were supported to maintain community interests and staff were available to provide social support.

The service had a complaints procedure and people told us they would talk to staff if they were worried about anything.

We saw that audits took place to check if policies and procedures were being implemented and to check on the quality of service provision. Audits were in place for areas such as, infection control, medication, health and safety, and care plans. However, these audits lacked detail and did not always identify areas of concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Risks associated with people's care had been identified but the service did not always address them adequately.

During the day there were enough staff available to meet people's needs and to support people to engage in community activities when required. During the night the service had one sleeping in member of staff and we asked the home manager to look at the risks associated with this.

We identified some concerns with the safe handling of medicines.

The provider had a safe and effective system in place for employing new staff.

Is the service effective?

Requires Improvement 

The service was not always effective.

We looked at care records and found that they gave a short paragraph about the person's capacity. However, this was not decision specific and did not give any further detail on how to support the person.

Staff told us they received appropriate training. However, this was not always reflected in the training records.

People were supported to eat a healthy diet based on their nutritional requirements.

Is the service caring?

Good 

The service was caring.

We observed staff and found they interacted well with people.

Staff ensured that people's choices and preferences were

provided and respected.

Staff we spoke with could explain how they respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

We saw people had support plans in place. These were reviewed and updated and reflected people's changing needs.

We saw that people were supported to maintain community interests and staff were available to provide social support.

The service had a complaints procedure and people told us they would talk to staff if they were worried about anything.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Audits in place to monitor the service lacked detail and did not always identify areas of concern.

People who used the service had a voice and were given opportunities to share their views and opinions about the service.

The service completed a quality survey periodically and invited professionals, people who used the service and their relatives and staff the opportunity to comment about the service and how it could be improved.

The Cornerstone

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on the 21 February 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with four people who used the service, and spent time observing staff supporting people.

We spoke with two care workers, and the home manager. The registered manager was on leave at the time of our inspection. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

At our previous comprehensive inspection in February 2015 we found people were not protected against the risks associated with unsafe use and management of medicines. This was a breach of regulation 13 HSCA 2008 (regulated activities) regulations 2010. This corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. When we visited in June 2015 we found improvements had been made, but these improvements required embedding in to practice.

At this visit we found that some issues had been embedded. For example, the recording of medicines administered had improved and the Medication Administration Records (MAR) we saw were fully completed. We also saw that controlled drugs were stored in a separate metal drug cabinet. We checked the amounts and records of the controlled drugs and found them to be correct. A fridge was also available for the storage of medicines which required cool storage. Temperatures were taken on a daily basis of the fridge and recorded.

However, we saw that the room where medicines were stored did not have a record of temperatures taken. We raised this with the home manager who told us this would be actioned.

We looked at records in relation to medicines prescribed on an 'as and when' required basis. We found these were unclear. For example, there was no protocol in place to identify the medicine, what it was used for and signs to look for to indicate it may be required. The home manager felt that the current record in place to indicate all medicines prescribed to the person could also be used for this purpose. The home manager told us they would look at developing this.

We spoke with people who used the service and they told us they were supported well by the staff team. They told us that staff were always available to them. On the day of our inspection we saw there were enough staff available to support people at the service and also to assist people to engage in activities in the community.

We looked at the rota and spoke with the home manager about staff available during the night. We were told that one staff member was available who slept at the home and was on call if anybody required assistance. We saw that the layout of the building included bedrooms on three floors, with the staff member sleeping on the top floor. We saw that people had risk assessments completed which indicated they could be at risk during the night. For example, one person had a risk assessment in place which highlighted a hazard if accessing other parts of the building during the night as the bathroom they used was situated at the top of a flight of stairs. The controls in place were that the bathroom had non-slip floor covering and to ensure floors were uncluttered and the light remained on. Another person was at risk of colliding into objects due to their impaired vision. We spoke with the home manager about this and looked at the accident and incident records. The home manager told us that people rarely woke at night and that the person sleeping in would hear people if they required support. However, people who used the service did not have access to a call system or any means of making contact with the member of staff sleeping in. They also told us that waking staff had been rostered to work during the night when people had been ill.

During our inspection we saw that the room used for storing cleaning products did not have a lock to secure them. Also as the door opened there was a step which led down in to the room. This meant that people had access to the room and could also be at risk of falling down the step.

We saw that the upstairs bathroom/toilet did not contain any hand wash or towels. The home manager told us that this was because only one person used the room and was prone to placing the towels and hand wash on the floor, which would create a trip hazard. However, no other option had been considered for hand washing following use of the toilet. This presented an infection control risk.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks associated with people's care had been identified but not always addressed appropriately.

We looked at records in relation to accidents and incidents and found that accident forms were completed appropriately. However, there was no analysis in place to monitor trends or patterns which may merge as a result of accident. We spoke with the home manager about this who told us they would address this.

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "I love it here, staff are nice and always around." Another person said, "Yes it's safe here." We spoke with staff who were knowledgeable about safeguarding people from abuse. They told us they would report any concerns of this nature to the home manager and they would take appropriate action. Staff told us that they received training in safeguarding and could identify the types of abuse and how to recognise it.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff. The three files we looked at contained pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Our findings

We spoke with people who used the service and they told us the staff knew them well and knew what they were doing. One person said, "The staff are really nice and they look after me well."

We spoke with staff who informed us that they received appropriate training to provide them with the skills to do their job. Staff told us they had completed mandatory training which was provided face to face. We looked at records in relation to staff training and saw that each member of staff had a training and development plan in place. This stated that mandatory training was to be completed as well as specific training relevant to their role. Staff we spoke with told us they received appropriate supervision. Supervision was a one to one meeting with their line manager.

We spoke with the home manager about training and were informed that they sourced training via the local authority and had used distance learning packages to meet training needs. We looked at the training matrix. This recorded training which had been completed and highlighted when training was due to be refreshed in line with the company policy. We saw that there were some gaps on the training matrix which indicated that some training had not been completed in areas such as infection control and Mental Capacity Act 2005. We spoke with the home manager about this and were informed that there were limited places available on the courses they accessed and was unsure when places would become available. The home manager told us that there were no plans in place to source alternative training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at care records and found that they gave a brief overview about the person's capacity. However, this was not decision specific and did not give any further detail on how to support the person. Some staff we spoke with told us they had not received training in MCA and DoLS. The home manager told us the manager's had recently completed training in this subject which was aimed at the provider and manager roles. The home manager told us they were waiting to receive certificates for this training. The home manager told us that the provider was focusing on MCA at present and will ensure this is reflected in care records in the future.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to eat a healthy diet based on their nutritional requirement. People who used the service spoke with us about their meals. They told us that they sat together on a weekend to decide what

they would like on the menu for the coming week. They were then supported by staff to draw up a menu, a shopping list and purchase foods they would require. Where possible people were involved in food preparation.

All the people we spoke with told us they really enjoyed their meals. They were given choice and if they didn't like something or changed their minds, they could have something else. One person said, "The meals are very good. We can have choices; they (the staff) ask us the day before what we would like."

We looked at care records and found that people were referred to healthcare professionals when required. We also saw that regular check-up appointments were maintained with doctors, dentists and chiropodists.

Is the service caring?

Our findings

Throughout the inspection we observed staff supporting people who used the service with consideration and respect. We spoke with people and they were happy with the care provided. One person said, "The staff are nice to me." Another person said, "The staff are lovely, I like it here."

The core values of the service were privacy, dignity, independence, choice, rights and fulfilment. These values were used to create, implement and monitor care plans. The staff we spoke with were aware of these values and told us that they aimed to provide an environment where people were supported to develop skills. Staff were able to talk about people's choices and interests and were keen to ensure people lived a life they enjoyed. We looked at care records and saw that people's likes and dislikes were incorporated within their care plans.

We asked staff how they would ensure people's privacy and dignity were maintained. They explained that they would knock on the door and wait for a response before entering their room. Staff also told us that they would preserve people's dignity when bathing them and cover parts of the person up with a towel so they were not totally exposed. One care worker said, "It is important to communicate what you are doing and offer an explanation. The person is at the centre of their care."

People were supported to maintain relationships with their family and friends. People visited their families and some went on holidays with them. Family and friends were also welcome at the home. Care plans we saw identified people's 'circle of support,' which included people the person cared about the most and who they wanted to maintain in contact with.

We observed staff interacting with people who used the service and found they were kind, caring, polite and considerate. During our inspection we saw one person returned from shopping and was keen to show staff what they had purchased. The staff member knelt at the side of the person and showed interest by maintaining eye contact and listening to the person. We also saw staff offering food choices throughout the day and choices in relation to how they wanted to spend their day.

People who used the service had been involved in devising a 'resident's charter.' This included how people would like the service to operate and what they expected. For example, staff to be polite, kind and respectful, knock on door and wait for a reply and turn off mobile phone while assisting me.

Key workers were in place to build a positive relationship with people and to take responsibility for the person's care plan.

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they felt involved in their care. People told us that the staff spoke with them regularly about their care and checked with them that everything was alright and how they wanted it to be.

People had care plans in place for things such as managing finance, food preparation, care of their room, medication, personal hygiene and hobbies and interests. These offered guidance on how best to support the person and to ensure people received appropriate care and support which met their needs. For example, one person had a care plan in place regarding support in the bath. The person could become quite anxious and therefore there were steps in place to reduce this and make the task pleasant. This was done by making sure the staff were organised and had everything they needed before going to the bathroom.

Care plans were reviewed on a monthly basis and mini goals were identified. These gave the person time to decide what they would like to achieve and set small goals to accomplish their chosen outcome. For example, one person was involved in the community garden project. This had been developed with the two other sister homes in the area and gave the person a purpose.

We saw that people were involved in community activities as well as activities at the service. For example, on the day of our inspection people were shopping, out at day centres, and going for walks. People had an activity schedule in place which they had been involved in. One person enjoyed recycling and was involved in this at the service. They told us they recycled card, paper, glass, and cans and they took the role seriously and did this independently.

The provider had a complaints procedure in place and this was available in an easy to read version. However, this was not displayed or given to people unless it was asked for. People we spoke with told us they would talk to staff if they had any concerns. They all felt confident that the staff would sort their concern out. We spoke with the home manager and they told us that they recorded complaints in a book, but that had not received any in the past year.

We spoke with the home manager about how the service captured low level concerns and were told that they were resolved as they arose. This did not show how the concerns had been dealt with. The home manager told us that they would start to record these to show what action had been taken.

Is the service well-led?

Our findings

We spoke with people who used the service and they felt the registered manager and the home manager were approachable and friendly.

The registered manager was supported by the home manager who was responsible for the day to day management of the service. The registered manager was based at the service five days a week and the home manager told us they were available for support. The home manager was supported by a deputy manager and a team of support workers. Some support workers were allocated the 'responsible person' and took leadership of the shift where needed. A staff member told us that they had experienced some changes recently including staff vacancies which had impacted on the leadership of the service as the home manager had been required to cover shifts in the service.

We saw that audits took place to check if policies and procedures were being implemented and to check on the quality of service provision. Audits were completed by the home manager and were in place for areas such as, infection control, medication, health and safety, and care plans. However, these audits lacked detail and did not always identify areas of concern. For example, the audit for infection control just gave items to be checked such as cleaning products, mops and buckets and anti-bacterial hand wash. Also the audit in place for medication was set out similar and again did not clearly explain what had been checked. Audits did not explain in any depth what standards were being checked and what the expected outcome was.

During our inspection we identified some concerns which had not been identified by the audit process, despite audits being completed in these areas. For example, the medication audit had not identified that no room temperature was being taken of the room where medicines were stored. The audit did not identify that PRN protocols did not contain sufficient detail. The infection control audit had not highlighted that the bathroom upstairs did not have any hand wash or towels in place. This showed that the audits in place were not effective.

At our last comprehensive inspection which took place in February 2015, we found a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We completed a focused inspection in June 2015 and found the service had taken action to address the concerns we raised. However, at our inspection of February 2017, we found concerns regarding medicines prescribed on an 'as and when' required basis. We also found areas of concern in relation to risk assessments; training and the understanding of the Mental Capacity Act 2005.

At our inspection of February 2015 we found that people did not have risk assessments in place in relation to support at night. At our inspection of February 2017, we found that these had been completed and had highlighted some risks. However, these had not been addressed effectively.

The service completed a quality survey periodically and invited professionals, people who used the service and their relatives and staff the opportunity to comment about the service and how it could be improved.

The results we saw from the surveys were positive; however the results were not collated.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Monitoring of the service was ineffective as they did not identify concerns within the service. Providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others.

There was evidence that people were consulted about the service provided. A meeting was held on a monthly basis for people who used the service. This was known as the 'resident's forum,' and gave people the opportunity to discuss issues and have their say in how the service operated. Agenda items included, what outings people wanted to go on, plans for celebrating events such as Easter and Christmas and discussions around holiday options. Residents meetings took place every Friday to discuss plans for the coming week. These meetings were effective and we saw photos and documentation which showed that these events had taken place successfully.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent There was a lack of mental capacity assessments and best interest decisions had not been recorded.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's care had been identified but not always addressed appropriately.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Monitoring of the service was ineffective as they did not identify concerns within the service.