

Cornerstones (UK) Ltd St Patrick's House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

St Patrick's House is a care home which provides accommodation and personal care for up to eight people with learning disabilities, some of whom also have mental health needs. At the time of our inspection seven people were living at St Patrick's House.

This inspection took place on 12 January 2015 and was unannounced. We returned on 15 January 2015 to complete the inspection.

There was no registered manager in post at the service. 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 and associated Regulations about how the service is run. The previous registered manager had left the service without cancelling their registration and we had not been informed of the arrangements for the management of the service.

The service did not securely store all medicines they held for people. This increased the risk that people's medicines may be misused.

Summary of findings

People's care plans and risk assessments were not up to date, and some documents contained contradictory information. This increased the risk that staff would not know people's current needs or how to meet them.

People who use the service were positive about the support they received and praised the quality of the staff and management. Comments included, "I feel safe and staff treat me well"; and "They (staff) provide the support that I need".

Relatives told us they felt people were safe when receiving care and were involved in developing people's support plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. One relative commented, "I am satisfied that they know (my relative) extremely well, and are able to offer him the security and consistency of care which he requires in order to take part in community life".

Staff understood the needs of the people they were supporting. We saw that care was provided with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values of the service. Staff had completed training to ensure they had the knowledge and skills to meet people's needs.

People were confident they could raise concerns or complaints and they would be listened to. The provider and management team assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe. Medicines were not always stored securely. This increased the risk that medicines may be misused.

People were supported to take risks and there were plans in place to manage the risks they faced. However, these plans were not always clear and some had not been kept up to date.

Systems were in place to ensure people were protected from abuse. There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they were distressed or asked for support.

Requires Improvement



Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to make choices about their food and drink and to develop skills to plan and cook their meals.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Good



Is the service caring?

The service was caring. People spoke positively about staff and the support they received. We observed that staff were caring in their contact with people.

Care was delivered in a way that took account of people's individual needs and the support they needed to maximise their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Good



Is the service responsive?

The service was not always responsive. People's support plans were not always up to date and some plans contained contradictory information.

People were supported to make their views known about their care and support. Staff had a good understanding of how to put person-centred values into practice in their day to day work and demonstrated how they took an individual approach to meet people's needs.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not well led. The registered manager had left her post without cancelling their registration. The provider had not informed us of these changes, what their arrangements were for recruiting a replacement or how the service would be managed in the interim.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people, their representatives and staff and were used to improve the quality of the service.

Requires Improvement



St Patrick's House

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 to assess 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 12 January 2015 and was unannounced. We returned on 15 January 2015 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all

other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with four people who use the service, the deputy manager, the operations manager and three support workers. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for three people. We also looked at records about the management of the service. We received feedback from two relatives, a social worker and a community nurse following the visit.

Is the service safe?

Our findings

Medicines held by the home were not always securely stored. We saw that some medicines were not stored in a suitable cabinet. The medicines cabinets did not have a secure lock and were not fixed to the wall, which was not suitable for the types of medicines that were being held. This increased the risk that medicines held in the home could be misused. Other medicines held by the home were securely stored.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people who use the service needed staff to provide physical interventions at times if they became angry or distressed. This was because of the risk people may pose to themselves and other people around them. We saw that people had 'positive behaviour support plans', which set out the support staff should provide in an attempt to de-escalate situations and prevent the need for physical interventions.

There was also information about the type of physical intervention that should be used, however, this information was not all in the same place and was confusing. One person had a physical health condition which caused pain in their arm. Some of the plans in place for this person included details about their arm and the need to ensure staff were careful not to cause pain or injury. However, the plan setting out the physical interventions that were agreed for this person did not have any information about their arm. This increased the risk that staff would not have enough information to provide safe physical interventions for this person.

We saw there were two incidents in August 2014 in which staff used physical interventions with this person. Neither of the records stated what intervention had been used and the sections on the form to record the checks that had been carried out on the person within 48 hours of the incident had been left blank. This did not demonstrate that staff had thoroughly checked the person for any injuries following the physical intervention.

This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found people were supported to take the medicines they had been prescribed. A medicines administration record had been completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was also an accurate record of medicines held in the home.

People said they felt safe living at St Patrick's House. Comments included "I feel safe and staff treat me well"; and "I feel safe at St Patrick's". One person told us they had a mobile phone which they used to call staff when they were out in the community alone. The person said this provided them with reassurance. During our observations we saw that staff intervened where necessary to keep people safe. For example, we saw staff provide assistance for one person to safely negotiate some stairs whilst carrying a hot drink and we saw staff remind one person about slowing down whilst walking inside. These actions helped to minimise the risk of falls and injury to people.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the senior managers would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside St Patrick's House if they felt they were not being dealt with.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to travel independently on local buses, safe use of the internet and accessing work experience placements. People had been involved in the development of the risk management plans

Is the service safe?

and there had been input from professionals involved in their care. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Sufficient staff were available to support people. People told us there were enough staff available to provide

support when they needed it. Staff said there had been a shortage of staff, but the recruitment of new people over the previous six months and made a lot of difference. Staff told us they were able to provide the support people needed, with comments including, "Staffing levels are flexible, and are changed when people want to do things later in the evening"; and "There are sufficient staff to enable people to get out and socialise. We are able to give people the support they need". We observed staff responding promptly to people's requests for assistance, for example when people asked for support to go out to shops or to complete household tasks such as laundry. We saw that staff were able to take their time with people and were not rushed.

Is the service effective?

Our findings

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw that these supervision sessions were recorded and the deputy manager had scheduled regular one to one meetings for all staff. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, “All the senior staff are approachable. When things go wrong they provide advice and guidance” and “I have regular supervision and feel well supported”. We saw that support workers who were new in post were completing an induction. The operations manager told us they had recently developed new formats for supervision and appraisal of staff, as the previous systems had been informal and not always recorded.

People told us staff understood their needs and provided the support they needed, with comments including, “I get good support from staff”; and “They (staff) provide the support that I need”. We also received positive feedback from people’s relatives, with one commenting “I am satisfied that they know (my relative) extremely well, and are able to offer him the security and consistency of care which he requires in order to take part in community life”.

Staff told us they received regular training to give them the skills to meet people’s needs. Staff received a thorough induction and training on meeting people’s specific needs, including physical interventions and strategies to de-escalate situations before physical interventions were needed. This was confirmed in the training records we looked at. The operations manager told us they had recently changed the physical intervention training staff were given. The new training was accredited by the British Institute of Learning Disabilities (BILD) as following current best practice.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection there was one authorisation to restrict a person’s liberty under DoLS. We saw that this authorisation was being followed and staff were not depriving the person more than had been authorised. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. The deputy manager was aware of a recent change in the interpretation of the law regarding deprivations and reported three further applications for authorisations under DoLS had been submitted as a result. We saw that these applications had been received by the local supervisory body and were in the process of being assessed.

People told us they enjoyed the food and were involved in planning meals. People said they were always able to have a different meal if they did not like what had been planned. One person said they liked to prepare their own meals at a different time to everyone else in the home. We saw an evening meal being served, which was a social occasion with chatting and laughter. People were discussing what they had been doing during the day and there was a relaxed, friendly atmosphere.

People were able to see health professionals where necessary, such as their GP, community nurse or mental health staff. A community learning disabilities nurse told us; “I find staff to be open and they always contact the relevant people when concerns arise to seek advice. Regular reviews have taken place for the individual I work with in order to give this individual the chance to speak of their feelings/needs/concerns and has always been person centred to meet this individual’s wishes.”

We saw people had a ‘Health Action Plan’, which was used to ensure they were accessing all of the health services relevant to them. They also kept an on-going record of the outcome of people’s consultations and actions that were needed to support people to remain healthy.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, “They treat me well and listen to me”; and “I am involved in writing my support plans, they listen to me”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff providing reassurance and comfort when one person was upset and distressed.

Staff had recorded important information about people, for example, personal history, likes and dislikes and important relationships. People’s preferences regarding their daily care and support were recorded. People were involved in the development of their support plans and had signed them to indicate their agreement with them. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people’s preferences for their daily routine and how they liked to spend their time. Staff were aware of how people reacted differently and the methods they could use to help people when they were upset or distressed. This information was used to ensure people received care and support in their preferred way.

People and those who knew them well were supported to contribute to decisions about their care and were involved wherever possible. For example, relatives told us they had regular review meetings with staff to discuss how their support was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s support plans. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people and their relatives were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from support staff. People told us staff put this training into practice and treated them with respect.

Staff described how they would ensure people had privacy and confidential information about them was protected. For example ensuring doors were closed and not discussing personal details in front of other people. We observed that staff put this into practice during our visit, for example, staff were careful to ensure that discussions about people’s needs could not be overheard by others. Staff also demonstrated respect for people’s privacy by not entering their room until they were invited.

Is the service responsive?

Our findings

People had support plans in place, however, we found that they were not always accurate. People's plans contained several different documents including 'Things you must know about me', 'care protocols', 'care review record' and 'positive behaviour support plan'. We found that some people had contradictory information in the different documents in their file. For example, one person had no information about physical interventions in their 'Things you must know about me' document, but had a care protocol stating "do not use physical interventions unless a sustained attack on self or others". The plan did not contain any information about what a 'sustained attack' meant and when staff should intervene. The deputy manager told us staff should not use any physical interventions for this person and reference to it should be removed from their plan.

We saw that support plans had not always been updated as people's needs changed. One person had an entry in their 'care review record' in January 2013 to discuss concerns regarding their mental health. There was no further information to state whether this review took place, what the outcome was and whether any changes in the support plan were needed. Another person had support plans setting out their needs when taking part in specific activities at an employment project. The deputy manager reported that the person was no longer taking part in that activity due to changes in their needs. Although the plans were not accurate, we found staff had a good understanding of people's needs, were consistent in their responses to us and were aware of how people's needs had changed.

The deputy manager reported that they found the plans confusing as they did not follow a set format. The operation manager also acknowledged the plans were confusing and reported there were plans in place to implement a standardised format across the organisation.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Relatives said they were involved in discussions about people's needs and how they should be met. One relative commented, "I respect St Patrick's staff and managers for providing (my relative) with a home, and not institutional care, where he is treated as an individual and not as part of a group". During the visit we observed people taking part in a range of activities both in and out of the home. These included attending a local day service, taking part in household tasks such as shopping, cleaning and laundry and going out independently. People told us they were able to choose what they did and when they did it, saying there were staff available to provide support where needed.

People were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. They told us they knew how to complain and would speak to staff if there was anything they were not happy about. The deputy manager reported that the service had a complaints procedure, which was provided to people and their relatives. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. We saw records of complaints made and action taken by the service. Actions included working with other health and social care professionals to change ways of supporting people to avoid known flashpoints between people. We saw these actions were being followed in practice.

Is the service well-led?

Our findings

The registered manager of St Patrick's had left their post in December 2014 but had not cancelled her registration with CQC. We were not aware the registered manager had left the service until we arrived to complete the inspection. The provider had not notified us of the changes to the management of the service, given details of their plans to recruit a new manager or provided details of who would manage the service in the interim.

This was in breach of regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

The service was being managed on a day to day basis by the deputy manager, with support from the operations manager for the provider. The operations manager told us a new manager had been appointed and was due to start in February 2015. The operations manager said they were in the process of reviewing their mission statement and embarking on a cultural shift within the organisation. The plan was to ensure people who use the service were involved in everything that happened, including planning the support they receive and how the service is run. The operations manager said they were working with the quality team from Wiltshire Council to ensure the changes they made followed current best practice in relation to people's specific needs. The operations manager told us she expected the changes would take a further six months to be fully implemented.

Staff had a clear understanding of the changes that were taking place and expectations about the way care should be provided and the service people should receive. Staff valued the people they supported and were motivated to provide people with high quality care. Staff told us the management team demonstrated these values on a day to day basis. The deputy manager told us she had focused on

ensuring the team worked together effectively to meet people's needs. This had involved providing regular one to one support for staff, having regular staff meetings and being clear about the tasks she expected staff to complete.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff told us the management team gave them good support and direction. Comments from staff included, "The service runs well. We are waiting for the new manager but get good support from (the deputy manager) in the meantime" and; "Senior staff have provided continuity through the changes of management. They are able to provide guidance regarding values".

The deputy manager completed a range of audits of the quality of the service provided. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The operations manager said there was a system to review incidents to ensure that follow up actions had been completed, which was shared with directors of the company. The operations manager and directors visited the service regularly, although there were no formal reports of these visits. Staff told us they saw the directors regularly and felt they had a good understanding of issues in the service and of people's specific needs.

Satisfaction questionnaires were sent out yearly asking people, their relatives and staff their views of the service. The results of the 2014 survey had been collated and were positive.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the service. Staff also reported that they were encouraged to raise any difficulties and the deputy manager worked with them to find solutions.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 CQC (Registration) Regulations 2009
Notifications – notice of changes

The registered provider had not notified the Care Quality Commission of changes to the management of the service. Regulation 15 (1)(a)(b).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered provider had not ensured that care was planned in a way to meet people's individual needs and ensure their welfare and safety. Regulation 9 (3) (g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered provider had not ensured there were suitable arrangements to protect people against the risks of control or restraint being unlawful or excessive. Regulation 13 (2).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider had not ensured people were protected against the risks associated with the unsafe use and management of medicines by making appropriate arrangements for the safe keeping of medicines in the home. Regulation 12 (2) (f) and (g).