

Cornerstones (UK) Ltd

St Patrick's House

Inspection report

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Tel: 01980626434

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30 March 2016

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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

St Patrick's House is a care home which provides accommodation and personal care for up to eight people with learning disabilities. At the time of our inspection seven people were living at the service.

This inspection took place on 30 March 2016 and was announced. We gave the service short notice of the inspection to ensure people would be available to speak with us.

There was a 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.

At the last inspection in January 2015 we found medicines were not always securely stored. The provider wrote to us following the last inspection and said they would take action to store medicines safely by May 2015. At this inspection we found the provider had taken action to address this and medicines were safely stored.

At the last inspection we found incidents in which staff had provided physical interventions when people were distressed or angry were not always accurately recorded and followed up to ensure people were safe. The provider wrote to us following the last inspection and said they would take action to keep accurate records of physical interventions by May 2015. At this inspection we found the provider had taken action to address this and ensure clear information was recorded when any physical interventions were used.

At the last inspection we found support plans had not always been kept up to date and accurate. Some of the plans contained contradictory information. The provider wrote to us following the last inspection and said they would take action to update all of the information in support plans and introduce a clearer process by July 2015. At this inspection we found the provider had taken action to address this and support plans were accurate and up to date.

At the last inspection we found the provider had not notified the Care Quality Commission about changes to the management of the service. The provider wrote to us following the last inspection and said they would appoint a new manager who would submit an application for registration. An application for registration by the new manager was successful and the new registered manager was in post and available throughout this inspection.

The provider had taken action to address all of the breaches of regulations associated with the Health and Social Care Act 2008 that we identified at the inspection of January 2015.

People who use the service were positive about the care they received and praised the quality of the staff and management. Comments from people included, "I feel safe and like living here" and "The staff here are

very good and know my needs". People appeared comfortable in the presence of staff. We observed people smiling and laughing with staff.

People told us they were involved in developing and reviewing their support plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. People told us staff provided the support and care they needed in a kind way.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

There was strong management in the service and the registered manager was clear how they expected staff to support people. The provider assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

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 who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to care packages.

People's health needs were assessed and staff supported people to stay healthy.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about people.

Staff took account of people's individual needs and supported them to maximise their independence.

Staff provided support in ways that protected people's privacy.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were supported to make their views known about their support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

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

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place who demonstrated strong leadership and values, which were person focused. There were clear reporting lines through the organisation.

Systems were in place to review incidents and audit performance, to help ensure shortfalls were being addressed.

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 check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 March 2016 and was announced. We gave the provider short notice of the inspection before the visit to ensure someone was available during the visit.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Return (PIR). The PIR is information given to us by the provider.

During the visit we met five of the seven people who use the service, the registered manager, deputy 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 support and decision making for three people. We also looked at records about the management of the service.

Is the service safe?

Our findings

At the last inspection in January 2015 we found medicines were not always securely stored. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the last inspection and said they would take action to store medicines safely by May 2015. At this inspection we found the provider had taken action to address this and medicines were safely stored.

Medicines held by the service were securely stored in locked cabinets that were fixed to the wall. People were supported to take the medicines they had been prescribed. Medicine administration records had been fully 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 a record of all medicines received into the home and returned to the pharmacist. Where people were prescribed 'as required' medicines, there were clear protocols in place stating the circumstances in which the person should be supported to take the medicine. We saw that these protocols were being followed by staff. Staff had received training in safe administration of medicines and their practice had been observed, to ensure they were following the correct procedures. The registered manager had introduced checks of the medicines administration records to ensure they were being completed correctly.

At the last inspection in January 2015 we found incidents in which staff had provided physical interventions when people were distressed or angry were not always accurately recorded and followed up to ensure people were safe. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the last inspection and said they would take action to keep accurate records of any physical interventions by May 2015. At this inspection we found the provider had taken action to address this and ensure clear information was recorded when any physical interventions were used.

People had positive behaviour support plans, which had been developed in consultation with people, staff who knew them, their GP and a specialist behaviour support nurse. These plans set out the strategies to support people when they are distressed and details of any physical interventions that staff may need to use to keep people safe. Incident records had been completed with detailed information and included details of a staff debrief. The debrief was used to assess how the incident was managed and whether anything could be done differently and what lessons could be learnt from the incident. The records demonstrated people were thoroughly checked following incidents to assess whether they had any injuries.

People told us they felt safe living at St Patrick's House, with comments including, "I feel safe and like living here" and "The staff are kind and I feel safe here". People appeared comfortable in the presence of staff. We observed people smiling and laughing with staff.

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 provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. The staff we spoke with said they did not have any concerns about the safety of people using the service. The registered manager had worked with the local safeguarding team at Wiltshire Council where concerns had been raised.

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 remain safe when out in the community, manage their medicines and manage their finances. Each person had a plan in place covering the support they would need to evacuate the building in the case of fire. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. People had been involved throughout this process and their views were recorded on the risk assessments. 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 or whether they have been barred from working with vulnerable people. We saw that these checks had been completed for one member of staff who had been recently employed.

Sufficient staff were available to support people. People told us staff were available when they needed them. Staff told us there were enough of them available on each shift to be able to provide the support people needed, including being able to get out into the community regularly. The staff rotas were developed following an assessment of people's needs and the support they needed.

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "The staff here are very good and know my needs" and "The staff are available and provide the support I need". Staff demonstrated a good understanding of people's needs, including their medical conditions and how they affected them.

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 these supervision sessions were recorded and the management team had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I have regular supervisions and appraisals. I get the support needed to do the job effectively" and "Supervision is now much more supportive. It is a learning and development process and I feel much more respected as an employee".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Training was provided in a variety of formats, including on-line, classroom based and observations and assessments of practice. Staff told us the training they attended was useful and was relevant to their role in the service. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. Eight of the 14 permanent support workers had completed formal national qualifications in health and social care and three were in the process of completing the qualification.

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 legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People's support plans included mental capacity assessments specific to the decision being made. Where people were assessed to lack capacity to make certain decisions, the service had followed the principles of the Mental Capacity Act to make decisions in the person's best interest. The process had included input from the person, their family, health and social care professionals and staff at the service. The registered manager had submitted DoLS applications for three of the people using the service following the capacity assessments. There had been received by Wiltshire Council and were in the process of being assessed.

We observed people being supported to prepare food and drinks during the visit. Staff supported people to make choices about their food. The service had a planned menu, which had been developed with people. People said they were able to have a different meal if they didn't fancy the one that had been planned. The kitchen was well stocked.

People were able to see health professionals where necessary, such as their GP, community nurse or psychiatrist. People's support plans described the support they needed to manage their health needs.

Is the service caring?

Our findings

People told us they were treated well and staff were kind towards them. Comments included, "I am very happy here, no concerns about anything" and "The staff are very good".

We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people's choices and privacy and responding to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had. Staff demonstrated a strong relationship with people in their interactions and in the way they spoke about people with us.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to visit family, keep in contact by email and regular phone calls.

People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care and the activities they liked to participate in. We saw that people and those close to them had been involved in developing their support plans, telling staff how and when they wanted support with their personal care. This information was used to ensure people received support in their preferred way.

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

We observed staff supporting people in ways that maintained their privacy and dignity. For example, staff were discreet when discussing people's personal care needs with them and ensured that support was provided in private. Staff described how they would ensure people had privacy when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff told us it was important that care and support was provided in ways that were dignified and ensured people's privacy.

Is the service responsive?

Our findings

At the last inspection in January 2015 we found support plans had not always been kept up to date and accurate. Some of the plans contained contradictory information. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the last inspection and said they would take action to update all of the information in support plans and introduce a clearer process by July 2015. At this inspection we found the provider had taken action to address this and support plans were accurate and up to date.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what their needs were and how they wanted them to be met. Where relevant, the plans had been developed with input from specialist health and social care professionals. This included detailed specific guidance on the support people needed to manage frustration and distress. This gave staff access to information which enabled them to provide support in line with people's individual needs and preferences. The plans were regularly reviewed with people and their relatives and representatives. We saw changes had been made following people's feedback in these reviews.

People told us staff supported them to keep in contact with friends and relatives and take part in activities they enjoyed. 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, visiting friends, attending a social club, taking part in voluntary work and household cleaning tasks. People told us they were able to choose what they did and when they did it, saying there were staff available to provide support when needed.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People said they would speak to staff or the registered manager if they had any concerns and were confident staff would help them. The registered manager told us the service had a complaints procedure, which was provided to people and was displayed in the home. We saw pictorial versions of the procedure were displayed in the home and was available in people's files. This helped to ensure people understood who they could talk to if they had any concerns or complaints. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. We saw there had been no complaints in the last year.

Is the service well-led?

Our findings

At the last inspection in January 2015 we found the provider had not notified the Care Quality Commission about changes to the management of the service. This was a breach of regulation 15 of the Care Quality Commission (Registration) Regulations 2009. The provider wrote to us following the last inspection and said they would appoint a new manager who would submit an application for registration. An application for registration by the new manager was successful and the new registered manager was in post and available throughout this inspection.

The service had a registered manager who had been in post since April 2015. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service that supported people to maximise their independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff. Staff reported there had been a significant improvement in the management of the service since the registered manager had been employed.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "I feel much more positive since the last inspection. (The registered manager) has brought in experience...which has moved things on a lot. There has been a big culture change and we are now well-led" and "Management is a lot better. There's a better approach, which is supportive and (the registered manager) is very knowledgeable".

The registered manager and operations manager completed regular audits of the service. These reviews included assessments of incidents, accidents, support plans, complaints, training, staff supervision and the environment. The audits were used to address any shortfalls and plan improvements to the service. The registered manager said she had worked to improve working practices since she had been in post and said she had plans for further development of the service. Further work was planned to embed these changes and ensure the inclusive, person centred ways of working were established in everything the service did.

Satisfaction questionnaires were sent out regularly asking people, their relatives, staff and professionals their views of the service. The collated results of the surveys were presented in graph format with details of the specific comments people had made. The registered manager reported had developed an action plan to address issues raised in the surveys, including the action that was needed, who was responsible for completing it and when it would be completed by.

There were regular staff meetings, which were used to keep them up to date and to reinforce the values of the organisation and how they should be applied in their work. Minutes of these meeting contained details of guidance to staff from the registered manager as well as consultation with staff over the running of the service. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.

