

Cornerstones (UK) Ltd

The Old Dairy

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

The Old Dairy is a care home which provides accommodation and personal care for up to four people with learning disabilities. At the time of our inspection four people were living at the home.

This inspection took place on 4 May 2016 and was unannounced.

At the last inspection in March 2016, we identified that improvements were required in relation to recording of how risks were managed and to ensure the provider was operating within the conditions of their registration. At this inspection we found the provider had taken action to address these issues.

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.

Plans to manage risks people faced contained up to date information and provided clear guidance to staff on the support people needed. Staff demonstrated a good understanding of people's needs and how to safely manage the risks they faced.

The registered manager was no longer providing support to a person who lived in separate accommodation nearby. The provider had amended their registration and support for this person was being managed from a different service operated by the provider.

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 like the staff, they are the best thing about living here" and "I am very happy living here. I like the staff, they are kind to me".

People told us they felt safe when receiving care and 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. People were confident that any concerns they raised would be taken seriously and investigated.

Staff understood the needs of the people they were supporting. People told us staff provided support with kindness and compassion.

Staff received training suitable to their role and an 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.

There was a strong management team 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 and took action

to address shortfalls that were identified.

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.

Plans to manage risks people faced contained up to date information and provided clear guidance to staff on the support people needed.

Medicines were managed safely. Staff treated people well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse.

Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of the Mental Capacity Act (2005) and there were systems in place to make decisions when people did not have capacity to consent.

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

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 were supported to make their views known about their support and were involved in planning and reviewing their support plans.

Staff had a good understanding of how to put person centred values into practice in their day to day work.

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.

The Old Dairy

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 took place on 4 May 2017 and was unannounced.

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.

During the visit we met all four people who use the service, the registered manager, the deputy manager and two 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 two people. We also looked at records about the management of the service. We received feedback from a health professional who was involved in people's care.

Is the service safe?

Our findings

At the last comprehensive inspection in March 2016 we identified that the procedures to manage risks to people using the service had not always been followed. Some risk assessments were not reviewed regularly. During this inspection we found that the provider had taken action to improve the way risks were managed. Risk assessments and management plans contained up to date information and clear guidance to staff on the support people needed. The plans had been reviewed regularly and updated when people's needs, or the risks they faced, changed. The plans included information relating to support for people whose behaviour challenged those supporting them. Staff had worked with health and social care professionals to develop behaviour support profiles. These contained clear information about the support people needed to manage their behaviour in times of distress. Staff demonstrated a good understanding of people's needs and action they needed to take to keep them safe.

People told us they felt safe in the home and said staff treated them well. Comments included, "I feel safe here. Staff would sort out any problems" and "I like the staff, they are kind to me". We observed that people appeared relaxed and comfortable in the presence of 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. All of the staff we spoke with said they did not have any concerns about the safety of people using the service.

We discussed a recent incident with the registered manager, which they had reported to Wiltshire Council under the safeguarding procedures. Action had been taken to respond to an allegation and keep people safe. The registered manager had completed an investigation, in consultation with Wiltshire Council, and action was taken to provide additional training and support to staff. However, the incident had not been notified to CQC until a month later. The registered manager acknowledged this had not been reported in a timely way and said this had been an oversight. The registered manager had taken action to ensure all staff were aware of the need to report incidents to CQC and prevent a repeat of this oversight.

Medicines held by the home were securely stored and 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 medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take them. Records demonstrated staff had followed these procedures. Staff had received training before they were able to support people with their medicines. The training included observations of their practice.

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. Staff we spoke with confirmed these checks had been completed before they were able to start work.

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 the support people needed. Rotas were flexible and amended to reflect the support people needed, for example, support to attend evening events.

Accidents and incidents were clearly recorded and reviewed by the registered manager to ensure they had been responded to appropriately.

Is the service effective?

Our findings

At the last inspection in March 2016 we found that people received support in an effective way. We found that these standards had been maintained during this inspection.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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).

Mental capacity assessments had been carried out to determine whether people had the capacity to make certain decisions. Where people did not have capacity to make decisions, we saw best interest decisions had been made following involvement of the person and others involved in their care, including their family, advocates, staff at the service, social workers and health professionals. At the time of the inspection, there was one authorisation to restrict a person's liberty under DoLS. The registered manager told us they had submitted DoLS applications for the other three people who use the service and were waiting for them to be assessed by the local authority. The restrictions for people were kept under review to ensure they were the least restrictive way to support them safely.

Staff told us they had regular meetings with their manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support and were able to raise concerns outside of this formal supervision process. The registered manager kept a record of all staff supervision sessions to ensure staff were receiving regular support and all staff had supervision sessions planned throughout the year. In addition staff were supported to set objectives and had an annual appraisal, to assess their performance over the year.

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. The registered manager had systems in place to identify training that was required and ensure it was completed. Records demonstrated staff had completed training that was specific to people's needs. All staff had completed training in 'positive behaviour management', which planned the support people needed if they became angry and distressed.

Staff supported people to make choices about their food. People said they were able to choose food they liked and staff supported them to prepare it. Staff said they had a range of food available they offer to people, based on people's known likes and dislikes. The service was supporting people to follow specific diets, for example, one person was a vegetarian and was supported to plan and prepare meals that met their needs. One person told us they were planning a DVD and pizza night on the day of our visit. They said they were looking forward to watching the film together and sharing food.

People were able to see health professionals where necessary, such as their GP, behavioural nurse or consultant psychiatrist. People's support plans described the support they needed to manage their health needs. We received feedback from a GP providing care to people living at The Old Dairy, who said they had no concerns and the support and care people receive.

Is the service caring?

Our findings

At the last inspection in March 2016 we found that people received support in a caring and supportive way. We found that these standards had been maintained during this inspection.

People told us they were treated well and staff were caring. Comments included, "I like the staff, they are the best thing about living here" and "I am very happy living here. I like the staff, they are kind 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. 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 had been involved in developing their support plans, telling staff how and when they wanted support. This information was used to ensure people received support in their preferred way.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people's needs with them and ensured that support was provided in private. Staff described how they would ensure people had privacy and how their dignity was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff told us there was a strong culture amongst the team that care and support needed to be provided in ways that were specific to the person and met their individual needs. Staff said this culture was set by the directors of the company and management team.

Is the service responsive?

Our findings

At the last inspection in March 2016 we found that the service was responsive to people's needs. We found that these standards had been maintained during this inspection.

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 visiting a local library, going out shopping and listening to music.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, likes and dislikes and their daily routines. The support plans set out what people's needs were and how they should be met. This gave staff information about people's specific needs. The plans included a section on the support people needed to maximise their independence. The plans were cross referenced to risk assessments, setting out the support people needed to manage any identified risks.

People had positive behaviour support plans in place to support them at times when they communicated anger or distress. These had been developed with the community learning disabilities nurse and contained very specific information about situations which may cause the person distress and the way staff should support people in these circumstances.

People and their representatives had been involved in the development and review of their support plans. People had regular meetings with their keyworker to discuss the plans and any areas they felt they needed different support with. Plans were amended as people's needs changed and there were clear systems for communicating any changes with all staff.

The registered manager was supporting people to have 'four plus one' meetings. This is a person centred planning tool developed by a consultancy with the aim of embedding person-centred practices in the heart of teams and organisations. The sessions focus discussions on four main questions: What have you tried? What have you learned? What are you pleased about? What are you concerned about? The answers to these questions lead to the 'plus one' question, which focuses on what to do next based on the information that has been provided. The registered manager had recently started these sessions with people and said it was working well in supporting people to be more involved in planning what they wanted to do. The registered manager said the process had enabled some people to focus on moving forward positively rather than dwelling on things in the past that had gone wrong.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain. Comments included, "I would speak to (the deputy manager) or my family if I had any concerns. (The deputy manager) would sort out any problems" and "The staff would sort out any problems". The registered manager told us the service had a complaints procedure, which was provided to people when they moved in and was displayed in the home. This procedure was available in a more accessible pictorial format to help people understand it. Any

concerns and complaints would be collated and reported in regular quality monitoring checks. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them.

Is the service well-led?

Our findings

At the last inspection in March 2016 we found the service was providing support for one person who was living in their own home, but they were not correctly registered to provide this support. Following the last inspection to provider amended their registration to ensure they were correctly registered for the support they were providing to people. At this inspection we found that the support for the person living in their own home was no longer being managed from The Old Dairy and the provider was operating within the conditions of their registration.

The service had a registered manager who 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 in a way that maximised people's independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Staff told us the registered manager worked in ways that created an open culture in the home that was respectful to people who use the service and staff. The registered manager told us he had plans to ensure the service operated in ways that were more person centred. In order to achieve this, the registered manager had planned additional training and support for staff.

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, "There is a very good, strong team, with excellent communication" and "It's very person centred, which comes from the values of the company directors".

Regular audits and assessments were carried out to identify areas for improvement and how they could be achieved. As well as staff in the service, these audits included other managers within Cornerstones, which gave a different perspective. The results of these audits were used to develop an action plan for the service. We saw that actions were monitored until they had been completed, with regular updates to show the progress that had been made.

Satisfaction surveys had been sent out to people who use the service and their family members. The feedback from these surveys had been collated, shared with people and used to develop the action plan for the service.

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. The meetings were also used to provide training and information for staff to keep them up to date with best practice. Staff spent time in these meetings discussing people's individual support needs and any changes. Staff reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.