

The Cornhill Group Services Ltd

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Inspection report

A06, The Old Courthouse
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Tel: 07825875424

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11 January 2023

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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

About the service

The Cornhill Group Services Ltd is a domiciliary care agency which provides personal care to people in their own homes. The service provides support to older people with a range of needs. At the time of our inspection the service was providing the regulated activity personal care to 14 people. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People had individual support plans and risk assessment in place and staff knew them well. Safeguarding procedures were in place. Medicines were administered to people safely and as prescribed. Infection control procedures were followed. Staff were recruited safely; however minor improvements were needed to recruitment practices. We have made a recommendation about recruitment.

People's needs were assessed and reviewed in detail before receiving a service. People's health care needs were documented, however more guidance was needed for staff. We have made a recommendation about this.

Staff had the knowledge and experience to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us people were supported with respect and dignity, and they had their independence promoted when required. The provider and staff worked in partnership with other health and social care agencies to deliver good outcomes for people and ensure their needs were met.

The registered manager had made a decision to continue to deliver care to people so they could monitor care provision and staff performance. This meant scheduling the inspection was not easy and quality assurance information whilst provided was not always sent in a timely way or easily accessible. This was resolved following the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 12 January 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

The Cornhill Group Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of Inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. The registered manager could not accommodate the first two dates we offered, so another date was proposed.

Inspection activity started 14 December 2021 and ended on 12 January 2023. We visited the location's office on 9 January 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of a monitoring activity, undertaken on 2 August 2022, to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service, and 6 relatives of people who were using the service. We also spoke with 1 staff member and the registered manager and received feedback from 5 other staff members. We looked at records relating to the management of the service including care files, staff recruitment files, audits and risk assessments. The registered manager also sent us supporting documents via email before and after our office visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People received consistent care from regular staff who knew them well. A relative told us, "There timekeeping is pretty good apart from if they get stuck in traffic. They always come and have never let us down."
- We looked at the recruitment procedures followed for staff. Whilst most checks had been completed including completion of application forms, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The registered manager had not kept any interview notes.

We recommend the registered manager ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One staff member told us, "If I was concerned someone was being abused, I would go straight to the manager and explain it verbally and I would also record this. If I thought the manager was not doing anything about it, I would go straight to the local authority."

Assessing risk, safety monitoring and management

- Support files included risk assessments for individual needs.
- Risks were assessed, and actions were put in place to keep people safe. Support files included information about risks to people and how they should be managed. This included risks around skin integrity, medicines and the environment. The registered manager added risk assessments specific to people's needs when needed.

Using medicines safely

- The service had a medicines policy and procedure in place.
- People's needs around medicines were considered as part of the assessment process and risk assessments for people were in place.
- Staff who administered medicines had received training in the safe administration of medicines, and staff competency assessments were completed.

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support.
- The provider supplied staff with masks, gloves and aprons to use when needed to support people with their personal care. This helped to minimise the risk of infections spreading.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- The registered manager kept a record of accidents and incidents which they analysed and shared with the local authority to help ensure lessons were learnt when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people began using the service, assessments of people's needs and choices were carried out. A relative said, "[The registered manager] came around to assess before we started."
- People's care files included their medical history and social interests. This provided staff with further information of the person's background and history. However, whilst information was included about people's specific health conditions more guidance was needed to ensure staff were aware of what signs and symptoms to look out for if people's health was to deteriorate.
- One person had diabetes and was receiving regular input from the district nurse. The person's care plan did not detail what staff might need to look out for if the person's condition was to change. We discussed this with the registered manager who agreed they would add this information.

We recommend the registered manager considers providing additional guidance for staff in care files about people's specific health conditions.

Staff support: induction, training, skills and experience

- Staff members confirmed they had received an induction and on-going training. They said they felt they had received good support from the registered manager and colleagues when they first joined. One staff member told us, "The training is good, I have done manual handling, medicines and lots of different training, I do think it is informative enough for me to do my job."
- Staff received supervision and an annual appraisal and told us they felt well supported. One staff member told us, "I receive supervision monthly and the areas discussed are my job role, self-development, service users, policies and procedures and how to raise safeguarding concerns."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink to maintain their health and wellbeing, where required. Most people were happy with this support. One relative did say they had hoped the staff would be able to cook more fresh food. We fed this back to the registered manager.
- Information about people's eating and drinking needs and preferences was included in their care files.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked effectively with other professionals. When people's needs changed, they made referrals to health and social care professionals to ensure people received the support they needed. For example, the incident report contained communication of when the district nurse or the local authority were

contacted if concerns were identified in relation to people's healthcare.

- Health care appointments were mainly arranged by families. However, staff told us that they would report any changes in people's health care needs to the registered manager. One staff member said, " I would notify the team in my notes and speak directly with management about any changes that I have noticed."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA,

- The registered manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- People, and where appropriate their representatives, were involved in all decisions related to people's care.
- Staff understood the importance of gaining people's consent. One staff member told us, "If someone has dementia and they refuse their medicines, I always remember people have a right to refuse, but I would make a cup of tea and try to offer again. I would never force someone but if they refused again, I would let the manager know. If alone I would talk to their family or their GP, I definitely would not ignore it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One person told us, "They are wonderful girls and I would be lost without them." A relative said, "Care staff were best we have had and kept me up to date with everything."
- People using the service were supported by staff who recognised their right to be treated with fairness and to have their diverse needs acknowledged and respected.
- A staff member told us, "I have a service user who does not appreciate visitors wearing shoes in their house because of their cultural beliefs, I ensure I adhere to their beliefs by keeping my shoes outside anytime I go to the house."

Supporting people to express their views and be involved in making decisions about their care

- People's views and choices were respected. One relative said, "They are absolutely fine, the staff are very polite and caring. They do everything how my [family member] would want it. They do ask my opinion from time to time."
- A staff member said, "If service users express any concerns to me or other staff members, we report these to the manager. For instance, when service users are reluctant to take a shower, I encourage them to do so by telling them about the benefits and I provide them with the needed support."
- Surveys were completed for staff and people using the service to enable them to express their views. Feedback seen was positive.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. One person told us, "They are respectful, and they do respect my home." Another person said, "I do most of washing and dressing myself, they do help me with my trousers sometimes if I need it."
- A staff member told us, "When providing personal care, to secure their dignity, I ensure they are well covered and handled with utmost respect and with dignity. In terms of privacy I give the service user space and room to carry out their own personal care when required and they call me back in when they finish."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care files were personalised and detailed how the person wanted their needs and preferences to be met. Care files were regularly reviewed and updated to reflect people's changing needs. A staff member told us, "If I see changes in people's needs, I inform the management."
- People told us they received care from a consistent team of staff. One person told us, "They do everything I need; they always check before they go, I have everything I need." A relative said, "There is always an existing carer present when a new carer comes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the Accessible Information Standard (AIS) and confirmed how people if required could receive information in different formats to meet their communication needs.
- People's communication needs were assessed and detailed in their care files.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The provider told us the service had received one complaint recently. The registered manager told us what action they were taking to resolve this complaint which was appropriate.
- People and relatives spoken with told us they had no complaints about the care provided. One relative said, "I have no complaints about this service."

End of life care and support

- People received end of life care and support where required.
- People's care files recorded information of any future wishes they had to ensure staff met their needs and preferences.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they received good care and they were happy with the service provided. One person told us, "They are not too bad really." A relative said, "Excellent service, I could not recommend them enough." Another relative said, "Overall I am very happy with the service."
- Staff told us they found the culture supportive and teamwork was good. One staff member told us, "I think I am supported and valued as team member. I can do flexible work hours as I have a school age son. So far, I'm happy with everything and I know I can always find a solution if needed with the manager." Another staff member said, "I will say the manager is very service user friendly and really does care. They are always asking us how people are and following things up. Overall, I think it is a very good service."
- The provider information return recorded, "Our person-centred values include choice, independence, privacy, dignity, respect, rights, individuality and partnership. Our approach supports people to live the lives they want, this sees the client as an equal partner in the planning of their care needs, together, we plan, develop, and implement decisions, making sure it meets their needs. The individual service user is at the centre of the care planning process and is in control of all choices and decisions made about their life."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their roles and responsibilities, for notifying CQC and the local authority of any serious incidents or concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had good oversight of the service and it was obvious they were committed to and passionate about providing people with good care. The registered manager told us they were committed to continuing to provide hands on care for people so they could monitor the service and gain feedback from people.
- During the inspection process the registered manager was unable to provide access or find all the documentation required and had limited time when we visited as they had planned visits to people. Some of the documents were not well organised. However, we did eventually receive all the information we requested. Following the inspection, the registered manager told us they had spent time organising records, so they were easily accessible.
- The registered manager and care co-ordinator carried out spot checks to ensure the quality of care being

offered to people was maintained. One staff member told us, "When the manager does spot checks, we do not know they are coming they just turn up."

- A business continuity plan was in place to detail how the service should be run safely in the event of exceptional circumstances, such as extreme weather or staff shortages.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager sent out questionnaires to gain people and relatives views on their care and seek any learning.
- Staff were invited to team meetings with the registered manager to discuss good practice and learning from improvements when these were identified. Supervision meetings were also used to inform staff and involve them in the service. One staff member said, "I have been doing this [supervision] for Cornhill staff, looking at their job role and duties, discussing all service users concerns and supporting them in doing their jobs well. To get a picture of their ways of working etc, discussing best practice, training, and personal development."

Working in partnership with others

- The registered manager worked closely with local commissioning teams and healthcare professionals to provide good outcomes for people using the service.