

Cornerstone Care Services Professionals Ltd

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## Inspection report

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17 August 2018

20 August 2018

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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 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 16, 17, and 20 August 2018 and was announced. We last inspected this service in August 2017 and rated the service 'Requires Improvement'. Four breaches of legal requirements were found. After the last inspection the provider told us what they would do to meet the legal requirements in relation to the breaches. At this inspection we repeated the rating of the service 'Requires Improvement'.

We checked what actions the provider had taken to address the breaches and improve the service. We found the provider still needed to make improvements on risk assessments, care plans and quality assurance systems. However, we found the provider had made improvements in providing new staff with induction and shadowing opportunities when they started work.

Cornerstone Care Services Professionals Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is registered to provide a service to adults 18-65 years old, people living with dementia, people with learning disabilities or autistic spectrum disorder and older people. At the time of the inspection, 16 people were using the service.

Not everyone using Cornerstone Care Services Professionals Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection 16 people were using the service.

The service did not have a registered manager. However, a new manager had been employed by the provider and had applied to CQC to be a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not always well-led. The provider did not have effective systems to manage the service. The systems for staff recruitment were not fully implemented to ensure people were supported by who were appropriately checked. Care plans were not organised in such a way that they were easily available to staff to use them effectively, and the staff rotas were not produced for people to know the times their support began and ended.

The service was not always safe. The provider did not complete risk assessments for some people. This meant staff did not always have enough information and guidance to ensure people were safe.

Although people's assessments of needs had been completed, care plans did not give details of how, when and for how long staff should support them to meet their needs.

Staff were aware of how to identify and report abuse, both within and outside the organisation. People knew how to make a complaint if they had concerns about their care.

The service had enough staff to meet people's needs. The staff had attended training relevant to their roles. They had supervision and support from senior staff.

People had positive relationships with staff and their relatives. Relatives told us staff were caring, compassionate and treated them with respect. Staff knew how to ensure people's privacy. Staff promoted people's independence.

People and relatives were involved in their care. There was a policy on equality and diversity and staff told us they did not make a discrimination in the delivery of the service.

Staff monitored incidents and accidents and drew from lessons so future similar incidents and accidents were avoided.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and people's capacity to make decisions was assessed when required. They encouraged and promoted people's rights to make their own decisions about their care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The provider did not complete risk assessments for some people. This meant staff did not have enough information and guidance to ensure people were safe.

There were enough staff to meet people's needs. However, staff recruitment processes were not implemented fully to ensure staff were appropriately checked and were safe to work with people.

People's health and safety was protected by staff who attended training in adult safeguarding, infection control and basic food hygiene.

The provider drew lessons from incidents and accidents to ensure people were safe.

### Is the service effective?

**Good** ●

The service was effective.

People's needs were assessed before the provision of care to determine if the service could meet their needs.

Staff received training to support them in their role and undertook an induction programme when they started working at the service. Staff received regular one-to-one supervision.

The service operated in line with the Mental Capacity Act 2005 and people were able to make choices about their care and support.

People's nutrition and hydration needs were met by staff.

Staff assisted people to receive healthcare.

### Is the service caring?

**Good** ●

The service was caring.

People and relatives felt staff were caring and respectful.

Staff interacted with people, understood their needs and provided them with appropriate care.

Staff promoted and protected people's privacy.

People had access to their care plans and information about advocacy was communicated to them.

### **Is the service responsive?**

The service was not always responsive.

Although people's assessments of needs had been completed, care plans did not give details of how, when and for how long staff should support them to meet their needs.

People and relatives knew the provider's complaints procedure to raise any concerns they had.

The provider was aware of the need to use various means of communication to make information available to people.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The provider did not have effective systems in place to manage the service.

People and relatives had opportunities to give feedback and influence the quality of the service.

Staff felt the provider was approachable.

**Requires Improvement** ●

# Cornerstone Care Services Professionals Ltd

## **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 16, 17 and 20 August 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to support us with the inspection process. The inspection visit was carried out by one inspector.

Before the inspection, we checked some key information about the service and the provider which included notifications of any safeguarding or other incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. We also contacted health and social care commissioners for their feedback on the service. We did not receive the Provider Information Return (PIR) due to technical issues. The PIR is a form in which the provider tells us what improvements they plan to make and what they do well.

On the day of the inspection, we went to the provider's registered office and spoke with the provider who also managed the service and an administrator. We also spoke with another member of staff who was employed to manage the service. We reviewed the care records for four people who used the service, the records of four staff and other records relating to the management of the service.

After the inspection, we were not able to seek people's views about the service. This was because most of the people who used the service were receiving end of life care and were unable to communicate with us. However, we spoke with five people's relatives by telephone and asked them for their views and experiences of the service. We also spoke with three care staff.

# Is the service safe?

## Our findings

At our last inspection in August 2017 we found that the provider was in breach of a regulation. We found people were not always safe because the service did not recognise and record all risks associated with people's care needs and did not document preventative measures to ensure people were safe.

At this inspection, we found that the provider had completed risk assessments for most people using the service. However, we noted one person did not have a risk assessment in their care file, which meant that information about risks to the person and how staff should manage them was not documented in any format. Another person's risk assessment did not include 'falls', although their assessment of needs clearly stated they had suffered from falls and had a health condition which affected their mobility. The provider explained that they were not always able to complete risk assessments for some people prior to provision of service because they accepted emergency referrals for people who were on end of life care. The provider told us since our last inspection in August 2017 they had employed a new assessor (a member of staff whose role included completing risk assessments).

The provider told us that all staff employed by the service underwent a robust recruitment process before they started work. We saw criminal record checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and this helped to ensure people were not exposed to staff who had been barred from working with people in need of support. We also saw copies of application forms, proof of identity and the right to work in UK. However, we noted that two members of staff had only one written reference in each in their files. This showed staff recruitment processes were not robust to ensure that people were supported by staff who were checked properly.

The provider had sufficient number of suitable staff to keep people safe and meet their needs. A relative said, "The service is much better than the one we used before, because there were no missed visits." Staff told us that they felt there were enough staff to provide care. The provider told us, "We are managing with the staff we have and are recruiting more." They told us they had recruited five more staff and were waiting for their pre-employment checks to be completed before they could start. Staff and the registered manager explained how they covered for staff who were running late or could not visit people. They said they used an on-call system so that any changes to staff attendance were communicated to people and relatives. Contingency arrangements such as replacing staff who could not attend to people were made to ensure people received care and support they needed at the correct times.

Relatives told us people were safe using the service. One relative said, "[My relative] is definitely safe staff. They are quite good. I trust the staff." Another relative told us, "I do feel [my relative] is safe with staff. I have no reason to think [my relative] is not safe."

People were protected from avoidable harm and abuse because staff had received training in safeguarding adults and knew how to report any concerns. Staff told us that they had received training in safeguarding when they started work at the service. Staff were able to explain what action they would take if they became aware of an incident of abuse. A member of staff said, "I would report [abuse] to my manager. I've never had

to report abuse but I wouldn't hesitate [to report abuse if I had to]." Staff files and certificates of training confirmed that staff had completed training in safeguarding.

We noted that the provider had a safeguarding policy and was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required. Information about the safeguarding policy was included in the staff handbook and a copy of a flow chart of the procedure was displayed on a wall in the office for easy reference for staff.

Relatives told us staff used personal protective equipment (PPE) such as gloves, aprons and antibacterial hand gels when providing personal care. This ensured the risk of cross infections was minimal. Staff told us and records confirmed they had attended infection control and basic food hygiene training.

Incidents and accidents were recorded in each person's care files. The provider told us they would make sure all incidents and accidents were also recorded in a separate book to help staff monitor how many incidents and accidents had occurred during a certain period. Staff told us they drew lessons from incidents and accidents. They told us they recorded incidents and reviewed risk assessments and care plans to ensure people were safe. We noted a situation where the service learned from an incident. This was an incident relating to the discharge of a person from a hospital to their home without appropriate equipment being in place for them. Staff told us they had learnt that people should have appropriate equipment in place before they were discharged from a hospital. They said would contact relevant healthcare professionals to ensure this was done.

There were systems in place to manage people's medicines safely. Relatives told us people received their medicines when they expected them. A relative told us that people self-administered their medicine but occasionally staff reminded or asked people if they took their medicines. Staff told us and records confirmed that most people's medicines were administered or managed by their healthcare professionals. Staff told us that where they reminded or asked people to take their medicines, they recorded the details in people's care files. The care files were kept in people's homes but relatives told us that staff recorded and signed to confirm they had reminded people to take their medicines. Staff told us they attended training on medicine administration and this was confirmed in their training records.

# Is the service effective?

## Our findings

At our last inspection in August 2017 we found that the provider was in breach of a regulation. We found that the service was not always effective because some staff started working before their competency was properly assessed. They had not gone through either a thorough induction process or gained experience through an adequate shadowing programme.

At this inspection, we noted that new staff had completed an induction programme and shadowed experienced staff before working on their own. The induction was comprehensive and adhered to the Care Certificate, which are a set of standards that care staff comply with in their day to day work. New staff were assessed for their competency and skills whilst under supervision of experienced care staff. Staff confirmed that their induction was useful introducing them to the service, giving them new skills and knowledge of the policies and procedures. A member of staff said, "I had an induction. It was useful. I also shadowed other staff when I started work."

Relatives told us staff were knowledgeable and experienced. One relative said, "[Staff] are pretty good. They know what they are doing. I am happy with them." Another relative told us, "The carers are absolutely brilliant. They seem well trained to me." Staff told us they had received training in various areas related to their roles to enable them to meet people's needs. One member of staff listed the training they attended which included health and safety, fire safety, moving and handling and the Mental Capacity Act 2005 (MCA). Records and the provider's training matrix confirmed that staff had attended these and other training programmes related to their roles.

The MCA 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The provider and staff had a good understanding of the principles of the MCA and when to make an application.

We noted that staff sought people's consent when providing care. Relatives told us they were happy with the staff because they talked to people and asked them how they wanted to be supported. Staff we spoke with confirmed they always gave people choice, asked them how they wanted to be supported. Records showed people and their relatives had signed to confirm their agreement to their care and they were happy for the provider to keep their details.

Staff told us they enjoyed support and understanding from senior staff. They told us the provider and senior

staff were supportive. One staff member said, "I do not hesitate to ask [if in doubt of anything related to work]." The provider told us and records showed staff had regular one-to-one supervision. Staff supervision included discussions about performance, training and issues related to work such as timekeeping. Staff told us they found their supervision useful. Staff also had an annual appraisal of performance, which provided the opportunity to discuss areas for improvement and training for the following year.

The provider explained the referral and assessment processes they followed when accepting new people who needed care. We noted people's referrals detailed their needs assessments and care plans. After receiving the referrals, the assessor visited people to complete the provider's assessment and care plan. The provider told us that they accepted referrals only if the service could meet the person's needs. This ensured that the provider was confident to meet the needs of people who used the service.

Staff liaised with health care professionals such as district nurses, occupational therapists and GP's to ensure people had access to appropriate health care. People's care plans contained contact details of relevant health professionals for staff to use when needed. Staff told us and records confirmed that when there were immediate concerns about people's health, staff assisted them to receive healthcare by contacting the ambulance service or their GP's.

The provider told us that staff were not responsible for providing meals to people. We noted, however, that staff had awareness of food hygiene and people's dietary preferences due to culture, religion and medical needs. This showed that where needed staff were able to provide people with meals that met their needs.

## Is the service caring?

### Our findings

Relatives told us staff were caring and respectful to their family members. One relative said, "We haven't had any problems, the staff are very caring and respectful." Another relative told us, "[Staff] treat [my relative] with respect. They have a little chat and a laugh with [my relative]. I am happy with the care." This showed staff had developed positive relationships with people.

Relatives told us usually the same staff provided care to people. A relative said, "The same carers come usually. This is good because they get to know how to care for [my relative and meet their needs]". The provider explained how they ensured people received consistent care. They told us that most of the time the same carers were allocated to support people. They said that when a member of staff was off or was unable to visit people, another member of staff who had knowledge of the person's needs or had information about the person's needs and care plan, was assigned. In this way they ensured people received consistent care that met their needs.

The provider told us that they matched staff with people to ensure people's needs and preferences were met. They said they made sure staff assigned to support people had appropriate experience and training in meeting people's needs. The provider told us, for example, that staff who had knowledge and experience about diabetes were assigned to support people with this condition and those with knowledge of dementia care were allocated to provide care for people with dementia. Staff were able to describe the needs and care plans of people and how they supported them.

A relative told us they were not involved in the formulation of a person's care plan. For example, they said they were not consulted about the time of support for their family member. However, another relative told their involvement in and awareness of the care plan. The provider said the care plans were formulated and reviewed regularly to reflect people's needs. They said, "If people are discharged from hospital, we review their care plans. We make sure that new needs are identified and support is in place for them." We saw some people or their relatives had signed and dated care plans to confirm their involvement.

We were told by the provider that no person using the service at the time of inspection was from an ethnic minority. The provider told us they were confident they could meet people's specific needs including their culture, religion and language. Staff told us and records confirmed that staff had read the provider's policy on equality and diversity. One member of staff told us they understood what equality and diversity meant and they always treated people equally, irrespective of their race, religion, sexuality or gender. Another staff member said, "I would not treat clients differently because of who they are."

Staff knew how to promote people's privacy, dignity and independence. One member of staff told us, "I give my client choices and allow them to do as much as possible for themselves. I also assist them where they want help." Another member of staff explained how they ensured people's privacy when providing personal care, "I make sure the doors and curtains are closed. I also support them to use the towels to cover themselves. If they are able to wash themselves, I wait outside the bathroom." Staff told us they called people by their preferred names and chatted with them. They told us they greeted people, asked their

wellbeing and listened to what they had to say.

## Is the service responsive?

### Our findings

At our last inspection in August 2017 we found we found the provider was in breach of a regulation. We found that the service was not always responsive because care plans were basic and not always person centred.

At this inspection, we found that some care plans were personalised and detailed people's specific needs and their preferences. We saw care plans were written from people's perspectives using phrases such as "I prefer" and "I like" to describe their needs and how they wanted to be supported. However, some care plans were not personalised and did not contain information or guidance for staff on how to respond to their needs. For example, one person's care plan detailed their daily routines but there was no guidance for staff on what to do and how to support the person to meet their needs.

Relatives told us the service was responsive to people's needs. One relative said, "We get on well with [staff]. We are quite pleased with them." Another relative told us, "Staff know what they are doing; they are better than [staff] we had from another agency. I am happy with the way they take their initiative to solve some issues and share information with me when needed." The relative of a person said a member of staff once called an ambulance when the person was unwell and informed them of this incident. They said they were reassured staff took their initiative to call the ambulance.

The provider told us and records confirmed that staff had received training in end of life care. We noted that most of the people using the service received end of life support. Care plans contained details of end of life care co-ordination including the details of healthcare professionals involved in people's care. The provider told us and records confirmed that staff had completed end of life care training. We noted that people's records contained information about whether they had made advance decisions or statements and what these decisions were. This enabled the service to ensure people's advance wishes and decisions were respected. An advance decision or statement is a written statement that sets out people's own preferences, wishes, beliefs and values regarding their future care. We noted some people had a Do Not Resuscitate (DNR) decision in their care plan.

Staff kept daily records of the support and care they provided during their visit. This enabled staff to share information about the support they provided and any tasks that needed completing to meet people's needs. The records were monitored by senior staff to check people were receiving appropriate support and their needs were being met.

The provider told us people using the service did not have special communication needs. They told us if people had special communication or sensory needs, they would use various communication means to ensure people had access to information. This would comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Relatives told us they knew how to complain if required. The provider had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. The provider told us that they had provided people with their own copy of the procedure. There were no recorded complaints since our last inspection.

The provider kept records of the compliments they received. We looked at samples of these and noted that one person wrote, "Dear [staff], You are wonderful people who helped so much to make my late [relative's] last days so comfortable." Another relative stated, "I am writing to say thank you so much for the fantastic carers that visited [my relative] in [their] last days. The carers were angels. They cared as if it was their own relative."

# Is the service well-led?

## Our findings

At our last inspection in August 2017 we found the provider was in breach of a regulation. We found that the service was not always well-led. We found the provider did not demonstrate good governance and that there was a lack of systems in place to monitor the quality and safety of the service.

At this inspection, we found that the provider had not made sufficient improvements to ensure effective systems were in place to manage the service. For example, the staff recruitment auditing systems were not effective. The provider had a policy on staff recruitment but this was not followed up to ensure staff the necessary documents they started providing care. This put people's health and safety at risk because staff who were not properly checked supported them. The provider did not make arrangements to ensure care plans were readily available to staff. This meant staff did not always have sufficient and up-to-date information and support plan to meet people's needs. We also noted the provider did not have clear and recorded staff rotas in place. This meant people and relatives did not know when their care would begin and end.

The service did not have a registered manager. The provider told us they were managing the service at the time of the inspection but had employed someone who would apply to CQC to be registered to manage the service. We spoke with the person who was employed by the provider to manage the service and saw records confirming they had submitted an application to be registered with CQC.

Relatives told us the provider and senior staff had visited people to monitor staff. One relative said, "Yes, staff from the office came around [to check staff and how the service was delivered]." The provider told us they carried out spot checks and observed staff were providing effective care. This was confirmed by staff. The provider and staff told us that they attended team meetings where they had an opportunity to discuss care and management related issues. A member of staff said, "We have team meetings. [The provider] tells us, do not hesitate to come to the office [if you have any concerns]."

Staff told us they were happy with the management. A member of staff said, "The agency is very good. I am happy working with them." Another member of staff told us the provider was approachable and reasonable in allocating them enough travelling time between one visit to another. They said, "I have enough travel time between visits. I am happy [with the travel arrangement between visits]."

The provider used various methods to seek people and relatives' views about their satisfaction with the service. These included talking to relatives by telephone and speaking with people by visiting them. Survey questionnaires were also used to obtain people and relatives views about the quality of the service. The last survey questionnaires were dated and sent out to people and relatives on 3 July 2018. The provider was waiting for most people and relatives to complete and return the questionnaires but the few which were completed and received, showed the feedback was positive. The provider told us they would collate and analyse the feedback and develop an action plan to ensure improvements were made where needed.

The provider worked with local healthcare professionals in co-ordinating and providing end of life care. They

regularly updated their policies and procedures and shared relevant information with people and staff. The provider submitted notification to CQC. A notification is information about important events which the provider is required to tell us about by law.