

Cornerstones (UK) Ltd The Old Dairy

Inspection report

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11 March 2016

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

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

This inspection took place on 11 March 2016 and was announced. We told the provider two days before we visited because the location is a small service for people who are active in their local community. We wanted to make sure people would be at home during our visit and staff would be available to support the inspection.

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 had not always been reviewed to ensure they provided up to date information and guidance to staff on the support people needed to stay safe. Despite this lack of review of the assessments, staff demonstrated a good understanding of people's needs and how to manage the risks they faced.

The staff team was supporting one person who had moved out of the service to their own home. This service had been set up to ensure the person received a consistent service from staff who knew them well. However, the provider was not registered to provide this type of service from The Old Dairy.

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 living here. Staff have helped me settle in and have treated me very well" and "I like the staff and get on well with them".

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.

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?

Requires Improvement ●

The service was not always safe.

Plans to manage risks people faced were not always reviewed to ensure information or guidance staff needed to keep people safe was up to date.

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 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 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 and provided examples of how they enabled people to increase their independence.

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?

The service was not always well-led.

The provider had not ensured the service they were providing was covered by the regulated activities they were registered for.

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.

Requires Improvement 

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 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 11 March and was announced. We told the provider two days before we would be visiting. This was because the location is a small service for people who are active in their local community. We wanted to make sure people would be at home during our visit and staff would be available to support the inspection.

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 three people who use the service, the registered manager, one support worker and the deputy manager. 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 all four people. We also looked at records about the management of the service.

Is the service safe?

Our findings

Risk assessments and management plans were in place and covered areas where people had identified needs. However, the risk assessments had not been reviewed with the frequency that was assessed to be necessary. For example, we saw detailed epilepsy risk assessment information which set out the plans in place to manage the identified risks. This had been completed in March 2015. The plans stated a review was required within six months or if the person's needs changed, but no review had taken place. Another person had risk assessments in place covering socialising safely with other people and accessing the community, which had been completed in March 2015. These assessments said they needed to be reviewed within six months or sooner if the person's needs changed, but no review had taken place. The registered manager said they had identified that the review of risk assessments had slipped and they were in the process of introducing a new, clearer format for their risk assessments. Despite the lack of reviews of risk assessments, staff demonstrated a good understanding of people's needs and action they needed to take to keep them safe. Staff gave consistent information about the measures in place to manage the risks that had been identified. Accidents and incidents were clearly recorded and reviewed by the registered manager to ensure they had been responded to appropriately.

People told us they felt safe in the home and said staff treated them well. Comments included, "I feel safe here. Staff help when I need it" and "I like living here. Staff have helped me settle in and have treated me very well". 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.

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.

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 these checks had been completed for one member of staff who had been employed in the previous year.

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 go 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

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. Applications to authorise restrictions for some people had been made by the service and were being processed by Wiltshire Council, the supervisory body. We saw cases were kept under review and if people's capacity to make decisions changed then decisions would be amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

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. The registered manager had identified difficulties in keeping up with the supervision meetings due to covering additional shifts because of a staff vacancy. Action had been taken to re-schedule the meetings to ensure all staff received effective support to do their job. 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. This included a thorough induction and training on meeting people's specific needs. Records demonstrated staff had completed training that was specific to people's needs, including the needs of people with diabetes and epilepsy. All staff had completed training in 'positive behaviour management', which planned the support people needed if they became angry and distressed. The registered manager had systems in place to identify training that was required and ensure it was completed

We observed people being supported to eat and drink during the visit. Staff supported people to make choices about their food. Staff said they had a range of food available, which they offered to people based on their known likes and dislikes. We saw that the kitchen was well stocked.

People were able to see health professionals where necessary, such as their GP, behavioural nurse or epilepsy nurse. 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 caring. Comments included, "The staff are good – I like them" and "I like the staff and get on well with them". 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 with their personal care. 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 support was provided in private. Staff described how they would ensure people had privacy and how their modesty 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 dignified and ensured people's privacy.

Is the service responsive?

Our findings

People told us staff supported them to keep in contact with friends and relatives and take part in activities they enjoyed. One person said they enjoyed regular nights at the local pub with friends and playing pool. Another person told us they enjoyed going out to local places of interest and spent some time during the visit planning future trips. 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, going out for a walk in the local area, listening to music and watching television. One person was being supported to apply for voluntary jobs.

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. There were detailed behaviour support plans in place where necessary. These set out details of the person's support needs and information on preventative and responsive strategies to support the person when they became distressed and angry. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and had been amended as people's needs had changed.

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 registered manager or deputy manager). They would help sort out the problem" and "I would speak to any of the staff if I had any concerns, they would help me". 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 were 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. One complaint had been received in the last year. This had been investigated by the registered manager and action taken to resolve the concern.

Is the service well-led?

Our findings

The staff team was supporting one person who had moved out of the service to their own home. This service had been set up to ensure the person received a consistent service from staff who knew them well. However, the provider was not registered to provide this type of service from The Old Dairy. We discussed this with the nominated individual for the provider. We have written to the provider to inform them of the action they need to take. We will monitor this to ensure the provider operates 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 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.

The service had been working with the quality assurance team from Wiltshire Council to review the quality of the service provided. These assessments had resulted in an action plan to address shortfalls that had been identified. Re-assessments of the plan showed action was being taken to address issues and ensure the service improved where necessary.

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, "(The registered manager) is very good. She wouldn't ask you to do anything she wouldn't do herself" and "(The registered manager) is a brilliant manager and is very approachable. Her values are based on making sure everything is person centred".

The management team had recently introduced a new system of quality checks. This audit had been completed for the first time and the team were in the process of collating the information gathered to develop an action plan. The assessment had included input from senior managers for the provider. This information was being used to develop an action plan to address issues that had been identified.

Satisfaction questionnaires were sent out regularly asking people, their relatives, staff and professionals their views of the service. The results of the survey from November 2015 had been collated by the provider and action taken to respond to issues raised.

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. For example, the most recent staff meeting had been attended by a behavioural support nurse. Staff spent time in these meetings discussing people's individual support needs and any changes. Staff reported they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.