

# L&Q Living Limited

# Cornell Court

## Inspection report

Smallbridge Road  
Saffron Walden  
CB11 3NS

Website: [www.lqgroup.org.uk](http://www.lqgroup.org.uk)

Date of inspection visit:  
10 March 2022  
16 March 2022

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Cornell Court provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. At the time of the inspection seven people were receiving support with their personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive 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

The provider had not always ensured there were robust recruitment processes in place to check new staff were safe to work in the service. We have made a recommendation about the safe recruitment of staff. People and relatives spoke positively about the support they received from staff. However, we received mixed feedback about whether there were enough staff available and the impact of staffing on people's care visits.

The service had undergone a number of changes in management. People, relatives and staff told us this had impacted on communication and consistency. The provider had responded proactively by bringing a senior manager into the service to act as interim manager. Everyone we spoke with told us this had led to improvements in the service. Staff told us they felt more supported and relatives spoke positively about the increase in communication and the welcoming culture of the service.

Risks to people's safety were assessed and reviewed and systems were in place to safeguard people from the risk of abuse. Processes were in place to ensure medicines were managed safely and staff had received medicines training. The provider had implemented safe infection prevention and control processes. Staff had access to appropriate personal protective equipment [PPE] and updated guidance in relation to managing infection control risks.

People and relatives told us staff were kind and caring in their support. People received personalised care and were involved in planning and reviewing their own care. The provider had considered people's communication needs during their initial assessment and systems were in place to support people to use technology to call for help and to speak to friends and family.

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.

Staff had received an induction when starting in their role and had completed a range of relevant training to support their understanding of people's needs. The provider had systems in place to monitor the quality and safety of the service and people, relatives and staff felt comfortable raising any concerns and giving feedback. The provider had built strong links within the local community and worked effectively alongside other health professionals to support people's health and wellbeing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 4 November 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection as the service had not been rated.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Cornell Court

## 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 one inspector.

#### Service and service type

This service provides personal care to people living in specialist 'extra care' housing.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. A registered manager is legally responsible, alongside the provider, for how the service is run and for the quality and safety of the care provided.

The provider was in the process of recruiting a new registered manager for the service.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 10 March 2022 and ended on 16 March 2022. We visited the service on 10 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since its registration and 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 this information to plan our inspection.

#### During the inspection

We spoke with two people and four relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and care staff. We reviewed a range of records. This included three people's care and medicines records, three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

#### After the inspection

We reviewed training data and quality assurance documentation and spoke with three healthcare professionals who had regular contact with the service.

# 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 service since its registration. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider did not always have robust processes in place to ensure recruitment checks had been completed prior to staff starting work. Recruitment files did not always contain applicant's full employment history and some evidence of the checks completed were missing.
- The manager told us some recruitment documentation was held electronically; however, they were unable to access this during the inspection. Following the inspection, the manager provided evidence of the documentation and confirmed measures had been put in place to ensure all documentation was now in place and accessible.

We recommend the provider considers best practice guidance for the safe recruitment of staff

- People and relatives spoke positively about staff. However, we received some mixed feedback about whether there were sufficient staff available at all times. One relative told us, "Sometimes it can go wrong at the weekends, staff are rushed and they're too busy to help [person] at the times they want." Another relative said, "Sometimes the staff are rushing and that effects the timing of the calls."
- The manager told us it had been difficult to recruit staff and recruitment had been ongoing since the service opened. They told us they used regular agency workers to ensure appropriate staffing numbers were on shift but short notice cancellations and sickness had at times impacted on this.
- Staff told us they felt staffing levels had improved and confirmed regular agency staff supported on shift. One member of staff said, "We do have to get a lot of agency staff in but they are consistent, with the same staff coming back every week. We're a good team."

### Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and recorded. People's care plans contained clear information about what the risks were and how to minimise these when providing support.
- The provider had reviewed people's risk assessments regularly and where people's needs had changed, their assessments had been updated to ensure staff knew how to continue supporting them safely.

### Using medicines safely

- People received their medicines as prescribed. Staff had received medicines training and the manager had checked staff were competent to administer medicines prior to supporting people.
- Staff kept a running balance of people's medicines and the manager completed regular audits to check medicines records were being completed accurately.

- The manager told us it had been difficult managing people's medicines through different pharmacies and with different documentation. However, they were now starting to work with a local pharmacy and they told us this would streamline and improve the processes for ordering and recording people's medicines.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received safeguarding training and understood what to do if they had any concerns. One member of staff told us, "If I was worried about someone, I would go straight to [manager] and tell them and I feel 100% confident they would respond straightaway."
- The manager understood their responsibility to alert the relevant authorities of any safeguarding concerns and had submitted appropriate notifications when necessary.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to appropriate personal protective equipment (PPE) and had received infection prevention and control training.
- The manager completed regular infection prevention and control audits and spot checks to ensure safe practices were being followed.
- The provider ensured staff were informed of any changes in government guidance for the management of COVID-19 risks and regularly reviewed their infection control and COVID-19 policies to ensure they remained up to date.

#### Learning lessons when things go wrong

- The provider had a process in place for learning from incidents and accidents.
- The manager shared how they had responded to an incident by providing staff with additional training, reviewing health and safety processes, discussing issues during staff meetings and by sharing information and lessons learnt across the organisation.



# 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 of this service since its registration. 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

- The provider had assessed people's needs prior to them receiving care. The provider used the information from this assessment to develop people's care plans
- People and their relatives were involved in the assessment process and their views documented. One relative told us, "I was involved in the assessment, [manager] listened and took on board what I said."
- The provider ensured there were up to date policies and resources in place to support staff practices and reflect best practice. The provider had created a notice board which signposted staff to any changes and updates in guidance.

Staff support: induction, training, skills and experience

- Staff received an induction when starting their role. This included completing an induction booklet of key information about the service and shadowing more experienced staff.
- New staff were supported to undertake the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had received training relevant to their role. The manager told us their training had been delivered via electronic learning during the pandemic but they were planning to reintroduce more face to face training now restrictions had eased.
- Staff told us they received regular supervisions and felt supported in their role. One member of staff said, "The support I've had since I started has been really good, the manager is really helpful and approachable."

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

- People's care plans contained information about what they liked to eat and drink and how they would like to be supported. Risks associated with people's eating and drinking support had been identified and guidance was in place for staff to follow.
- Staff had completed nutrition and hydration training to support their understanding of people's needs in this area.

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

- The provider had responded to people's changing health needs, seeking medical advice and making referrals to relevant health professionals when necessary.
- People were supported to attend health appointments and information about the health professionals involved in their care was documented in their care plans.

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 provider had considered people's capacity to consent during their initial assessment of people's needs. People had been supported to complete consent forms where appropriate and these were kept in their care plans.
- Staff had received training in MCA and DoLS and understood how to support people to make decisions. People's care plans contained clear guidance about how to promote and support people's decision-making.

# 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 of this service since its registration. 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 spoke positively about the support from staff. One person told us, "They are very good. They're caring and they do their best." A relative said, "The carers are so lovely and caring and treat [person] with such respect."
- The provider had considered people's religious and cultural needs as part of their assessment and care planning process and had asked people about their preferences for support. Staff had completed equality, diversity and inclusion training to support their understanding of people's individual rights and preferences.

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

- People told us they felt listened to and were supported to make decisions about their care. One person told us, "They always ask first and they listen to me."
- People's care plans contained clear guidance for staff about how they would like to be supported and how to involve them in their care.
- People and relatives were involved in reviewing the care provided. One relative told us, "I have been involved in reviewing [person's] care plan regularly. Another relative said, "When we meet to review [person's] care, I feel listened to and [manager] is good at responding to feedback."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. People's care plans contained clear guidance about how to promote their privacy and dignity when offering support. Statements included, 'Please give me as much privacy and independence as safety allows' and 'Talk me through what you are doing' and 'I will tell you what [support] I would like.'
- Staff encouraged people to maintain as much independence as possible. One member of staff told us, "We ask people how they would like to be supported and get to know them and what they can do. If somebody's needs change, we arrange a review straight away to make sure we're offering the right support."

# 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 of this service since its registration. 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

- People's care was personalised. People's care plans contained a one-page summary of what was important to the person and more detailed step by step guidance about what support they would like during each visit.
- Staff told us they were given time to read and understand people's care plans and to shadow their care visits. This meant staff were able to understand people's preferences prior to supporting them alone.

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 provider had considered people's sensory and communication needs during their initial assessment. People's care plans contained information about any aids they used to support their communication.
- People had access to an interactive electronic tablet in their flats which could be used to communicate with the provider. People used the tablet to summon help in an emergency and to make telephone and video calls.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place.
- Relatives told us they felt comfortable raising concerns with the manager but did not always feel they received a clear outcome. One relative said, "The current manager is very good at communicating with us but it hasn't always been easy and I don't always know what happened with concerns I raised."
- The manager told us they had implemented a tracker to keep a record of what concerns had been raised and the actions taken as a result, including giving feedback to relatives.

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection. However, people had been supported to discuss their future end of life care wishes if they chose to. Where people were happy to discuss this information, the provider had recorded people's wishes in their care plans.

# 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 of this service since its registration. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had undergone some changes in management since opening and there was no registered manager in post at the time of the inspection. However, the provider had been proactive in putting measures in place to ensure effective oversight of the service was maintained. One of the provider's senior managers had assumed the role of manager and based themselves in the service whilst recruitment for a new manager was underway. People, relatives and staff told us this had helped to create stability in the service.
- The manager had systems in place to monitor the quality and safety of the service and completed monthly and quarterly management audits in key areas of support.
- The provider understood their responsibility to be open and honest with people when incidents happened and had a clear process in place to follow. The manager was aware of their regulatory responsibility to submit the appropriate notifications to CQC when necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives told us the service had been unsettled by the changes in management but spoke positively about the improvements made under the current interim manager. One relative said, "[Manager] has been great, they are consistently in touch and go over and above to help." Another relative told us, "[Manager] has been easy to talk to, supportive and open."
- Staff told us there was a positive culture in the service. One member of staff said, "It was difficult when we didn't have a manager but now [Manager] has started, they have got everyone working together really well, it's a brilliant place to work."
- The provider encouraged feedback from people, relatives and staff. The manager held a regular weekly drop-in session where anyone could come to talk through any concerns. One relative told us, "There's no problem raising anything with [manager]. There's an open clinic once a week or you can just knock on their door anytime."
- The manager told us they planned to support the new registered manager when they came into post, staying on at the service to provide a handover and transition period and providing ongoing management support once they returned to their role.

Continuous learning and improving care; Working in partnership with others

- The provider had used the findings from their auditing processes and any feedback from people, relatives and staff to create an ongoing service action plan. The manager told us this enabled them to see what progress was being made and keep an eye on any improvements which still needed to be made.
- The provider had created a strong working partnership with the organisation who ran the on-site café. The provider had funded activities delivered by the organisation, encouraging people to use the communal spaces to meet and socialise with the aim of reducing people's isolation and increasing inclusion.
- The provider worked positively alongside a number of other healthcare professionals to support people's needs. One healthcare professional told us, "I have always found the staff there to be very helpful and kind and the manager works tirelessly to ensure that all the adults are getting the care and support they need."