

Cornwallis Care Services Ltd

# Kernou Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Kernou Residential Home provides accommodation and personal care for eight people who have a learning disability. Kernou Residential Home is owned and operated by Cornwallis Care Services Ltd. On the day of our visit six people were living at Kernou Residential Home.

We carried out this unannounced inspection on 12 May 2017. At the last inspection, in February 2015, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living at Kernou and with the staff who supported them. People told us, "I like it here" and "I am really happy." Relatives told us they were, "Very happy" with the care provided and that, "The manager is the best one they have had, she is on the ball."

Care and support was provided by a consistent staff team, who knew people well and understood their needs. People were supported to access the local community and take part in a range of activities of their choice. Staff supported people individually and in groups to attend work placements and activities of their choosing.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported to eat and drink enough and maintain a balanced diet and were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. People, who received care, or their advocates, were involved in decisions about their support and consented to the care provided. Risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their families were given information about how to complain. The registered manager and operational director were visible in the service, regularly working alongside staff to provide care and support for people. There was a positive culture within the staff team and staff said they were supported by the

registered manager.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families were involved in the running of the service and were regularly asked for their views through on-going conversations with staff and surveys.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service is well-led. The service had taken action to improve how well- led the service was.

A registered manager was in post and had dedicated administration time to undertake management duties.

The registered manager had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions. The manager led by example and expected all the staff to carry out their role to the same standard.

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided.

# Kernou Residential Home

## **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 unannounced inspection took place on 12 May 2017. The inspection was conducted by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people living at the service, the registered manager, and four care staff. We looked around the premises and observed care practices on the day of our visit.

We looked at two records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. After the inspection we spoke with two relatives.

# Is the service safe?

## Our findings

People told us they felt safe living at Kernou and with the staff who supported them. People told us, "I like it here" and "I am really happy."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were effective systems in place to support people to manage their finances. Some people living at the service managed their own money with support from the registered manager. Advocates were appointed for some people and appropriate arrangements had been put in place to formalise this. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. A robust auditing system was in place to ensure that people's monies were monitored and were kept secure.

Care records included risk assessments which provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. People were supported to understand the risks in their daily living and agree ways of minimising risks without comprising their independence. For example, some people went out independently and the service regularly discussed any potential risks with each person and agreed with them how they should protect themselves from harm.

New staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. There were enough skilled and experienced staff on duty to ensure the safety of people who lived at Kernou. The number of staff on duty depended on what activities people living at the service were doing. The numbers of staff allocated for these activities was appropriate for people's needs and the assessed risks of the activity.

Incidents and accidents were recorded and appropriate action had been taken to manage areas of increased risk.

Medicines were managed safely. Medicines had been checked on receipt into the service, given as prescribed and stored and disposed of correctly. Some people managed their own medicines and they had been provided with a secure method for storing their medicines. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted.

The environment was clean. The registered manager was aware that continued work to the environment was needed. A maintenance record was kept of any repairs needed and when they were completed. The registered manager had completed an environmental audit and identified what future works to the premises were needed, for example the service were in the midst of having new windows fitted. There was a system of health and safety risk assessment and smoke detectors and fire extinguishers were fitted throughout the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority

and external contractors, to ensure they worked.

# Is the service effective?

## Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. Staff spoke knowledgeably about the people living at the service and knew how to meet each individual's needs.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which gives care staff, who are new to working in care, an understanding of good working practices. A newly recruited member of staff told us, "I am new to care and the induction and training has been great."

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they were encouraged by the registered manager to further develop their training. The manager also held an annual appraisal to review their work performance over the year. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. People's care plans contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments

People were supported to eat and drink enough and maintain a balanced diet. A weekly menu was in place and this was agreed with people at regular menu planning meetings. We saw a person with staff support return to Kernou as they had undertaken the food shop. This showed that they were fully involved in the planning of and buying of food for the service. Menu planning was done in a way which combined healthy eating with the choices people made about their food. Staff prepared the main meals for people. Some people helped in the preparation of their meals and they were supported by staff to do this.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf, this had been done in their best interest at a meeting involving key professionals and their family. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

## Is the service caring?

### Our findings

On the day of our inspection there was a relaxed, calm and friendly atmosphere at the service. We observed people had good relationships with staff and staff interacted with people in a kind and respectful manner. The staff team had developed caring and supportive relationships with people using the service. People told us they felt staff were "great" and "helpful." Relative's comments about staff included, "Staff are so kind and helpful." and "[Person's name] is very happy there."

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with people. Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering and addressed people by their preferred name. Staff told us they had opportunity to have one to one time with people. A member of staff told us they would often sit and chat with people. We saw this occur throughout our visit and this was recorded in care notes. This demonstrated that staff took time to listen to people.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about their daily routines and we observed that people had the confidence to make their own choices. People moved freely around the premises choosing to spend time in the lounge, dining room or their own room. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. On the day of the inspection one person helped staff to make buns for lunch, we saw another help staff with the food shopping and another person made drinks for people, staff and visitors. This meant people were able to maintain independence in their daily living.

The registered manager had supported some people to access advocacy services when they needed independent guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits home to their families and regular telephone calls. Relatives told us they had regular contact with people, were always made welcome in the service and were able to visit at any time. People and their families had the opportunity to be involved in decisions about their care and the running of the service.

One person wanted to show us their bedroom. They had a key to their bedroom so that their belongings were kept secure. They told us they chose the décor and the furniture. The person was very happy with their bedroom which was personalised to reflect their taste. This showed that people were fully involved in decisions around their surroundings as well as their care. All the people at the service had their own front door key and a cabinet to place their post in. This showed people were being respected as staff saw Kernou as the person's own home.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs because staff had been provided with detailed information about each person's individual needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them. The registered manager and staff told us about people's backgrounds and described the progress they had made and the pride they took in their achievements. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. In addition along with the person, staff had summarised what was important to the person by compiling a one page profile which outlined the persons likes and dislikes, preferences, what others liked about the person and what was important to and for the person.

We looked at a person's care records with the person. They told us the care records accurately reflected in what way they needed support. Care records were up to date, had been regularly reviewed and accurately reflected people's care and support needs. Details of how people wished to be supported with their care needs were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support.

Each person was allocated a key worker, who supported people to organise their daily living and update their care plan. At monthly care plan reviews people were encouraged to set goals and objectives. These goals and objectives were discussed with the person at each review to decide if these had been met, needed to be reviewed or were still in process. Examples of the goals people wanted to achieve were how a person wanted to be supported when they became anxious. The person developed a visual chart with staff so that they could see the progress they were making on a daily basis. A signed agreement in how the chart was to be completed was made between the person and staff. Another goal was to arrange a holiday which the registered manager was heard to discuss with the person concerned during the visit.

People were able to take part in activities of their choice and staff supported people to access the local community. Each person had activities they took part in every week and these included going out to places of their choosing and voluntary work. On the day of the inspection we saw some people went out independently to work placements and other people went out with staff to their planned activities. For example, people went out to do a personal shop and have lunch. We saw people partake in activities around the service such as cooking and doing the household shop.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us that if they had any 'worries' they would talk to the registered manager or staff. They felt the registered manager and staff listened to them and would respond to their concerns. For example one person raised a concern that their bedroom was not heated sufficiently. The registered manager had listened and responded by requesting the provider to install a larger and additional heater in the bedroom.

Relatives told us they knew how to raise a concern and said they would be comfortable doing so because

the management and staff were very approachable.

# Is the service well-led?

## Our findings

At the previous inspection this section of the report was rated as requires improvement. This was due to the manager at that time not being registered with the commission as they were new in post. We also recommended that the service seek support for the management team so they were able to keep up to date with current guidance and working practices. We found at this inspection that the service had taken action to improve how well-led the service was.

There was now a registered manager in post who was responsible for the day-to-day running of 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.

The registered manager was supported in the running of the service by two newly appointed senior support workers, the operational manager and the provider. The registered manager met with the operational manager monthly to review the service. The registered manager spoke with the provider who offered them support during the inspection process. The registered manager said that she was supported by the managers of Cornwallis Care Services Ltd. This included the operational manager, provider or the registered managers of their other care services at any time. This showed there was good communication between the managers of the organisation.

The two newly appointed senior support workers worked on opposite shift patterns so that there was always a senior present in the service. One of their responsibilities was to organise the shift plan for the day to ensure that people's care needs, and the daily tasks in the service such as preparing meals, fire tests etc. were allocated to staff members and completed. We saw the shift plan and noted that these were completed daily and any actions that needed to be followed up were handed over to the next shift. This meant that there were clearly defined expectations for staff to ensure that they meet the needs of the service during their shift.

The registered manager acknowledged that there had been some staff turnover but they were fully staffed and they now had a stable staff team. When new staff were recruited the registered manager worked closely with them to help ensure they adopted and understood the culture and ethos of the service. There was a positive culture within the staff team with an emphasis on providing a good service for people. Staff told us morale was good and staff worked well together as a team. Staff said they felt supported by the management commenting, "There's been a lot of changes but it is so much better" and "I love working here."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There was a robust auditing system in place to ensure that the service provided quality care to the people they supported. For example we saw audits in the areas of care plans, medicines, fire, cleaning, complaints and accident records. The registered manager worked alongside staff to monitor

the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff meetings were held to discuss each person's needs and support the staff team when the care provided for some people could be challenging. Staff told us the meetings were a good opportunity to discuss care practice and any other issues in the service.

People and their families were involved in decisions about the running of the service, as well as their care, through on-going conversations with staff and management. The registered manager said they had attempted residents meetings but due to 'strong personalities' in the service this was not very productive. They held formal meetings with each person every month. The meetings were an opportunity to review care plans and discuss if there were any elements of people's care or service that they wanted to improve or develop. We saw pictorial bi monthly surveys completed by people who used the service to show they level of satisfaction with the service provided at Kernou. Relatives told us they were, "Very happy" with the care provided and that, "The manager is the best one they have had, she is on the ball."

The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. One advocate commented, "(Registered manager's name) is a caring and professional manager and a credit to her team." Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes. For example, the manager had identified along with people and their families that changes to the environment were needed. Previously any maintenance issues were referred to head office and there could be a time delay in getting the repairs completed. The registered manager had successfully employed a part time maintenance person to focus solely on Kernou. This meant that when items needed repair, areas of the service needed redecoration, these were completed in a more timely manner.