

Cornerstones (UK) Ltd

Cornerstones (UK) Limited - 9 Roseland Avenue

Inspection report

9 Roseland Avenue
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Date of inspection visit:
29 June 2017
05 July 2017

Date of publication:
21 August 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

9 Roseland Avenue registered to provide accommodation and nursing or personal care (no nursing) for up to six people with learning disabilities. At the time of our inspection three people lived at the home.

Last inspection was carried out 21 January 2016. We identified two breaches of Regulation 12 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 associated with the safe & well led domain. We made two requirement notices regarding financial arrangements and notifications to us. The provider sent us an action plan as requested. The manager registered with us in May 2016.

At this inspection we identified audits were not always identifying shortfalls, which were not actioned. Where shortfalls were identified action was not taken to ensure fundamental standards were met. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 17. We have made a recommendation about the management of some medicines.

This inspection took place on 29 June and 4 July 2017 and was announced. The provider was given short notice because people living in the home can become unsettled by the presence of an unannounced visitor. This gave the provider an opportunity to plan our visit with the people using the service. The inspection was carried out by one inspector and an expert by experience. We found improvements had been made to people's financial arrangements and we have received notifications as required.

A registered manager was employed by the service, they were on annual leave during this inspection, however the nominated individual and another manager registered at another location owned by the provider were present throughout the inspection. 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 2008 and associated Regulations about how the service is run.

People were supported to maintain good health and had access to healthcare services, however one person had delayed access to dental health.

There was a stable management team who took appropriate action to make sure they provided a safe and reliable service for people.

People received care and support from staff they knew well and had built trusting relationships with them.

People were treated with respect and dignity and were encouraged to make choices.

Staff felt supported and received training they required to carry out their jobs.

The service's robust recruitment procedure and staff training helped to minimise the risks of abuse to

people.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

We found improvements had been made to the recording of financial transactions.

People received their medicines when needed, however not all medication had been disposed of appropriately.

People were protected from the risk of being cared for by unsuitable staff, and staffing numbers had increased.

Is the service effective?

Good ●

The service was effective.

The needs of people using the service were met by staff who had the right knowledge, skills, experience and attitudes.

People were supported to maintain good health and had access to healthcare services, however one person had delayed access to dental health.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff they knew well and had built trusting relationships with them.

People were treated with respect and dignity and were encouraged to make choices.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responsive to people's individual needs.

People knew how to make a complaint and were confident any issues raised would be investigated and resolved.

Is the service well-led?

The service was not always well led.

Audits had not always identified shortfalls, and therefore action had not always been taken to ensure the service operated effectively.

The manager has registered with us, and the service had a stable staff team.

Requires Improvement 

Cornerstones (UK) Limited - 9 Roseland Avenue

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 checked 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 was a comprehensive inspection and took place on the 29 June and 4 July 2017 and was announced. The inspection was carried out by one inspector and an expert by experience who spoke with one person who was at the home and one member of staff. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with one person living at the home about their views on the quality of the care and support they received. During our inspection we looked around the premises and observed the interactions between people using the service and staff. We spoke with one member of staff who worked at the home. We spoke with a registered manager of another service owned by the provider, and the Nominated Individual. We contacted two healthcare professionals that shared the care of people living at the service but we didn't receive any response.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans, medication records, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

Is the service safe?

Our findings

At the last inspection we identified a discrepancy in the recording of one person's finances. We set a requirement notice for Regulation 12 and requested a financial audit was carried out. The provider submitted an action plan as required. During this inspection we found improvements had been made to the recording of financial transactions.

People's medicines were managed so they received them when they needed. Medicines were ordered and stored in line with the provider's medicines management policy. However, the administration of one set of medication had been stopped by the doctor in April, and the medication remained in the medicine cabinet. This meant it had not been sent to the pharmacy for safe disposal in line with the provider policy. We recommend the provider ensure all medicines are disposed of according to the safe handling of medicines.

There were protocols in place for people who required 'as and when' (PRN) medicines. Medication administration record (MAR) sheets had been completed and signed by staff appropriately. We observed one person receiving their prescribed medicine. Staff explained that it was time for their medicine and supported the person to take them at a pace appropriate to them. A staff member said "Medication is kept in a locked cupboard. We use Boots dosset box system. Medication is checked against the dosset box and the MAR Sheet initialled to confirm it is correct. Stock is checked every night. Any home remedies are first checked with the GP to make sure there are no contraindications to prescribed medication"

Staffing levels had increased since the last inspection, this enabled people to access activities in the community in line with their individual needs. The provider explained staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. They told us the planning of staffing was flexible and that if additional staffing was required for such things as outings or appointments then this would be provided. We saw people received care when they needed it and routines were carried out in a timely manner. There were enough staff on duty to ensure people's needs were met and they were supported to take part in planned activities in the community. Staff we spoke with felt there were enough staff on duty to meet people's needs and could seek additional support if required.

The service had access to an on-call service to ensure management support and advice could be accessed at any time.

People were protected from the risk of being cared for by unsuitable staff. Safe recruitment and selection processes were in place to protect people receiving a service. Appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. We looked at the files for four staff members. Records confirmed that appropriate checks had been undertaken. One member of staff said "Prior to the interview I came into to meet the residents to make sure

they liked me. There is a two week induction period where you spend time shadowing another member of staff and read through care plans. Online training is also completed at this time. We get regular training updates. Training can be internal or external and we only have to ask if we would like to do another course."

We looked at the arrangements in place for safeguarding vulnerable adults and the way the service managed any allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. The registered manager and the staff we spoke with explained how they would report safeguarding concerns to the appropriate lead authority for the safeguarding of people. Staff we spoke with said they were confident any concerns raised would be listened to and acted upon. We saw records to show the local authority had been informed as appropriate of such concerns, and where necessary action had been taken in order to keep people safe.

We saw that people were relaxed with the staff who were supporting them and did not hesitate to seek support or assistance from any of the staff members present during our inspection.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments we saw covered areas such as personal care, accessing the community and support to help the person manage behaviour that may be seen as challenging. Risk assessments included detailed information for staff about what could trigger certain behaviour, what to do if behaviour occurred, how to respond when the behaviour first emerged [such as re direction techniques] and then advice on what to do subsequently. For example how staff were to maintain their own safety as well as the person and anyone else present. Staff were able to describe the importance of having these plans in place to minimise risks, and how to support the person appropriately.

Is the service effective?

Our findings

The service had arrangements in place to monitor when people attend appointments and check-ups for health needs. In order to reduce the anxieties of some people when seeing healthcare professionals, arrangements were made the Community Learning Disability team and behavioural specialist to visit people in their home. We saw contact with health professionals was recorded in people's records. People living at the home had a 'Health Action Plan', to plan and record any medical intervention required such as dental and doctor's appointments. One member of staff described what action they would take if a person was unwell "Report it to the person in charge and seek medical advice from GP, 111 or call an ambulance. Record in notes sign and date it."

The needs of people using the service were met by staff who had the right knowledge, skills, experience and attitudes. New staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate, which covers an identified set of standards which health and social care workers are expected to adhere to. A member of staff explained "I have completed the care certificate and have an NVQ3. The induction period also included staff shadowing experienced staff members."

Records we viewed showed staff had received the necessary training to meet the needs of the people using the service. One member of staff described the training as being "very good here and we can request any further training we feel we might need. I have a Personal Behaviour refresher module planned for the near future."

People who lived in the home could experience behaviour that could challenge the service. Staff had completed training in how to support people to manage their behaviour in a way that protected the individual, other people living in the home and staff members. One member of staff said "We have a behaviour support plan in place. This is a continuous thing that is being updated. We all work together in the same way. We work one to one with X her they are s at home. We work with X doing the things that they enjoy and use distraction techniques when their behaviour starts to become inappropriate."

People were supported by staff who received regular supervision and support. Staff received regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. One staff member said "We have supervisions once a month (one to one catch-up) and receive a signed copy of it. We talk about things like training, any support we feel we need and about key people. We used to have two members of staff on duty on till 6pm then one would go home. As a result of this the shift was extended from a 6pm finish to 9pm with the extra time being used to work on a one to one basis with X." Staff described feeling supported "Yes very much so and appreciated by everyone above us as well. It is a company that cares for its staff."

People received the support they needed to eat and drink and maintain a balanced diet. We saw that people

were given a choice of snacks and drinks throughout the day.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications had been submitted by the provider. These applications were reviewed each year and the necessary reapplications submitted.

We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them. The registered manager and staff had a good understanding of the Mental Capacity Act 2005. Training in this subject had been undertaken by staff. During our inspection we observed staff supporting people to make decisions about their daily living and care. For example, people were asked if they wanted a snack or drink or if they wanted to go out. Staff sought consent from the person before undertaking any care tasks. Staff said people were always offered choice, for example, when they wanted to go to bed, what they wanted to eat and drink and how they wanted to spend their day. Staff described how they enabled people to make choices and decisions as being they "know residents' well. For one person when we knock on their bedroom door in the morning and ask if they are ready for personal care, they will give a big smile if ready and will ignore us if not, and we go back later. X likes to make trifle one of his favourites."

People used a wide range of ways to communicate their needs and wishes. We saw that staff were very knowledgeable about how people communicated. Each person was treated with respect and given time to make day to day choices. We observed that staff respected the decisions people made.

Is the service caring?

Our findings

Staff demonstrated their awareness of people's likes, dislikes and their care needs. People's care plans documented essential information on people's preferences and life experiences to help ensure people received person centred care in their preferred way. One member of staff said "We involve them in updating their plan. For instance I follow his routine of how he likes things to be done. He will choose what member of staff he wants to shower him and will wait till that person [staff] is on duty. Although he hasn't great verbal communication skills he has his own way of letting you know when he isn't happy about something and has the most amazing smile when he is happy."

We observed people were comfortable in the presence of staff. We saw that when people were approached by staff they responded to them with smiles or by touching them which showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them. Staff were aware of the importance of respecting people's rights to privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person.

Staff knew people and their needs extremely well and had developed caring relationships. We observed kind and respectful interactions where people were given time to express themselves fully. We observed during the course of time we were there staff interacting with people. We saw staff stop what they were doing and dropped to the same level of one person they then listened and acted upon their wishes. We observed the person being offered a choices of drinks and when that didn't work because too many choices were offered, the member of staff then asked him each drink in turn until he indicated the one he wanted. We observed another member of staff offering choices of what this person would like for lunch. They were helped to make a choice of meal by showing the person items of food from the cupboards. Once it was cooked the meal was taken through to the dining room and indicated to the member of staff that he wished to sit in the chair the staff was sitting in. The member of staff moved for him.

The service was proactive in ensuring that people were able to express themselves and communicate their needs. Care plans contained detailed information on people's communication and any support they required to be able to express themselves "We make time. We have a Sensory programme for one gentleman. We have input from the physio and OT with this. You can really see the benefit the operation and the sensory programme are having on him. He is so much more relaxed and happier now." □

People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as books, ornaments and photographs. Supporting people to personalise their rooms created a comforting and homely feel

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them, their relatives and appropriate health professionals. Care plans were in place which detailed people's routines and preferences and how each person would like to receive their care and support. People's care records had been reviewed and the information within them was accurate and up to date. Staff told us they had access to people's care plans and understood the care and support people required. They confirmed people's needs were reviewed each day at staff handover meetings to make sure they were aware of any changes that were required to people's care.

There were arrangements in place for people to access social activities based on their preferences and interests. For example, people attended a day centre where they socialised with other people. One person had an interest in trains; staff arranged outings to accommodate that interest.

One person described how they "enjoys peace and quiet" and how the staff shift pattern was changed to enable one to one support. They went on to explain how the staff were consistent and "asked what X would like to do."

People were supported by one to one staffing and were able to be flexible with their choice of activities. People moved freely around the home choosing where and how they wished to spend their time.

People, relatives and staff were actively encouraged to share their views and raise concerns or complaints. We saw a copy of the complaints policy. The registered manager told us that they had not received any formal complaints. A survey had been sent to gain feedback from people's relatives and staff about the service. We saw the summary of feedback from both relatives and staff and was positive overall.

Is the service well-led?

Our findings

At the last inspection we identified shortfall of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We had not been notified of incidents as we should. We set a requirement notice and provider submitted an action plan as required. During this inspection we found improvements had been made as we have been notified of reportable incidents. The manager was registered with us in May 2016. The nominated individual said a successful recruitment campaign has resulted in a stable staff team.

The systems in place to monitor the quality of care and support that people received were carried out, however the audits did not always identify shortfalls, and not all outstanding actions were carried forward to ensure they were actioned. For example; the care audit dated 24 April 2017 identified that the vehicle checks has not been completed for 20 days, when they should have been completed weekly. The next checks had been completed 1st and 18 May 2017 and again the date we gave notice of this inspection. The first aid audit 24 April 2017 stated the first aid box 'was in place but out of date' this was scored low- good. Hot water temperature checks had not been made since February 2017, the audit on 24 April stated 'should be weekly; again, a score of two; good was awarded. One person had a dental check in October 2016 due to a concern, but no further action was taken and in June 2017 this issue remained outstanding. We asked for action to be taken and an appointment was made for August 2017. Risk assessments were in place to support people to access activities safely. However not all staff had signed to say they had read them. None of these shortfalls had been identified as actions, and therefore were not followed up. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 17.

The service had an audit from Wiltshire Council in October 2016, overall positive apart from improving the opportunity for people to work.

Staff we spoke with understood their role and responsibility. One member of staff told us "I am responsible for Fire, medication, finances and rotas."

One member of staff described the registered manager as being "very approachable." And told us staff meetings allowed the opportunity for staff to raise any suggestions about how the service was run and the care people received. And "We have good handovers there is a handover sheet for the staff going of duty to handover to the next shift. We do money and medication checks plus any concerns there was during the shift. Other things that are handed over include phone calls, appointments, post and notifications of Safeguarding. We discuss what has worked and what hasn't then implement change."

During our inspection we observed people were relaxed and comfortable in the presence of both a registered manager and the nominated individual. People did not hesitate to approach them both for support and interaction.

To keep up with best practice the registered manager continued to work alongside other health and social care professionals to promote their understanding of what was good practice. The registered manager also attended a local provider's forum where they could discuss common issues and share knowledge and best

practice with other providers of care services.

Staff described we spoke communication at the home as being "We have a communication book, discuss things at team meetings and in handover."

Accidents and incidents were investigated and plans put in place to minimise the risks of re-occurrence. These were reviewed by the registered manager to identify if there were any trends or patterns. They recorded what actions they had taken to minimise the risk and also learned from mistakes by ensuring actions were put in place to prevent re-occurrence.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits were not always identifying shortfalls, which were not actioned. Where shortfalls were identified action was not taken to ensure fundamental standards were met.