

# Cornerstones (UK) Ltd

# 10 High Street

## Inspection report

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Date of inspection visit:  
25 March 2021

Date of publication:  
20 May 2021

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

10 High Street is a care home providing accommodation and personal care for up to eight people with learning disabilities. At the time of our inspection five people were living in the home.

### People's experience of using this service and what we found

At our last inspection in June 2019 we found aspects of the service that were not safe and increased the risk that people may be harmed. Staff had not kept accurate records of the medicines they supported people to take. Risk assessments had not always been reviewed regularly and some contained contradictory information. The systems for checking how the service was operating did not always identify shortfalls.

At this inspection we found the necessary improvements had been made. People received their medicines as prescribed. The registered manager had developed a robust new process and management system to ensure medicines were administered safely.

Risks to people's safety had been assessed and appropriate plans developed to manage them. Risk assessments had been reviewed regularly and when there were any changes.

There was a new electronic quality monitoring system in place, which had improved the overall monitoring and effectiveness of the service. Regular audits were carried out which were scrutinised by the senior management team. Any shortfalls were identified quickly, and actions taken to rectify them.

Staff treated people in ways that maintained their dignity and privacy. Staff were well trained and there were sufficient numbers to meet the needs of the people they supported.

The service worked well with health and social care professionals to meet people's needs effectively and appropriately.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or people with autism.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, Right care, Right culture.

Right support:

- The model of care and setting maximises people's choice, control and independence.

Right care:

- The care provided at 10 High Street is person-centred and promotes people's dignity, privacy and human rights.

Right culture:

- The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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 (and update)

The last rating for this service was requires improvement (published 17 July 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an announced comprehensive inspection of this service on 11 and 17 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve regulation 12 Safe care and treatment and regulation 17 Good governance..

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 10 High Street on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# 10 High Street

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

10 High Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection to check on the current status of coronavirus within the home.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at the notifications we had received for this service. Notifications are important events the service is required to send us by law.

We used all of this information to plan our inspection.

During the inspection

We observed interactions people had with staff. We spoke with two relatives about their experience of the care provided to their family member. We spoke with four members of staff including the registered manager, the quality business partner and two care staff. We reviewed a range of records. This included two people's care records and medication records.

After the inspection

We spoke with three professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection in June 2019 we found a breach of regulation 12, Safe care and treatment. Improvements were required to the management of medicines. At this inspection we found the necessary improvements had been made and the service was no longer in breach of regulation.

- People received their medicines as prescribed.
- The registered manager had developed a robust new process and management system to ensure medicines were administered safely.
- Medicines administration records (MARs) were checked and audited twice daily. Any errors found were rectified within the day of prescribing.
- Staff had up to date medicines administration training and regular spot checks to monitor competency.
- People had risk assessments in place for their medicines and protocols in place for 'as required' medicines.
- People had a medicines care plan which detailed how they liked to take their medicines.
- Staff were kept up to date with any medicine changes via a communication book and through a handover at each change of shift.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Measures were in place to protect people from the risk of harm. Relatives told us their family member was safe and they had no concerns about safety.
- Staff had up to date training in safeguarding practices and were knowledgeable and confident in acting on any concerns.
- The registered manager had contacted the local authority safeguarding team appropriately and had sent CQC the required notifications.
- Accidents and incidents were recorded and reviewed by the registered manager before being closed. These were monitored by senior managers to identify any themes or patterns. Any actions required following an incident were discussed with the staff team. Support plans were updated and developed accordingly.

### Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and appropriate plans developed to manage them.
- Risk assessments included a matrix which covered the likelihood and severity of the risk and actions for staff to take to reduce the risk.
- Areas of risk included environmental, community and personal risks. One person required specific behaviour support plans to manage their complex needs. These had been regularly reviewed and adapted

to meet their changing requirements. This person's behaviour had become more settled as risks were identified and appropriate actions taken to manage them.

- Risk assessments were in place to support people and staff from the risks associated with Coronavirus.

#### Staffing and recruitment

- There were sufficient staff to meet people's needs.
- Staff had worked as a team and supported each other throughout the pandemic. Staff had ensured they managed their own homes safely in order to protect the people they worked with.
- The registered manager told us, "Staff have been really good, spot on, they have been meticulous. They have all pulled together to support each other and [the people who live at 10 High Street]."
- The service was fully staffed. Any use of agency staff was with staff who only worked at 10 High Street and knew the people who lived there.
- Staff had been recruited safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At the last inspection in June 2019 we found a breach of regulation 17, Good governance. The registered person had not ensured quality assurance systems effectively identified and improved shortfalls in the service. At this inspection we found the necessary improvements had been made and the service was no longer in breach of regulation.

- The registered manager understood their role and responsibilities. Staff and professionals were complimentary of the registered manager telling us there had been a positive impact on people and the day to day running of the service.
- Appropriate notifications had been sent to CQC and referrals made to the local authority safeguarding team.
- The registered manager fully understood their responsibilities under the duty of candour.
- The registered manager had a clear vision of where they wanted the service to be and had passion for supporting people with learning disabilities.
- There was a new electronic quality monitoring system in place, which had improved the overall monitoring and effectiveness of the service. Regular audits were carried out which were scrutinised by the senior management team.
- The registered manager had a service improvement plan in place. This included changes to the environment of the premises to meet people's changing needs as they grew older.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had an 'open door' policy and was very present within the day to day activities in the service.
- We received positive feedback from professionals and family regarding the support of people. One professional told us staff had learned new skills and trained to adapt to one person's changing needs. This had supported the person to maintain mobility. Attention to exploring new activities had improved people's interests, interaction and motivation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they were able to contribute to the running of the service. The staff we spoke with felt supported and involved in the service provided.
- Surveys and satisfaction feedback was sought from people, relatives, staff and visiting professionals. This had reduced over the past 18 months, but the registered manager had begun the process again at the time of the inspection.

#### Continuous learning and improving care

- The registered manager ensured people's training and refreshers were up to date. Staff who wanted to take their skills further were encouraged to undertake further qualifications. Staff had recently undergone manual handling training and developed a new skill set to support the changing needs of one person.
- The registered manager was passionate about always doing better, looking for more ways to provide a good quality of life for people. One person was unsettled and their behaviours had escalated. The registered manager developed a new support plan using different methods of intervention which had very positive results. Incidences of escalated behaviours had significantly reduced. The support in place was constantly reviewed as their needs changed.
- The provider used reflective learning to improve care, particularly following any incidents. As part of this, staff completed an on-line session and comments were collated and reviewed by the quality team. Staff had 'de-briefing' individually, within the whole staff team, or both. Outcomes for improvements were agreed and added to their learning record for action and review.
- Any potential large scale developments were identified by the senior management team. All quality performance was fed into the providers national data system to identify themes and trends.

#### Working in partnership with others

- The service worked alongside health and social care professionals to develop appropriate care provision. This included working closely with the community learning disability team and specialist health professionals.