

The House of Light Trust

The Cornerstone

Inspection report

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South Yorkshire
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 3 February 2015 and was unannounced. Our last scheduled inspection at this service took place in November 2013 when no breaches of legal requirements were identified.

The Cornerstone is a care home without nursing. It provides care for up to eight people with learning disabilities or autistic spectrum disorders. The home is situated close to Rotherham town centre.

The service had a registered manager in post at the time of our 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.

At our inspection on 3 February 2015, we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

The provider did not have appropriate arrangements in place to manage medicines. The provider’s medication policy and procedure did not include instruction for

Summary of findings

medication which was given as required or the safe management of controlled drugs. Therefore, some risks were not identified and there was no guidance on current best practice.

We spoke with staff who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. One care worker said, “I would report anything of this nature straight away, it would have to be sorted out.”

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with people’s care. We saw risk assessments had been devised to help minimise and monitor the risk.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people’s needs.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The house manager had some knowledge of this and said they would contact the local council for further advice if needed.

People were supported to eat and drink sufficient to maintain a balanced diet. Meals were appropriately spaced throughout the day with snacks in-between. Meals were flexible to meet the needs of the people who used the service.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people’s records and found they had received support from healthcare professionals when required.

People who used the service were supported to maintain friendships. Support plans contained information about their circle of friends and who was important to them.

We saw staff were aware of people’s needs and the best ways to support them, whilst maintaining their independence.

People’s needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some contained pictures to assist in the person understanding their plan. Support plans included healthcare, communication, personal hygiene, mobility and activities.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an ‘easy read’ version.

Staff we spoke with felt the service was well led and the registered manager and house manager were open and transparent. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

Staff we spoke with felt the service was well led and the registered manager and house manager was open and transparent. They felt people were involved and that their opinion counted. One care worker said, “I can discuss anything with my manager and they will listen and offer support and guidance.”

Summary of findings

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.

The provider did not have appropriate arrangements in place to manage medicines.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and spoke about them in staff meetings.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had robust arrangements in place for recruiting staff.

Requires Improvement



Is the service effective?

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The house manager had some knowledge of this and said they would contact the local council for further advice if needed.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good



Is the service caring?

The service was caring.

We saw staff were aware of people's needs and the best was to support them, whilst maintaining their independence.

People who used the service were supported to maintain friendships. Support plans contained information about their circle of friends and who was important to them.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an easy read version.

Is the service well-led?

The service was well led.

Staff we spoke with felt the service was well led and the registered manager and house manager was open and transparent.

We saw various audits had taken place to make sure policies and procedures were being followed.

There was evidence that people were consulted about the service provided.

Good



The Cornerstone

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.

The inspection took place on the 13 January 2015 and was unannounced and the inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and Healthwatch Rotherham to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people who used the service, observed care and support in communal areas and also looked at the environment.

We spoke with three care workers, and the house manager. The house manager is responsible for the day to day running of the service and is supported by the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

The provider did not have appropriate arrangements in place to manage medicines. The provider's medication policy and procedure did not include instruction for medication which was given as required or the safe management of controlled drugs. Therefore, some risks were not identified and there were no guidance on current best practice. This meant there was a risk of people not receiving their medicines in a safe way.

Medicines were delivered on a weekly basis and booked in using the Medicine Administration Record (MAR). There was no record available for the disposal or returned medicines to pharmacy. We asked the house manager about this and were told the book had been missing for three weeks. The house manager thought it was at the pharmacy but the pharmacy said they had not got this. This meant the provider had no record of returned medicines.

Medicines were not always stored in line with current regulations. Controlled drugs were stored in a metal drug cabinet along with all other medicines kept at the home. This meant the cabinet was not dedicated to the storage of controlled drugs and access was not restricted.

Medicines which required storing in a fridge which was used to store food items and situated in the main kitchen fridge; people who were not authorised to handle medicines had access to this fridge.

We looked at the MAR sheets for the eight people who used the service. We saw some gaps in the charts where there were no signature and no code to say if the medicine had been given or why it was not given. We also saw one MAR sheet which for a three week period stated 'O' for each medicine and the time it should have been given. The code 'O' was used to describe reasons why the medicine had not been administered. The expectation was that staff should state what this meant on the MAR. There was no explanation recorded. We spoke with the house manager who told us that on this occasion it was because the person self-medicated. We asked the house manager if there were any internal medication audits completed and were told no. Each person had a front sheet in the medication book, which had a photo, name, date of birth and any known allergies. Each person also had a list of medicines they were taking along with what they were used for and how the medicine was to be taken.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (management of medicines).

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs. We found staff were available when people needed support and less staff when people were out, usually during the day. The service deployed staff dependent on what people wanted to do. The staff we spoke with felt there were always enough staff around and the service operated in a flexible way. We checked rotas and found the staffing levels were as determined by the provider. More staff were rostered to work if needed, for assisting people with activities and appointments.

People we spoke with said they felt safe living at the service. One person said, "The staff make sure the house is safe." Another person said, "I feel at home."

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and spoke about them in staff meetings. Staff we spoke with told us that they had received training in safeguarding vulnerable adults and this was repeated on an annual basis. The staff records we saw supported this.

The house manager explained they planned to discuss safeguarding with the people who used the service. They showed us a plan they had for a series of four short, focused sessions. The sessions covered good and bad friendships, focussing on what people think abuse is, watching a DVD and a session about, 'What to do if this happened to you or someone you knew'. This showed the service was addressing the topic with people who used the service.

Is the service safe?

We spoke with staff who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. One care worker said, “I would report anything of this nature straight away, it would have to be sorted out.”

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

people’s care. We saw risk assessments had been devised to help minimise and monitor the risk. Risk assessments worked out the likelihood and consequence of the risk. Risk assessments stated the activity, the hazard and controls in place to manage the risk. We spoke with the manager about risk assessments for support during the night. These were not available but the house manager said they would address this.

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. For instance, we spoke with staff and found they received appropriate training. Staff found the training they had was valuable and felt it gave them confidence to carry out their role effectively. One care worker said, “I really enjoy the training and it is really useful.”

We looked at training records and found the each staff member had a learning and development plan which was updated following their annual appraisal. The house manager showed us a training matrix which identified training completed face to face, however training completed via e-learning was not recorded. We spoke with the house manager who told us they would include this in the future.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received training in this area and the records we saw confirmed this. The service had a policy in place for monitoring and assessing if the service was working within the Act.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The house manager had knowledge of this and said they would contact the local council for further advice if needed.

We observed staff working with people and saw they offered choices and respected people’s decisions. The person gave consent prior to the staff interacting with them.

People were supported to eat and drink sufficient to maintain a balanced diet. Meals were appropriately spaced throughout the day with snacks in-between. Meals were flexible to meet the needs of the people who used the service. We spoke with people who used the service and were told they were involved in menu planning, shopping and preparation. One person said, “I sometimes help with cooking the meals.” Another person said, “I go food shopping every week and have my tea out.”

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. We looked at people’s records and found they had received support from healthcare professionals when required. For example, we saw involvement from chiropody, dentist and doctors. The house manager told us that people have an annual check-up with their doctor. The records we saw confirmed this.

Is the service caring?

Our findings

We spoke with people who used the service and observed care workers interacting with people.

One person said, “The staff are lovely, they are my friends.”

We saw staff were aware of people’s needs and the best way to support them, whilst maintaining their independence. For example, one person helped themselves to their choice of cereal at breakfast. Another person who required more support was asked what they wanted and this was brought to the table for them.

People who used the service were supported to maintain friendships. People’s support plans contained information about their circle of friends and who was important to them. People invited their friends for tea and special occasions. People also socialised with their friends during the week at social clubs and events. It was clear that people’s families were welcome at the service at any time. This service is one of three homes owned by the House of Light Trust in the area. The people living at these three services met frequently and held coffee mornings and other social events.

We spoke with the house manager who saw the service as part of the community and supported people to access social events which took place in the local area. The service was situated near a large park and people took part in events held there, such as the Rotherham show and Bonfire night celebrations.

The service supported people to express their views and be actively involved in making decisions about their care and support. People were involved in their support plans, which included their views and choices. Each person has a personal assistant assigned to them who worked with them closely, and ensured the person received appropriate care. They also supported the person with values such as privacy, dignity, independence and choice. For example, personal assistants held regular meetings with the person to ensure they were happy, to reflect on previous events and to plan future ones. Staff we spoke with were keen to ensure that people made their own choice where possible and to respect the decision they had made.

We observed staff working with people and found they were supportive, caring and compassionate. Staff responded to people as they had expressed in their individual support plan. Staff were patient and offered choice, waited for a response and then proceeded with the option expressed. One care worker said, “It’s all about building up trust with people, asking what they want and respecting that.”

We saw the service had a ‘Residents charter’ in place which had been designed by the people who used the service with support from staff. The charter was about what people wanted in their home. For example, ‘Always knock on my door and wait for a response before entering’ Other statements included that staff should have respect for people’s home and their individual space. We saw that the items in the resident’s charter were respected.

Is the service responsive?

Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some contained pictures to assist in the person understanding their plan. Support plans included healthcare, communication, personal hygiene, mobility and activities.

People had the opportunity to discuss their support plan, with their personal assistant, on a monthly basis. This was to look at what went well over the past month and to set mini goals to achieve the following month. Staff we spoke with felt this was a good way of ensuring the person was consulted about their plan and were able to contribute.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis. For example, some people enjoyed a knitting club which took place every week. Others took part in church events, college, and community café, baking and shopping. People took part in social events and celebrated occasions such as birthdays, Christmas, and Easter.

On the day of our inspection we saw people were supported to do what they wanted to do. Three people went to a day centre, one person went out with a relative, and another person went shopping. Some people preferred to stay at the service. One person said, "I like to walk to the shop to get the paper."

The service had a complaints procedure and people knew how to raise concerns. The procedure was available in an 'easy read' version. People we spoke with told us they would talk to staff if they had a worry, and felt they would sort it out. We spoke with the house manager about concerns received. The service had not received any complaints in the last year. The house manager showed us a book which would be used to record complaints and the outcomes.

The house manager told us that people were asked, in house meetings if they had any concerns and were supported to discuss them. The house manager told us that any concerns would be dealt promptly.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

Staff we spoke with felt the service was well led and the registered manager and house manager was open and transparent. They felt people were involved and that their opinion counted. One care worker said, "I can discuss anything with my manager and they will listen and offer support and guidance."

We saw various audits had taken place to make sure policies and procedures were being followed. This included an audit completed by a member of the Trust's committee. This was last completed in January 2015. This audit included health and well-being, conduct and attitude of staff, cleanliness of the service, care plans, and records. Comments were mainly positive. Where actions were required the house manager had addressed them. For example, the October 2014 audit highlighted the repairs

completed should be signed off in the maintenance file. We looked at this record and saw this had been completed. Care and support plans were monitored by personal assistants on a monthly basis.

There was evidence that people were consulted about the service provided. We saw that house meetings took place to discuss things such as meals, events, and concerns. We saw that their opinions about the service were sought and respected. In addition to the house meetings the service had a resident's forum meeting. This meeting included representatives from the other two local House of Light Trust services. These meetings were used to plan holidays and events, reflect back on what went well and decide if people would like to do something again. For example, at Christmas a group of people went to Chatsworth House and the feedback was that people would like to go again next year. This will be a consideration for the service activity plan for the coming year.

We spoke with the house manager about gaining feedback from relatives and other professionals. The house manager told us that surveys were sent out on an annual basis and areas for action would be addressed. However, recent surveys have been very positive.

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The provider did not have appropriate arrangements in place to manage medicines. In that the provider's medication policy and procedure did not include instruction for medication which was given as required, or the use of controlled drugs.</p> |