

Cornerstones (UK) Ltd

St Patrick's House

Inspection report

1a Porton Road
Amesbury
Salisbury
Wiltshire
SP4 7LL

Tel: 01980626434

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17 December 2018
19 December 2018

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

Leadership and management of the service had not ensured people always received a high-quality service. The quality assurance systems in place identified shortfalls in the service, but there was not always effective action to make the necessary improvements.

The provider did not have effective systems to plan how the risks people faced were going to be managed. Risk assessments were not always kept up to date and reviewed when people's needs changed.

Staff did not always keep accurate records of the medicines they supported people to take. Systems in place to check medicine records at the end of each shift were not effective and did not always identify errors.

Despite the shortfalls in risk management records, staff demonstrated a good understanding of people's needs and how to meet them.

People were confident that staff had the right skills and felt safe in the service. People felt staff treated them in ways that maintained their dignity and privacy.

Staff were well trained and there were enough of them to provide the support people needed. Staff were thoroughly checked before they worked at the service.

People were confident any complaints would be investigated and action taken to resolve them.

More information is in Detailed Findings below.

Rating at last inspection:

Good (report published 2 June 2016).

About the service:

St Patrick's House is a care home for people with a learning disability. Six people were living in the home at the time of the inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We have told the provider they must improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service had not always been well-led.

Details are in our findings below.

Requires Improvement ●

St Patrick's House

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

St Patrick's House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager. 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.

Notice of inspection:

The inspection was unannounced. The inspection took place on 17 December 2018. We returned on 19 December 2018 to complete the inspection.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with four people to gather their views about the care they received. We looked at records, which included three people's care and medicines records. We also looked at a range of records about how the service was managed. We spoke with the registered manager, area manager and three support staff.

Is the service safe?

Our findings

People were not consistently safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- Risks identified in people's assessment records were not always reviewed and kept up to date. One person had a note on their file completed by the registered manager which stated their risk assessments needed to be reviewed in June 2018. This review had not taken place and the assessments and risk management plans in place were dated June 2017. The person had experienced significant changes to their health over the period since the risk assessments had last been completed. Changes to their needs had not been reflected in plans to manage the risks relating to evacuating the building in the event of an emergency, a history of making allegations against staff, inappropriate behaviour in public places or the management of diabetes. The registered manager told us a new keyworker had been appointed for this person and was in the process of updating the assessments and plans to manage the identified risks.
- Another person had assessments and risk management plans that had not been reviewed or updated since March 2016. This person had also experienced significant changes in their health since the risk management plans had been completed. Staff told us the person now needed additional support due to the deterioration in their health.
- A third person did not have an emergency evacuation assessment in place. The registered manager told us the person required some prompting from staff to evacuate the building safely in the event of an emergency. The registered manager said this person also had a new keyworker in place who had been tasked with completing this assessment and a risk management plan with the person.
- Although up to date information on these risks was not included in a formal risk management plan, staff demonstrated a good understanding of people's needs and how to support them. Staff told us they were confident they could provide the support people needed. However, the lack of up to date written risk management plans increased the risk that people would not receive the support they needed to stay safe.
- An internal audit by the provider had identified works were needed to ensure the building remained safe. This work had been planned for August 2018, but the contractors commissioned to complete the work had not been suitable. The works had been re-scheduled for January 2019. Work included replacement of a ramp to the front door, replacement of doors in the building and replacement of the kitchen. Although some action had been taken to make temporary repairs to these items, we found the ramp to the front door to be slippery. Some doors were missing in the kitchen and an area by the cooker had exposed chipboard which could not be hygienically cleaned as it absorbed liquids. The registered manager said they would request further remedial works to the ramp before it was replaced, to ensure it was safe.

Using medicines safely:

- Staff did not always keep accurate records when they supported people to take medicines. The medicine administration records (MAR) for the two weeks before the inspection contained six incidents in which staff had not signed to say they had supported people to take their medicines. On three of these occasions, a daily check of the MAR sheets that should have been completed by the shift leader had not taken place. On the other three occasions, the daily check had been completed by the shift leader, but had failed to identify that there were gaps in the MAR sheet. Although the MAR sheets had not been completed, the stock of medicine held in the home meant it was likely people had been supported to take their medicines, although the registered manager could not be sure of this. The lack of an accurate record of the medicines people had been supported to take increased the risk that people would not correctly receive the medicines they had been prescribed.

The shortfalls relating to risk and medicine management was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong:

- Incidents were recorded and had been reviewed by the registered manager and area manager before being closed. Actions included referrals to external health and social care professionals where necessary, additional training for staff and changes to people's support plans.
- Staff took part in debriefing sessions following incidents. These were used to reflect on incidents that had happened and assess whether different actions would have resulted in better outcomes for people.

Staffing levels:

- There were sufficiently trained and experienced staff to meet people's needs and all appropriate recruitment checks had been completed. Comments from people included, "Staff are always supportive and they help if needed."
- Staff said there were enough of them on each shift to provide the support people needed.

Systems and processes:

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to if they suspected people were at risk of harm. Staff had worked with social care professionals and the police where relevant to keep people safe.
- People told us they felt safe at St Patrick's House. Comments included, "I feel safe here. I would speak to [the registered manager] if there was any problem."

Preventing and controlling infection:

- Staff were trained in infection control and demonstrated a good understanding of the systems in place. The home was clean and staff were seen to follow good hygiene practices.
- People told us staff helped them to keep their room clean.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life that is based on best available evidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider ensured people's needs were assessed before they moved into the service. Assessments were comprehensive and expected outcomes were identified. This ensured people's needs could be met and individual support plans put in place.
- Staff worked with health and social care specialists to ensure people's specific needs were met. Examples included individual epilepsy assessments and support plans and individual positive behaviour support plans. These set out how the relevant specialists assessed people's specific needs should be met. Records demonstrated that staff followed these plans when providing support for people.
- People told us they were involved in the assessment and support planning process. People had developed personal goals with support from staff to help them become more independent.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff told us they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- Staff had completed a comprehensive induction and had regular supervision and appraisal meetings. Staff told us the induction and training they received had been very useful and given them the skills they needed. One member of staff commented, "The training is very good. It is relevant and specific to the needs of people who live here."

Eating and drinking:

- People were supported to be involved in choosing and preparing meals. People told us they liked the meals and planned a menu each week. One person told us staff had been helping them to lose some weight. Menus were planned to ensure they met any specific dietary needs. People said they were able to have a different meal if they didn't like the one that had been planned. During the visit we observed staff supporting people with preparing a meal, providing good support regarding food safety and hygiene.

Staff providing consistent, effective, timely care and involvement of health professionals:

- The service had systems in place to plan referrals to external services and to maintain care and support.

Staff worked with local health services to ensure people received the support they needed. Examples included reviews by the palliative care team and the specialist learning disability team.

- People told us they were able to see their doctor when they needed to.

Adapting service, design, decoration to meet people's needs:

- People were involved in decisions about the premises and environment; individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Staff had completed training on the MCA and were aware who lacked capacity to consent to their care and treatment. Staff checked with people before providing any care or support. They asked people questions in different ways to help ensure they understood the decisions they were making.
- 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 are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for one person had been approved by the local council and a further one was being assessed at the time of the inspection. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect.

Treating people with kindness, compassion and respect:

- People were treated with kindness and were positive about the staff's caring attitude. Comments included, "The staff are very kind, I am able to choose what I do" and "I like the staff. I am very happy living here."
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for support and advice. Staff intervened promptly when one person showed signs of distress, providing caring support that de-escalated the situation.

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

- Staff supported people to make decisions about their support. Comments from people included, "I am happy with my plan. I was involved in developing it."
- People's communication needs were assessed when they moved into the service. The assessment included information about the Accessible Information Standard, to ensure the service met any specific communication needs of the person. This may include providing information in different formats if necessary. Staff said they had completed training in the specific communication needs of one person. They were using sign language to help support the person to express their views. Details of the support needed were included in the person's support plans.

Respecting and promoting people's privacy, dignity and independence:

- People's support plans included details of how people wanted their privacy and dignity to be maintained and what was important to them. People said staff followed the plans and provided support in ways that met their needs.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Staff supported people to do this in ways that maximised their independence and maintained their safety. We observed staff providing phone support to one person who had gone out independently. Staff provided reassurance to the person and checked that all was going to plan with their activity.

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care:

- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. Examples included information about people's preferred daily routines and the activities they liked to take part in.
- People were supported to make choices and have as much control and independence as possible, including in developing care and support plans. Relatives were also involved where appropriate and where people wanted that.
- People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People were supported to take part in a range of activities they enjoyed. A monthly meeting was held to support people to plan activities they may want to take part in. Staff produced a newsletter, which included details about activities that were available. People said they enjoyed socialising at local clubs and taking part in trips out to places of interest. A survey of people completed by the provider demonstrated people felt they were able to access suitable activities.

Improving care quality in response to complaints or concerns:

- People said they knew how to make a complaint and were confident any concerns would be resolved. One person told us, "[The registered manager] will sort out any problems if needed." The complaints procedure was provided to people when they moved into the home and displayed on a notice board. The procedure was presented in an accessible version, to make it easier for people to understand.
- There were systems in place to record and review any complaints received. No complaints had been received in the year before the inspection.

End of life care and support:

- People were supported to make decisions about their preferences for end of life care, and staff supported people to develop care and treatment plans. Professionals were involved as appropriate, including nurses from the palliative care team.

- Staff understood people's needs and were aware of good practice and guidance in end of life care.

Is the service well-led?

Our findings

Leadership and management have not assured person-centred, high quality care and a fair and open culture.

Leadership and management:

- The provider had a new board of directors in the last year and had become part of a larger group of care services. This had meant changes to senior management of the service and the introduction of new management systems. The registered manager told us the work involved in preparing for the changes and the implementation of new systems had taken time away from the day to day running of the service. This had resulted in some shortfalls in the service being provided.
- The provider had quality assurance systems in place. These included specific audits, such as medicines records and reviews of support plans; and an audit of the whole location. The most recent whole location audit was completed in March 2018 and reviewed in November 2018. The outcomes of the assessment were used to develop an action plan to address shortfalls in the service. The action plan included the shortfalls identified in this inspection, relating to the risk management plans, care records and refurbishment of the building. Whilst the systems had identified actions that were needed in the service, the provider had not ensured that these actions were completed in a timely way. The area manager told us they were confident systems were now in place to make the necessary improvements in the first part of 2019.
- Staff told us it had been difficult working in the service over the previous year due to the uncertainty surrounding the management changes. They said this had impacted on the morale of the staff team, but were confident the service was moving in the right direction. Staff said the registered manager had been very supportive throughout this time and had kept them up to date with changes that were happening.
- The registered manager told us she was aware of the work that was needed to improve the service and felt she had good support from senior managers to complete these improvements. Support included regular one to one supervision sessions for the registered manager.

Continuous learning and improving care; Working in partnership with others:

- The registered manager developed a culture of continuous learning. Staff had clear objectives focused on this and improvement. Staff were held to account for their performance through regular supervision and appraisals.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and service development. This included work with the community learning disability team, palliative care team and specialist nurses such as an epilepsy nurse.

Engaging and involving people using the service, the public and staff:

- The service involved people, their families, and others effectively in a meaningful way. The manager responded to issues raised and let people know what action they had taken.
- People and staff were encouraged to air their views and concerns. They were listened to and views acted on to help improve and shape the service and culture.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not ensured risks to people using the service were effectively assessed and managed; or that accurate records were kept when people were supported to take medicines.</p> <p>Regulation 12 (2) (a) and (g).</p>