Cornerstones (UK) Ltd

Cornerstones (UK) Limited - 9 Roseland Avenue

Inspection report

9 Roseland Avenue
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Date of inspection visit:
02 August 2018

Date of publication:
18 September 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

9 Roseland Avenue is a small care home, registered to provide accommodation and personal care (not nursing) for up to six people with learning disabilities. The house is a two-storey building with its own secure garden.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection on 29 June and 5 July 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because audits did not always identify shortfalls. Where shortfalls were identified, action was not taken to ensure fundamental standards were met. The provider wrote to us telling us of the actions they were taking to make improvements. At this inspection we found improvements had been made.

People were kept safe from the risk of harm and abuse. Staff were knowledgeable about the types of abuse and how to report it. Risks were identified and assessed and assessments reviewed regularly. There were sufficient numbers of staff deployed to meet people's needs. Medicines were administered, stored and managed safely.

Staff were appropriately trained. Care plans were person centred and contained personalised information to support people's needs. Staff worked together with health and social care professionals to deliver timely health care and promote well-being.

Staff and people had developed respectful and caring relationships. The person-centred ethos of care was shared throughout the staff group. There were quality assurance and audit processes in place, including requests for feedback from people and their relatives about the service.

Care was planned to reflect people's preferences and abilities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has improved to Good.	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 2 August and was announced. We gave the service three days' notice of the inspection visit because the people living in the home could 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.

Before the inspection we reviewed the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager and the most recent provider information return form (PIR). Notifications are information about specific important events the service is legally required to send to us. A PIR is a document which provides information about the service such as what they do well and what improvements they plan to make.

We spoke with two people who used the service, two relatives, two care staff, the registered manager and the operations manager. We observed interactions between staff and people who used the service. During the inspection we reviewed three people's care plans and daily records. We reviewed records relating to the management of the service, including policies and procedures. We looked at accident and incident reporting and quality assurance audits. Following the inspection four health and social care professionals responded to our request for feedback about the service.

Good

Is the service safe?

Our findings

At the last inspection in June and July 2017 we assessed the safe section of the report to be good. At this inspection we found these standards had been maintained and people continued to receive a safe service.

People were supported by staff who were knowledgeable about the types of abuse and how to report it. The staff we spoke with told us they would first report it to the senior or the manager. They were also able to identify how to report concerns to external organisations. One staff member told us, "We have a massive duty of care and no-one is above suspicion, I would report it immediately to the manager or go to safeguarding." There was a safeguarding policy in place and a reporting process flowchart visible in the office.

Staff were aware of their responsibility to whistle blow. Whistle blowing is the term used when a worker passes on information concerning wrongdoing. Whistleblowing procedures ensure that the whistle blower is protected from reprisals when they raise concerns of misconduct witnessed at work.

Risks to people were identified, managed and reviewed regularly. We saw assessments about how to support people to remain safe whilst out in the community, as well as in the home. The guidance for staff on how to reduce risks was informative and clear. For example, one person was potentially at risk of injury to themselves or others when using the kitchen. The guidance for staff included staff to be with the person in the kitchen always and the kitchen hatch to be closed when not in use. There were no reported accidents for this person in the kitchen area. Each person had a personal emergency evacuation plan in place in case of fire.

The registered manager told us the service had safe recruitment practices in place. This included all the required safety checks relating to past employment, references, identity checks and DBS. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. The staff group had been very stable over the past few years, but the service had recently relied on extra support from agency staff to cover some shifts. One staff member told us this was not a problem as, "we are using the same agency staff, so they know the [people] and the [people] know them."

Medicines administration was managed safely. The service had developed protocols for medicines to be taken 'as required'. These guided staff on the appropriate use and quantity of medicines relating to, for example, managing anxieties. Medicine administration records had been completed correctly. Medicines were administered by trained and competent staff and weekly audits were carried out by the registered manager.

People were protected from the risk of infection. Staff had access to personal protective equipment such as gloves and aprons. We observed sanitising hand gels in bathrooms and instructions for using different cleaning materials and methods to dispose of waste. Staff guidance in care plans showed that people were encouraged to follow hygienic hand washing techniques.

The service monitored any accidents or incidents, using the provider's formats and ABC charts. These were reviewed by the registered manager, the operations manager and the behavioural nurse specialist. ABC charts are documents used to identify why an incident, or behaviour occurred (the antecedent); what the behaviour looked like and what the consequence, or outcome was. Incidents and the actions from the ABC charts were discussed during team meetings to promote learning within the staff team.

Good

Is the service effective?

Our findings

At the last inspection in June and July 2017 we assessed the effective section of the report to be good. At this inspection we found these standards had been maintained and people continued to receive an effective service.

People's needs were thoroughly assessed and documented in their care plans. The service used one-page profiles for people to describe their preferences, things that were important to them and how best to support them. People had robust recording from the multi-disciplinary team of health and social care professionals to create a personalised and detailed care plan. These were reviewed at regular intervals or when the person's needs changed. Staff had signed and dated the care plans to confirm they had read the new information.

There were good examples of cross referencing in care plans. For example, the health awareness section for one person was cross referenced with relevant risk assessments, PRN guidance and associated mental capacity assessments. This ensured that the staff member reading the care plan could gain a full and thorough picture of the support required for that person.

Staff received comprehensive training in a wide variety of areas of care such as manual handling, safeguarding and diet and nutrition. They also received training in more specialised areas designed to enhance their knowledge and skills for providing specific care. This included, epilepsy awareness and positive behaviour management. All staff had received training in equality, diversity and inclusion to promote their awareness of human rights.

Most staff had completed their level 2 NVQ in care and one member of staff was working towards their level 3. The staff we spoke with were happy with the level and amount of training they received and confirmed they had the necessary skills to support people appropriately. One staff member we spoke with also said, "If I am unsure about anything [the registered manager] will arrange training."

People were supported to have meals and drinks of their choice. Where people were able they were involved in choosing their food when shopping, and planning their meals. Some people helped to prepare some of their meals. Preferences, likes and dislikes were documented in care plans, as well as people's abilities to eat unaided. Guidance from health practitioners were adhered to with regards to maintaining a healthy diet. For example, one person enjoyed sweet foods but staff had guidance to advise them about how much sugar was in certain foods.

The service worked closely with community professionals such as the learning disabilities nurse, occupational therapist, speech and language therapist and consultant psychiatrist, to deliver effective care. The joint working and related advice and guidance, were detailed in people's care plans. One person had a comprehensive health action plan and profile for a specific health condition. This gave guidance to staff on how to recognise the effects of the health condition and what action needed to be taken, in particular first aid. All staff were trained in first aid and this particular health condition. There was also an emergency

management plan in place giving clear criteria on when to call the emergency services.

People's rooms were personalised and decorated to their choice. The communal areas were homely. The home was adapted to meet people's needs but needed some updating and refurbishment. New building works were planned for the end of August 2018. There was a safe and secure garden which people had full access to.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). Mental capacity assessments had been carried out to determine whether people had the capacity to make certain decisions. Where people did not have the capacity to make a particular decision we saw best interest decisions were recorded. This meant the service was compliant with the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had correctly applied for authorisations under the safeguards. One person had an authorisation in place and there was evidence that the service complied with the recommendations given by the supervisory body. This included regular contact with the person's advocate.

Good

Is the service caring?

Our findings

At the last inspection in June and July 2017 we assessed the caring section of the report to be good. At this inspection we found these standards had been maintained and people continued to receive a caring service.

Care plans we observed were written using respectful language and had been developed with input from people, where they were able. Staff had recorded important information about people's history and important relationships. Comments from professionals who visited the service included, "the staff have shown considerable empathy and understanding with the ability to be able to look at a situation from a different perspective" and "each time I visit I have witnessed residents being supported in a respectful manner enjoying time with the staff team."

Staff we spoke with demonstrated they knew how to support people in a dignified way. Comments included, "everyone is supported in their own way, the way they like to be supported", "we make sure people are covered [during personal care] for example and bathroom doors are closed" and "I ask if they feel Ok and if I can help." We observed staff interacting with people in a gentle and kind manner. For example, gently guiding people around the home and respecting their choices by responding positively to their requests.

Staff had a good understanding of people's needs and this was demonstrated in the way they interacted and communicated with people. Staff spoke respectfully about the people they supported. They showed compassion towards people who experienced the effects of other people's behaviour. Staff had developed strategies to support people, which removed them from stressful situations. They knew the activities people preferred which promoted a calm environment.

People were offered choice in what they wanted to do. There were weekly planners showing, in pictorial images, people's daily routines and community activities. This included baking, attendance at day centres and going shopping at the weekly market. We observed people being asked if they wanted to do an activity and changes were made to plans if needed.

The service recognised improvements in communication with relatives was required. A family charter was being developed to focus on communication and boundaries with each person's family member. This would fully involve the person and their relatives and actions would be agreed by all parties. One relative we spoke with had expressed a need to improve involvement and requested more transparency in relation to follow up communications. However, they also confirmed that there was "some very good care being undertaken."

Good

Is the service responsive?

Our findings

At the last inspection in June and July 2017 we assessed the responsive section of the report to be good. At this inspection we found these standards had been maintained and people continued to receive a responsive service.

Each person had a personalised care plan. These included detailed information about people's health needs, their daily routines and how they liked to be supported. Some of the plans had been developed with input from specialist health and social care services. For example, the learning disabilities service and behavioural nurse specialists. The guidance developed gave staff the knowledge to provide support in line with people's individual needs and preferences. Care plans were reviewed regularly. One health and social care professional told us, "The staff team are always very good at accepting and acting on advice given."

We observed positive behaviour management (PBM) behaviour support plans and risk assessments for people who required specific methods to manage any challenging behaviour they displayed. Some people required daily monitoring which was fed back to the specialists to inform a regularly adapted support plan. Some people had specific activity programmes to meet their sensory needs by stimulation, designed by an occupational therapist. Activities included a weighed blanket and a vibrating pillow. A weighted blanket can help to calm and relax, to help the person feel grounded and more self-aware, it can decrease behaviours that cause concern.

The home had 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.

The service was compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

We observed specific communication care plans for people which detailed how to interact, respond and understand received responses. These were devised by speech and language therapists to give staff consistency in their support for the person. For example, the guidance included, 'It is important to get my attention first before talking to me (say my name to get me to look and listen) show me things or point to things to help show what you mean. Some simple gestures and signs can help too.' Staff were also guided to use 'objects of reference' to assist in communication, for example 'my boots mean to go out or in the car, plate means mealtimes.' A disability distress assessment tool helped staff to understand signs and behaviours which meant contentment or distress.

We observed regular input with health professionals regarding one person who was experiencing escalating behaviours. There were lots of recordings of the person's day to day presentation. This helped to create a comprehensive and up to date picture of the person's behaviours and responses. The recordings detailed

what actions and interventions had worked and what did not work. This informed the psychiatrist of necessary medicine amendments. For example, one record showed a person's sleep pattern and the frequency of PRN medicines administered. The feedback from the psychiatrist about this was positive. In a letter they stated, "distraction techniques sometimes work and I noted over the last four weeks the PRN [medicine] has only been needed once."

The service had systems to address any concerns or complaints that people had. There was a complaints procedure in place and people and their relatives were given copies of these. It was recorded in people's support plans, 'Staff have talked through the pictorial complaints procedure with me, my copy of the complaints procedure has been given to me and I keep it in my room.'

At the time of our inspection the service was not supporting anyone with end of life care. Staff had supported some people and their relatives to record their end of life wishes. There was a 'when I die' care plan which showed in a pictorial format, where people had been involved in decisions about what happened when they died. For example, their preferences around burial or cremation and whether they wanted to have flowers or a remembrance book.

Good

Is the service well-led?

Our findings

At the last inspection in June and July 2017 we identified improvements were needed to ensure there were regular audits in place to identify shortfalls and actions taken to improve those shortfalls. At this inspection we found that the provider had made the necessary improvements, but these needed to be maintained to ensure continued sustainability.

The service had a registered manager in post. 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.

The registered manager had clear values about the care and support that should be provided and the service people should receive. These values were based on ensuring people's rights were maintained and the provision of a person centred, individualised service that met people's individual needs. These values were fed down to the staff group and one staff member told us, "coming back to support work with Cornerstones is exactly how I wanted to support people."

The registered manager told us they had begun to carry out person centred reviews and people were involved in the process where they were able. They work within the philosophy and guidance of a professional advocate of personalisation and person-centred care.

There were systems in place to monitor the quality of the care being provided and audits to identify where improvements were required. These included ensuring staff were up to date with their training and care plans were being reviewed. There were weekly checks undertaken of the environment, which included temperature checks of hot water and showers. The safe functioning of the services vehicle was reviewed during a location audit and it was noted that these checks needed to be undertaken more frequently. Since the end of May these checks had been completed weekly.

The registered manager told us they had lead members of staff from other services within the organisation to carry out objective audits, for example around staff performance and medicines. Spot checks were carried out and their findings fed back to the registered manager and to the whole staff team during team meetings. Full home audits had been carried out by the provider and a full refurbishment programme had been identified. The registered manager was aware of their responsibility to report certain important events to us as Notifications. These had been submitted appropriately.

The service actively sought feedback from relatives, staff and professionals who visited. Feedback questionnaires were sent out annually regarding the care being provided, being kept informed of changes and whether they felt their relative was safe and treated with respect and dignity. The response was good and comments included, "[my relative] is so well looked after in every way, thank you for your kindness." Some staff responses included, "there is clear direction from the management team" and "I feel that the needs of [the people] are well met and [they] are happy and included in all tasks within the home."

There was also 'ad hoc' feedback from relatives and professionals which was fed back to staff at team meetings. Staff told us communication within the team was good. They felt supported by the manager. Comments included, "I feel that team meetings allow me to voice any concerns or queries and that my opinions are taken seriously and that they are valued" and "they listen to any issues I have."

Improvements were being made to ensure sustainability. The service had recently been taken over by a new owner and they had made the decision to improve the home environment. Comprehensive building works were to begin in August 2018. This would improve the quality of décor and furnishings as well as the layout of the home's communal areas. The registered manager told us, "Having a new owner with ideas for change also raised issues around 'are staff open to change?'" Some staff had been employed by Cornerstones for many years and the registered manager recognised that "It takes time to get a service to where it should be, supporting staff through change is part of that."

The registered manager told us they felt very supported by their line manager. They told us they could discuss issues, were listened to and had collective meetings to problem solve. They said there was also peer support from other service managers, available at all times. They said, "we learn a lot from each other."

The service worked closely with health and social care professionals to develop personalised care for people who used the service. Comments we received from professionals included, "The manager is always very informative, seeks support and advice from relevant professionals within the CTPLD [Community Team for People with Learning Disabilities] and cascades this to the staff team", "The communication from management is timely, clear and concise in regard to the health and wellbeing of all their customers" and "Their determination to try and improve [person's] situation has allowed them to see it from a different perspective and is probably the main contributor for this recent period of relative calm, which hasn't been seen for several years."