

Cornerstones (UK) Ltd

Cornerstones Supported Living Head Office

Inspection report

The Printworks to the rear of 14 Market Place
Devizes
SN10 1HT

Tel: 07534142518
Website: www.nationalcaregroup.com

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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

About the service

Cornerstones Supported Living head office provides care and support to people living in twelve supported living settings. Each setting had a staff team with team leaders and service managers who oversaw the running of the settings and reported to the manager. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 12 people were using the service. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

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 autistic people.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

People had their care and support needs assessed before they started to use the service. People's independence was promoted. Some people told us how their range of skills and social activities had increased, and staff had supported and encouraged them to go to places that interested them. Staff supported people to find employment, take part in activities and pursue their interests in their local area. Risks to people had been assessed to ensure their needs were met safely. People's medicines were managed safely. Staff followed government guidance in relation to infection prevention and control.

Right care

People received kind and compassionate care from staff who wanted to have a positive impact on people's lives. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People had access to health care professionals when they needed them. People and their relatives told us they felt safe. Comments included, "Safe? Oh yes" and, "I feel safe in my home and with the staff." There were safeguarding procedures in place and staff had a clear understanding of these. Robust recruitment checks had taken place before staff started working at the service.

Right culture

People received good quality care, support and treatment because staff had been trained to carry out their roles and were supported by a team of managers. People and those important to them were involved in planning their support. The registered manager and staff worked in partnership with health and social care

providers to deliver an effective service. The registered manager said, "It's quite a humbling thing to place someone into supported living environment. We pride ourselves on supporting people to meet their goals and to access things that we all access." Staff were knowledgeable about people's support needs as well as people's preferences for how they wanted to be supported. Comments from people and relatives included, "Staff help me to live my life" and, "[Provider] has put in place a really effective positive behavioural support plan for my relative." There was a complaints procedure in place and people knew how to complain if they needed to.

We have made a recommendation that the service ensures all staff have regular supervision sessions in line with the provider's policy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection - The last rating for this service at the previous premises was Good published on 27 September 2018. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cornerstones Supported Living Head Office on our website at www.cqc.org.uk.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cornerstones Supported Living Head Office

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 Health and Social Care Act 2008.

Inspection team

A single inspector carried out this inspection. They were supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the manager would be in the office to support the inspection. People are often out, and we wanted to be sure there would

be people at home to speak with us. Inspection activity started on 10 June 2022 and ended on 16 June 2022. We visited the office location on 10 June 2022.

What we did before the inspection

We reviewed information we received about the service. We sought feedback from professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We visited one supported living setting and spoke with two people. We also spoke with another four people and one person's relative on the telephone about their experience of the care provided. We spoke with seven members of staff, the registered manager, an operations manager, a regional operations director and a quality business partner. We reviewed a range of records. These included three people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including policies and procedures and quality assurance records. We sought feedback from two health professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns.
- People using the service told us they felt safe. Comments included, "I feel very safe" and, "I feel safe inside and out."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "I would speak to [registered manager] if I thought people weren't being treated properly, or I'd go higher if he didn't do anything. I wouldn't like it if I lived somewhere and someone was being horrible to me. I always try and put myself in people's position."
- The provider had put in place freedom to speak guardians, who were available for staff to speak to if they preferred not to talk to a line manager about any concerns.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe. For example, we looked at risk assessments in relation to managing the risk of someone having a seizure when they went somewhere they chose to, including travelling abroad.
- Support plans included guidance for staff on how to maintain people's safety in the community, such as road safety.

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service. There were staff vacancies at the time of the inspection. The registered manager said, "We are thinking creatively [about recruitment]. We advertise locally, use social media, and try to ensure better staff retention by supporting staff better."
- The service was exploring new ways of attracting staff and this included placing job adverts which included a statement from one person, explaining why they enjoyed having staff to support them.
- People were encouraged and supported to take part in interviews for new staff. The registered manager said, "One person is helping with an interview next week. This will involve planning the interview beforehand and discussing how the individual would like to engage in the interview, as well as what questions they would like to ask."
- New staff shadowed more experienced staff and got to know people before working unsupervised. One

staff member said, "I shadowed other staff. I was well supported, and staff kept a close eye on me to check I was OK."

Using medicines safely

- Medicines were managed safely.
- People were supported with their medicines by staff who had been trained and assessed as competent. One person showed us the locked cupboard in their bedroom where their medicines were stored and told us staff made sure they had their medicines each day. Another person told us, "Staff help me well with medication so that I don't worry."
- Regular audits were carried out to check that administration records had been signed and that stock balances were accurate.
- Medicine incidents were reported. Records showed that lessons learned from medicine incidents were shared with staff.

Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections. The provider had an up to date infection prevention and control policy in place and they accessed COVID-19 testing for people using the service and staff.
- Staff had received training on COVID-19, and infection control and they had access to PPE. We observed staff wearing appropriate PPE when we visited people in their homes.

Learning lessons when things go wrong

- Incidents and accidents were logged.
- There was oversight at provider level of all incident and accident reporting. Lessons learned were shared across the organisation to reduce the risk of recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There were comprehensive assessments of people's support needs, goals and aspirations that took place prior to them moving to the service. These assessments were in-depth and involved other professionals involved in people's care.
- People were assessed for their compatibility to live with other people at the services. People were consulted about who they lived with. Two people who we visited told us, "We all get on. It's nice to have friends to live with."
- One staff member said, "We've got a new person moving into a service soon and the preparation work is extensive because we want to make sure it works for the individual. None of us wants it to go wrong."
- The registered manager told us, "We have a team in place that's tailored to the people we support. We try and 'people match' to get the best relationships between people and staff."

Staff support: induction, training, skills and experience

- Staff told us they had not had regular one to one supervision sessions with a line manager or supervisor. Comments included, "I can't remember the last one I had. I was supposed to have one at Christmas, but it was cancelled" and, "I don't think I've had a one to one since last year."
- The manager told us the provider's policy was for staff to have a supervision every four months. The provider had reviewed paperwork in response to staff feedback and the aim was to make supervisions a more positive experience and to promote staff well-being. We saw the new documentation in place which reflected this.
- The lack of formal one to one sessions between staff and a manager or supervisor meant staff were inconsistently provided with an opportunity to receive feedback and discuss any concerns.
- Despite the lack of supervisions taking place, staff said they felt supported and could speak to a line manager if they needed to, including out of hours. One staff member said, "I ask [manager] for support and advice a lot. He's really good."
- The registered manager shared the planned supervision schedule for the year with us. This showed that some staff had sessions booked in the coming months, but not all did.
- Staff had been trained to support people. Records showed that staff received training on autism, dementia, epilepsy, safeguarding adults, equality and diversity, medicines administration and relevant medical conditions. One staff member said, "I have lots of training. They [provider] make sure I'm up to date."

We recommend the provider reviews and maintains a supervision plan for staff to ensure that all staff have adequate time to discuss their role and personal support needs with a supervisor or manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to maintain a healthy balanced diet. People's care records included assessments of their dietary requirements and food likes and dislikes. One staff member said, "We weigh people regularly because it helps them to keep an eye on their weight."
- One person told us they planned what they wanted to eat along with the people they lived with and they then took it in turns to go shopping for food. They said, "I like cooking and I go to cookery classes now."
- One person said, "The staff help me with cooking. They help me do lots of different meals with salad and vegetables."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with GP's and other health care professionals to plan and deliver an effective service. One staff member said, "The person I support was struggling with their mobility, but since we called the professionals in, [their] mobility has since improved. "
- People had access to health care professionals for support with their needs. We saw records and the outcomes from health care appointments were held in people's care files. Hospital passports were in place. These are documents for people to take into hospital with them which inform hospital staff about their health and support needs.
- People told us staff supported them to attend appointments. One person said, "The staff take me to the GP surgery if I need to go. They make sure I'm ok." Another person said, "I had a loose tooth and the staff helped me with the dentist, and this morning staff went with me to have my feet done."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's capacity to make decisions was assessed. We saw best interest decisions were made and followed by staff where necessary and documented appropriately.
- Staff had completed training and understood the requirements of the MCA.
- One person's relative said, "The staff are positive and respect [name], the decisions [name] makes and what [name] wants to do."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw people were relaxed around staff. In the service we visited people and staff were laughing and joking and there was a calm and friendly atmosphere.
- People told us staff treated them with kindness. One person said, "The staff are very, very nice." They then named all the staff who supported them and said, "They are all nice people and they help us do what we want to do."
- Another person said, "They [staff] are kind. If I was upset, I would talk with [staff name] or [staff name]. They make time for me and help me."
- One person's relative said, "Some of the staff have been with [name] for 20 years. The staff are extremely caring, always respectful and positive in attitude."
- Staff told us they enjoyed their jobs. Comments included, "We are encouraged to make people's lives as good as possible" and, "We try to get people to live as independently as possible, helping and encouraging people to meet their goals." One staff member said, "It's a great job. When people I support tell me they've had a good day, it feels really good."

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

- People were involved in making decisions about their care. Assessment records showed that people and their relatives had been consulted about the care and support they received.
- The registered manager said, "I know my staff have long standing relationships with the people we support and I value their input. We've given them time to review the support plans and update them with the people we support actively involved."
- One staff member confirmed this and said, "We sit with people and get them to take part in the support plans. It's their plan after all, so they should be involved."

Respecting and promoting people's privacy, dignity and independence

- We saw that staff respected they were in people's homes. For example, when we visited one of the services, staff asked people if they were happy for us to visit and if they were happy to show us around.
- People told us that staff respected their personal space. Comments included, "Staff always ask permission to enter my room and ask if I need any help" and, "Staff keep an eye on my room and if it's getting too smelly, they prompt me to tidy it."
- People were encouraged to be involved with tasks around the house to develop their skills and knowledge. This included preparing meals, cleaning and doing laundry. One person told us, "Staff do the cooking, but they ask me to help." Another person showed us some of the gardening they had done and told us about a fence they were planning to paint.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans reflected the principles and values of right support, right care, right culture. They referred to promoting people's independence and encouraging and supporting people to access the local community and further afield.
- There was an ongoing action to review support plans. We saw some of the plans that had been reviewed. These were person centred and detailed how people wanted staff to support them to do the things they wanted to do. One person said, "Staff help me to be as independent as possible. I go and do a lot of things on my own now."
- Staff told us they tended to work with the same people most of the time, and this meant they had got to know the people they supported. One staff member said, "I read the support plans when I started but it's not until you actually work with people and staff who know them that it all falls into place."
- Through conversation, staff demonstrated they had a good understanding of people's support needs. They were able to tell us in detail about how they supported people with complex needs. For example, one staff member talked at length about one person they supported and how they knew if the person was having a good day or a bad day.
- Another member of staff told us how they had supported one person to be more confident so that they could prepare for interviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed when they started to use the service.
- The manager told us that information was provided to people in ways they understood. We saw that the providers complaints procedure and satisfaction surveys were provided in an easy read and picture format.
- Staff understood how to meet people's communication needs. For example, one staff member explained how they understood and communicated with a person with communication difficulties.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support plans detailed interests they wanted to take part in and any skills they wanted to learn.
- Staff supported people to take part in the things they wanted. This included, going to the gym, cookery

classes, and other socialising events. One person said, "I have a very active life. I go to the gym and go swimming and I help out at a sensory garden."

- The manager told us staff were supporting one person to take on some administration work at the office. This included supporting the person to understand the importance of commitment to plans.
- One person showed us their manicure. They told us they regularly went to a local salon to have their nails done.
- Another person said, "I go to a disco once a week. They [staff] take me out wherever I want to go, shopping and day trips or the pub. I go to concerts too."
- People were supported to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received in the past six months.
- There was provider oversight of all complaints which meant the provider was assured they were aware of any issues affecting people and could act on any complaints to improve the service.

End of life care and support

- The provider had systems in place to support people with end of life care.
- The registered manager told us new support plan templates were being introduced. They said, "We would have the conversation with people in a supportive way."
- End of life training was available for staff.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff understood the importance of an open culture. All the staff we spoke with said they believed the culture to be open and transparent. Comments included, "I think we have an open culture. We don't hide anything. Any problems, I am more than happy to speak up" and, "There are no staff cliques here. The same staff don't always work together."
- Staff were clear about the provider's mission and values. Staff spoke highly of their roles. Comments included, "It's more than just a job for me. I enjoy the differences I make to people's lives, because I can see them" and, "I try to support people to be as independent as possible. We help people to do things themselves and engage them to want to do things for themselves."
- The registered manager said, "My team are hardworking and motivating. They've worked really hard and gone out of their way to help out. Support hasn't been compromised even though we were short of staff; people were still supported to reach their goals. The team are empathetic, creative and aspirational. I'm very proud of them."

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

- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff we spoke with were clear about their roles, had shared person-centred values, and worked together as a team.
- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

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

- People's and relative's views had been sought through regular surveys.
- A recent staff survey had been completed and the provider implemented an action plan based on the results which was shared with staff via a newsletter.
- Staff meetings took place and a range of topics were discussed. Minutes showed information was shared

and there were opportunities for staff to raise things they wanted to discuss. The registered manager told us they had been looking at ways to improve communication amongst the staff team including the use of video calls.

- Staff spoke highly of the support they received from the registered manager. Comments included, "[Registered manager] is helpful and approachable. He covers shifts if needed, is happy to roll his sleeves up. It's a refreshing change having him here" and, "[Registered manager] is brilliant. I feel secure with him and I'm very confident in his ability."
- The registered manager told us they had been working across all services, partly due to staff vacancies, but also to gain an insight into the services. They said, "I always want to be present in the services we support. It helps me build better relationships and make sure services are safe. It also means I can keep an eye on things and be there to support colleagues."

Continuous learning and improving care

- There was a robust quality assurance programme in place. There was provider oversight of the outcomes of audits and regular meetings took place to ensure those responsible had completed any actions.
- There was an improvement plan in place. This was a 'live' document and showed ongoing actions being implemented.
- The provider had recently grown the quality team. We were told this allowed the team to be visible and present locally, have more an overview of service provisions and be able to offer support in a timely manner.

Working in partnership with others

- The registered manager and staff worked in partnership with other agencies, including the local authority and health and social care professionals to ensure people received safe and effective care.