

Cornerstones (UK) Ltd

Cornerstones (UK) Limited - 32 Burnett Road

Inspection report

32 Burnett Road
Trowbridge
Wiltshire
BA14 0QA

Tel: 01225751288

Date of inspection visit:
06 August 2016

Date of publication:
02 September 2016

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

32 Burnett Road is a semi-detached house in Trowbridge providing supported living to the three tenants living in the home. Cornerstones (UK) Ltd provides care to people in five supported living sites around Trowbridge and Devizes. The house at 32 Burnett Road is one of the sites and it is from an office in this building that the supported living service is organised.

The inspection took place on 5 August 2016 and was unannounced. The service was last inspected in January 2014 when it was compliant with the regulations at that time.

There was a registered manager for the service. 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.

People felt safe with the staff that supported them. Staff were able to tell us what to do if they were concerned about someone. Staff were knowledgeable about the subject of abuse. They had attended training to help them understand what abuse was and how to report concerns if they had them.

There was enough staff to support people with their needs. Staff also provided a caring and effective service. People told us they were treated with care and kindness by the staff who supported them. The staff supported people with social activities, household tasks and activities of daily living. Staff knew people well and provided them with a service that met their needs.

People felt they were properly supported with their needs. People understood the aims of the service and said they were there to gain confidence and to build up more independence. They also said they were felt they were achieving these aims. People were supported by staff that had a good understanding of their needs and the care they required. The staff were trained and knew how to provide them with effective support.

People's right to privacy was maintained. Health and safety room checks were completed in agreement with people in advance.

There were systems in place to ensure that people's rights were protected if they did not have capacity. There was guidance in place for staff to follow about the Capacity Act 2005.

People knew how to make their views known and there was an effective system in place to receive and address complaints and concerns. The provider actively sought the views of people who used the service. This was done in a way that made it easy for people to make their views known to them. Care records showed how people wanted support with their care to be given. Staff helped people to make choices in their daily life and encouraged them to be independent.

The provider's visions and values included encouraging independence and providing person centred care. These were understood by staff and by people who used the service. The staff were able to demonstrate they followed these values when they assisted people with their needs. Audits to check and monitor the care and service were completed on a regular basis. People were asked for their views of the service as part of this process.

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.

Staff knew how to keep people safe and how to recognise and report abuse. People felt safe with the staff that assisted them with their range of care and support needs.

There was enough staff to meet the needs of people using the service.

The provider had a recruitment systems in place that helped protect people from the risks from unsuitable staff being employed.

Is the service effective?

Good ●

The service was effective.

People were supported to have enough to eat and drink for their health and wellbeing.

People were assisted by staff who understood their needs and how to meet them.

People were assisted to see specialist health care professionals who supported them with their health care needs.

The staff understood about the Mental Capacity Act 2005 and how to protect the rights of the people they supported

Is the service caring?

Good ●

The service was caring.

People were treated with respect and were encouraged and supported to gain more independence.

People felt supported by the staff team and the registered manager and people said the staff were caring in their approach.

People were involved in how their care was planned. The staff were knowledgeable and knew how to support people in the

ways they preferred.

Is the service responsive?

Good ●

The service was responsive

People's needs were planned flexibly and support was being provided as agreed in their care plans.

People made choices in their day-to-day lives and were able to do a range of social and therapeutic activities.

People knew how to make their views known and there was a system in place to receive and respond to complaints or concerns.

Is the service well-led?

Good ●

People and staff knew the aims of the service were to provide person centred care that focused on them as a unique individual.

The quality of the support and the service was checked to ensure it was of a good enough standard. People were asked for their views as part of this process.

The staff felt they were supported by the registered manager. The staff said they could speak to them about anything and they were a supportive and kind person.

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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.

We reviewed notifications of incidents that the provider had sent us. Notifications are information about specific important events the service is legally required to send to us.

Before our inspection, we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

We visited the service on 5 August 2016. Our visit was unannounced and one inspector carried out the inspection.

We spoke with three people who lived at 32 Burnett Road. We also spoke by telephone after our visit to two more people who used the service.

We observed care and support and looked at the care records for two people. We also viewed a number of different records about how the service was being managed and run. We spoke with the registered manager, and one support worker.

Is the service safe?

Our findings

People we spoke with told us that they felt safe at the service and with the staff. One person said, "The staff are all okay." Another person commented, "They are nice."

The staff explained to us how they assisted people to remain safe and what they did if they felt someone was at risk of abuse. Staff told us that they would promptly report any concerns. They said they would go to the registered manager if they felt that someone was not being treated properly. The staff told us they felt confident to report poor practice or any concerns.

The registered manager told us, and this was confirmed by people who used the service, that they were always accessible to people. People using the service were given their mobile telephone number and could contact them when ever needed.

Each person's care records included a section about abuse. This section of their care records covered their understanding of abuse and what to do to keep them safe. Risk assessments had also been put in place that included what could happen and what should be done to keep people safe. This showed that staff had the guidance they needed to support people to stay safe.

Staff were able to tell us how they assisted people to reduce risks whilst they promoted their independence. They told us some examples of how they supported people, for example when they felt vulnerable to go to the community. These included support with shopping and their finances.

Staff and the people we met said that some people were at risk from other people in the community. Some other people were on occasions at risk of harming themselves. The staff were observed providing one to one support to people. This was to help them go out into the community and feel safe. The care records we viewed set out how people were assessed for risks to their health and wellbeing. These included people who were at risk of self-neglect. The risk assessments were updated on a regular basis and reviewed and changed when required. The staff knew what had been written in the risk assessments. We saw that they followed them when they supported people to leave the service.

One person told us that staff helped them with their medicines. Staff told us they felt knowledgeable to support people with their medicines. Medicines were kept in individual secure cupboards in people's rooms. Medicine charts were accurate and up to date. The charts also confirmed when people were given their medicines or the reasons why they had not had them. People kept their medicines securely and regular checks of the supplies were carried out. Staff went on regular training so that they understood how to support people with their medicines safely.

When accidents and incidents occurred that involved people at the service these were recorded by staff. The registered manager checked and analysed these occurrences. When actions were needed, these were implemented and any further follow up actions taken. For example, one person felt vulnerable when they encountered other people in the community. Actions taken to try to help them feel safe had been clearly put

in place. This helped protect people and keep them safe. This also helped to lower the risks of further occurrences.

The people we spoke with told us they felt there was enough staff to support them. The staff also told us there was enough staff on duty to provide safe care. The registered manager told us that they tried to use the same staff who worked for the provider if cover was needed. This was to ensure people were supported by staff who they knew. The registered manager told us the numbers of staff needed to meet the care needs of people were increased whenever it was required. They told us how staffing numbers were increased if a person was unwell or people had appointments to attend such as hospital visits. There was documentation that confirmed that staff numbers were set based on people's needs and the type of support they needed with their care.

The staff rota confirmed that there was always a member of staff available to support people, and that someone 'slept-in' on the premises at night. People using the service said that they would feel comfortable asking for help at night if they needed to. This showed that people had access to support at all times.

The provider ensured that checks were undertaken on the suitability of all potential new staff before they were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed on all staff to ensure only suitable employees were taken on to work with people who were vulnerable.

Is the service effective?

Our findings

Every person we met spoke positively about how they were encouraged and supported with their care needs. Examples of what people said included "They are very understanding and know what you need before you do." Another comment was "They are very helpful and I like them". Another person said, "They are good staff I think they are all very good."

People who used the service told us that they had a 'key worker' and they knew who their keyworker was. Staff explained that key workers had particular responsibility for supporting people with the achievement of their 'goals'. Records showed that staff reviewed peoples' progress and highlighted their achievements on an ongoing basis. This showed that staff proactively supported people to achieve what mattered to them in their lives.

The staff were knowledgeable about people's different needs and how to support them. They said they had got to know people very well. They said they had built up trust with people and read the care records on a daily basis. This was to help them know how to provide people with effective care and assistance. For example, staff told us about one person who required staff support due to their lack of confidence to go out on their own.

Staff understood about the Mental Capacity Act 2005.(MCA). This provides a legal framework for acting on behalf of people who lack capacity to make certain decisions. Staff had attended training and read the provider's policies available to staff. People were enabled and had the capacity to give their consent and this was reflected in care records. There was evidence that people had decided not to attend medical/dental appointments. Records showed that staff had continued to explain the benefits of attending the appointments and any risks associated with their decision. This showed staff provided information so that people were able to make informed decisions.

People were being well supported to meet their physical health care needs. The registered manager told us whilst people used the service they were registered with a GP surgery nearby. We read information showing staff checked people's health and wellbeing and encouraged them to see their doctor if required.

People were offered sufficient food and drink to stay healthy. People were mainly self-catering. Staff gave them some skills support individually and in groups to prepare and cook communal meals. People's diets and fluid intake were monitored if required and their needs addressed when required. Staff understood people's nutritional requirements and how to support them. They told us about how they worked closely with people to offer guidance about eating a suitable and varied diet.

Care records clearly showed how staff should support people at meal times. Dietary information was kept in care records to assist staff to help people with their nutritional needs. Risk assessments were written in relation to how much people were eating and drinking. This information was used to help protect people who were encouraged in the most suitable way to eat and drink enough to stay healthy.

People were supported with their care by a team of staff that had been suitably trained and were experienced to meet their needs. Staff told us they had been on training courses relevant to the needs of the people they supported. Courses included understanding health needs, infection control, and food hygiene, safe moving and handling and health and safety.

Staff told us that they were provided with a comprehensive induction when they began employment. They said this had provided them with information about the service and people's needs. The staff induction programme included areas such as how to support people with complex health needs and safeguarding adults. Completed records showed that the registered manager had ensured staff had received a good range of training before they began work with people at the service. This meant people were supported with their needs by well trained staff.

Staff told us they were being properly supervised in their work. The registered manager told us that each member of the team had an annual appraisal of their work. The staff confirmed that they met with their supervisor regularly to talk about work matters and review their performance. Staff also told us and records confirmed this, that training needs and performance related issues were discussed at each meeting.

Is the service caring?

Our findings

People were very positive in their views of staff and their caring attitude towards them. Examples of feedback included, "The staff are very kind" and "They are not bossy they are all good to us." Another person said, "Yes they are", when we asked if they thought that staff were kind and caring.

People told us how they were encouraged to express their views. They also told us they were actively involved in planning decisions about their care and what type of support they felt they needed. People said they were very familiar with their care records and said they were involved in writing them. They then signed the records to confirm they accurately represented their views about their care and support.

We saw the staff engage with people and interact with them in very caring way. Staff used a kind and friendly approach with everyone. We saw numerous warm and friendly interactions between people and the staff. Staff talked with people sensitively about how they were feeling and how they wanted to spend their day.

People's privacy and was respected by the staff at the service. People told us that staff checked their rooms by prior arrangement with them. This was to ensure rooms were safe and being properly maintained. This was also made clear to people in the service user guide about the service.

Independence was promoted in a number of ways while people lived at the service. Menu planning and cooking was encouraged for each person. People were encouraged to look after their own finances. If it was what they wanted, they were also supported to look for suitable employment or vocational work. Care records showed that staff encouraged people to be as independent as possible in these different areas of their daily lives.

The staff told us they were taught about the idea of person-centred care when they completed their induction programme. Person centred care means that people should always be respected as a unique individual. Staff told us the importance of person centred care was regularly raised at team meetings and supervision meetings. Care plans were person centred and individualised to meet peoples' needs. People signed to show they were involved in the development of their care records.

Information about independent advocacy services was available for people to read. These organisations offer independent support to people to make sure their views are properly represented. The diversity of people was respected by staff. We saw that care records included information about people's faith where they had religious beliefs.

Information was available about faiths and what they meant to people. People who had a particular faith were able to practise this either at the service or in the community.

Is the service responsive?

Our findings

People told us that their preferences were taken into account and they received care that was flexible to their needs. One person said, "The staff are supportive." Other comments people made included, "The staff help me do what I want." People also told us "They are all good "and "They are very nice and we can do what we like.

On the day of our visit, two people went out for the day. One person went to the shops with a member of staff. Another person went on a bike ride. This showed that people had the freedom to spend their time as they wished.

Staff we spoke with knew people's preferences in their daily life very well. Staff were able to describe how people liked to be encouraged to maintain their independence. For example, what time they got up, how they spent their day and what food they wanted to buy and cook.

Staff also understood different people's care needs and how they preferred to be approached by staff. The care records we viewed contained people's preferences such as; working towards having goals like having new friends and a relationship. A detailed summary of the care plan was shared with the person who it belonged to. The care records explained how to support people and what challenges to their wellbeing they may face. Care records also included what people hoped to achieve and what to do to support them. The care records showed people were able to make their views known about how they wanted to be supported.

People told us they were involved in the reviews of their care and changes were made to their care as their needs changed. The care records showed that people were being well supported with their needs. The care records set out how to promote independence and how to help people achieve this.

Care records also explained how to support people to take responsibility for their own lives. The care records made people aware of the potential risks to their health deteriorating and the sort of support they would expect from staff to protect them from risk. For example, one person who was not eating healthily had a care plan in place to ensure that staff knew how to support them.

People told us they knew how to complain and that they would approach the staff or the registered manager if they had any concerns. People we spoke with said they felt confident they could make a complaint to the manager or any of the staff. There had been one complaint made about the service over the last year. The complaints procedure had been followed. A letter was sent to the person and this set out what actions were taken to resolve their complaint.

People told us they were given their own copy of provider's complaints procedure when they first started using the service. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format.

As part of the review of the service, the management sent out survey forms to people on a regular basis. The

areas covered included their views about staff and support, their friends, their involvement in their care, and the way the home was being run. The feedback was very positive and the findings were displayed for people to see. People who used the service were happy with their care. This showed how the provider actively sought people's feedback and used appropriate formats so that people could be easily involved.

People told us they had been given information about the services provided. This was to help them decide if they felt it was suitable for their needs. The information given to people was clear and it fully set out the services offered. This information meant people were able to make an informed choice about whether the service was suitable for their needs.

Is the service well-led?

Our findings

The staff and the people who used the service knew what the visions and values of the organisation were. They included being respectful to people and treating people as unique individuals. The staff were able to tell us how they took them into account in the way they supported people at the service. The people we spoke with also told us staff followed these values and treated them in a person-centred way and as unique individuals.

One person told us they had called a tenants meeting, this was in response to proposed staffing changes. The person told us they had written to a senior manager to make their views and the views of the other tenants known to them about the staffing proposals. This showed people felt supported and felt empowered to make their views known to the provider of the service.

The registered manager was open and accessible in their approach with people and the staff. People had positive views to share with us about them. One person told us, "They are helpful". Another comment was "They are a very nice person who I like a lot". Another person told us that the manager was "Very sound and very kind."

The staff and some of the people we spoke with told us the registered manager saw them on a daily basis. They told us they came to see them and spent time with them to find out their views of the service they received. A report of their findings and any actions required was then sent to the service after the visit. For example, people had asked for certain decoration to be carried out to the premises to be put in place. They told us this was going to be done for them.

Staff team meetings were held regularly. The staff said they were able to make their views known about the way the service was run or anything that they wanted to raise. A number of topics were discussed at the meetings. These included the needs of people at the service, staffing levels health and safety issues, and staff training. We saw where required, actions resulting from these were put in place to follow up. The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management. There was an up to date reporting procedure in place to support them to do this.

There were systems in place to ensure the quality of service was checked and standards maintained. The manager and registered manager carried out regular reviews of the care and quality of the service. Audits were completed on a regular basis to check on the overall experiences of people who lived at the service. They also checked on the training, support and management of the staff team.

Reports were completed after every audit and if actions were required to address any failings these were clearly identified. For example, care plans had recently been reviewed and a number of policies and procedures had been revised. This meant staff had the information they needed to ensure they provided people with safe care.