

Cornerstone Authentic Care LTD

Centenary Business Centre

Inspection report

Unit 14, Centenary Business Centre
Hammond Close, Attleborough Fields Ind Estate
Nuneaton
CV11 6RY

Tel: 02476939941

Date of publication:
29 April 2022

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

Centenary Business Centre is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults, older people, people living with dementia, people living with physical disabilities and people living with sensory disabilities. At the time of our inspection the service was supporting three people. Each person was receiving 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.

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

People's needs were assessed before they started using the service. Assessment and care planning included input from people's relatives so as to ensure personalised information and support needs were shared.

Risks were identified and basic risk management included in people's plans of care. People received care and support from consistent staff who knew them very well and how to protect them from risks of harm or injury.

Relatives felt their loved one was safe with staff who had received training in protecting people from abuse. Staff had been recruited in a safe way and checks undertaken to ensure their suitability.

Staff had completed training and had the skills they needed before carrying out care calls on their own. Staff demonstrated a passion for dementia care and treating the person as an individual.

The provider's service was small, and their intention was to grow their business slowly. Quality checks were undertaken on individual records and no shortfalls were identified. Plans were in place for the registered manager to further develop quality monitoring systems of audit as the business developed and more people were supported by the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Relatives told us they were very happy with the care and support their loved one received from caring, kind and compassionate staff. Staff promoted people's privacy, dignity and independence.

There had been no missed or late care calls. Relatives had no complaints about any aspect of the service and felt any issue they might have in the future could be raised by them to the registered manager.

Rating at last inspection

This service was registered with us on 15 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of this newly registered service.

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.

Centenary Business Centre

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or telephone calls to engage with people using the service and staff.

Inspection team

The performance review and assessment was completed by one inspector.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own houses.

Notice of inspection

This inspection was announced.

We gave the service short notice. This was because we needed to be sure that the provider or registered manager would be available to attend video meetings with us to support the performance review and assessment. Inspection activity started on 5 April 2022 and ended on 13 April 2022.

What we did before the inspection

We reviewed the information we had received about the service since registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and telephone calls to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.

During this time, we spoke with one care staff and the administration manager – who also undertook care calls. We spoke with the registered manager who was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three relatives who gave feedback on the service.

We reviewed a range of records. This included three care plans, staff recruitment records, policies and procedures and quality monitoring records the managers used to assure themselves people received a safe service.

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

- All relatives spoken with told us they felt their loved one was safe when staff visited on care calls.
- Staff completed safeguarding training before they undertook care calls to people as a lone care worker.
- The provider had a safeguarding people from abuse policy which informed staff what actions they should take if they suspected abuse. One staff member told us, "It's my job to keep people safe, I would report any concern straight away to the manager."

Assessing risk, safety monitoring and management

- Risks had been assessed and care plans contained basic risk management to inform staff how to keep people safe. Consistent staff undertaking the care calls knew people very well and how to keep them safe from any potential risks, such as slips, trips and falls.
- One person's care plan described as 'becoming giddy at times.' Despite no detail to tell staff what action they should take when this happened, the staff member was able to tell us, "[Name] does get giddy at times when walking and I immediately say, 'let's have a sit down' and then it passes. They have never had any falls, it's more about they need to slow down a bit."
- We discussed the level of detail in risk management plans with the registered manager. They agreed to add more detail which would ensure consistency, especially in the event the care call had to be covered by a different staff member who did not know the person well. For example, one person's care plan informed staff the person was known to use their walking aid to help them stand up from sitting. Whilst the person had experienced no falls, this could potentially pose a risk to them of falling. Having discussed this with the registered manager, they took immediate action to highlight this to staff so they could remind the person to use the arms of their chair to aid their standing rather than their walking aid.
- The administration manager, also a director of the business, told us they had shadowed some care call shifts to get to know people (should he need to cover care calls to cover an absence). This manager told us, "[Name] is at risk of not heating their meal properly and could eat under-cooked food, so I check they set the microwave correctly."

Staffing and recruitment

- Recruitment processes ensured checks were completed before staff started working for the provider and carrying out care calls to people. Written references, identity checks and Disclosure and Barring Service (DBS) checks were available in the two staff employment files we looked at.

Using medicines safely

- Staff completed training in the safe handling of medicines before they supported people to take their prescribed medicines.

- Where people were supported by staff to take their medicines, medicine administration records (MAR) were kept. We reviewed two sets of MARs and these demonstrated people received the support they required.

Preventing and controlling infection

- Staff completed infection prevention and control training and used personal protective equipment (PPE).
- The registered manager assured us adequate stocks of PPE were maintained and accessible to staff. Also, in light of the COVID-19 pandemic, staff continued to wear face masks as part of their PPE during care calls.

Learning lessons when things go wrong

- The registered manager told us they had made a decision to grow their home care business slowly and for this reason currently had only three people using the service. They told us, "There is nothing that has gone wrong really, but if things ever did, we would try to learn from it."

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.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- People were supported in their own homes and they were not restricted by staff in how they lived their lives.
- People were living with varying stages of dementia, though despite this, relatives told us staff involved their loved one in making day to day choices. This included what to wear, what to do and what to eat and drink.
- Staff understood the importance of consent. They had completed training in the Mental Capacity Act and worked on the basis of each person having capacity to make decisions.

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

- Staff shared examples of how they supported people to access healthcare support. For example, one staff member had supported a person to attend their COVID-19 vaccination.
- The registered manager explained how they contacted district nurse teams if needed. For example, one person had bumped into something and damaged the skin on their arm and district nursing advice and support had been sought.

Staff support: induction, training, skills and experience

- Induction training was provided, and specific training completed before staff worked alone in supporting people. This included moving and handling people skills and dementia care awareness training.
- The registered manager recognised the importance of embedding, refreshing and updating skills and was committed to staff completing the Care Certificate.
- All relatives spoken with felt the staff and the skills and experience needed to effectively support and care for their loved one.

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

- Staff helped prepare food and drink for people and encouraged people to make choices about what they would like.
- One person's appetite had been reduced and the registered manager worked with the relatives in offering further support seeking dietician guidance. Food and fluid recording charts were kept by staff, for this person, so their relatives could refer to what they had eaten and drunk during care calls and be able monitor their intake and appetite.

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

- All relatives spoken with told us the staff were caring. Comments included the staff are 'fantastic', 'wonderful' and 'lovely'. One relative told us, "The (registered) manager is lovely, I find her so caring. There is no focus on the money or the business, she is genuinely caring."
- One staff member told us about the importance of knowing people well. The said, "I always want to know the person behind the dementia, who they are and what they enjoy. I can use this to build a caring relationship as I don't just see the dementia, but the real person."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff told us how they supported people to maximise their independence, which included giving people the time they needed to do tasks rather than doing things for people.
- Staff were able to explain how they promoted and maintained people's privacy and dignity, particularly when supporting them with personal care.

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

- People, and their relatives, were involved in the care planning process. People's care and support was tailored to meet their individual needs and preferences.
- People were given opportunities to share information about any 'protected characteristics' as within the Equality Act 2010.
- People's care and support needs were regularly reviewed. Care plans evidenced review dates and any changes made to the plan.

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 had been assessed and were documented in their plans of care. People supported by the service were living with dementia and this was recognised as a potential barrier to communication. One person's care plan, for example, stated staff needed to talk slowly and be patient, giving the person time to respond.
- One staff member told us how they used a person's love of words through reading and poetry as a means to effective communication. The staff member said, "[Name] finds joy in me reading poetry to them. They also remember old childhood nursery rhymes and during personal care, we say these together and it makes them happy and takes their mind off being supported to wash. It gives them a focus to use their memory."

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

- The service offered social visits to people as well as care and support. People, or their relatives, could purchase these if they wished to.
- People's plans of care gave details about their hobbies and interests. The registered manager told us how one person enjoyed games such as scrabble. A staff member told us how they supported one person to visit a local shop.
- Relatives felt the registered manager was responsive to making changes to care call times at short notice when needed. For example, one relative told us, "I didn't want my relative to miss their 'Church Brunch' with their friends, and the registered manager was very helpful in making changes to the timing of the care call."

Improving care quality in response to complaints or concerns

- All relatives spoken with had no complaints or concerns about the services their loved one received. Relatives were very complimentary about the staff providing the service and told us the registered manager actively asked them if things were going well.
- Relatives told us they had every confidence that if they had cause for concern this could be raised to the registered manager who they felt would listen and resolve any issue.

End of life care and support

- The provider was not currently supporting anyone with end of life care at the time of our inspection. Therefore, end of life care and support is not reported on during this inspection.

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 of 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.

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

- Feedback to us about the registered manager, from a staff member and relatives, was consistently positive.
- The registered manager recognised the potential risks of being a small provider and in the event of themselves being unable to work, care calls would need to be covered as well as office management cover. The registered manager was in the process of further developing their contingency plan for such a situation. This involved her husband, also a director and the part-time administration manager, getting to know people and being able to cover care calls if needed. Links to an agency were also being established so staff would be made available in an emergency situation.
- There had been no missed or late care calls to people. The registered manager recognised the importance of care call monitoring and this currently took place by staff sending them a phone message, which contained no confidential detail, to confirm arrival at a care call. The registered manager told us they intended to implement an electronic call monitoring system in the future as their business grew.
- Quality checks on records took place by the registered manager, who completed these at an individual level. For example, medication administration records were checked individually for any errors rather than an overall audit taking place of sample records. No shortfalls in recording had been identified by them or us. This system was due to their being only three people using the service. Going forward, the registered manager understood further processes of audit would need to be developed in order to maintain effective governance when more people used the service.

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 was aware of their legal responsibilities under the duty of candour.
- The registered manager understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events and their legal obligation of being open and honest with people who used the service.
- As part of our performance review and assessment of the provider, we looked at their Statement of Purpose. This is a document which informs people about the services offered. We saw "Drug and Alcohol social support services" were listed, with detail stating, "We will also provide social support and brief intervention for those individuals with alcohol related problems." However, the provider did not have this as a Service User Band. We discussed this with the registered manager who told us this was a service they hoped to offer in the future and in hindsight thinking of the Service User Bands for which they were and were

not able to offer a service to, agreed to remove this from their Statement of Purpose, which they did.

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

- Relatives told us they were verbally asked for feedback and shared only positive feedback with us about the service.
- The registered manager said that feedback was, to date, informal and verbally gathered from people and their relatives. However, they realised a formal feedback recording system was needed so information could be captured and anything that needed could be improved on could be actioned. The registered manager told us they would implement a formal feedback system during May 2022.
- Feedback from a staff member about the registered manager was positive. The staff member told us, "I have previously worked with the registered manager in a different setting and already had a good relationship with them. They are a good manager and caring, they listen and are supportive."

Continuous learning and improving care; Working in partnership with others

- The registered manager undertook care calls themselves and knew people and their relatives well. They had ongoing communication with all those using the service because, at this time, the service was very small.
- The registered manager had basic systems of audit in place and these were carried out to identify whether any improvement was needed.