

# Achieve Together Limited

# Cornerleigh

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Cornerleigh is a residential care home providing personal care for up to 11 people. The service provides support to people with mental health needs, physical disabilities, learning disabilities and/or Autism. At the time of our inspection there were 11 people using the service.

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

People and their relatives gave us positive feedback about their safety and told us staff treated them well. One person said, "I feel safe, the staff keep me safe."

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. However, we found some risks had not been recognised and further guidance was needed, so staff could support people safely. There were enough staff to support people and staff had received appropriate training to enable them to carry out their role safely.

Staff had received training in safeguarding and understood their responsibilities. People were protected from abuse and staff supported people to have regular conversations where they could express any concerns. However, one incident had not been recognised as a safeguarding concern, so action could be taken to prevent a reoccurrence.

People received support with their medicines from staff that had been trained to do so safely. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. However, we identified some areas for improvement, relating to repeat prescriptions and risk assessments for some medicines.

The provider had systems and processes to monitor quality within the home. However, these had not identified all the areas we found that needed improvement. The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way.

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.

Based on our review of Safe and Well Led the service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

### Right support:

Staff used person-centred approaches to support people to reach their goals and aspirations.

Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding their wishes and listening to what they wanted.

#### Right care:

People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.

Staff were patient and used appropriate styles of interaction with people.

Staff were calm, focused and attentive to people's emotions and support needs such as mental health needs and sensory sensitivities.

#### Right culture:

Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.

The provider and registered manager were alert to the culture within the service and spent time with staff and people discussing behaviours and values.

The registered manager worked directly with people and led by example.

There was a complaints procedure which provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The provider and registered manager welcomed suggestions on how they could develop the service and make improvements. They were responsive to areas we identified that needed improvement, so that action was taken promptly.

People, their families, staff and external professionals all told us that the registered manager was supportive, and they felt the service was well led.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

The last rating for this service was good (published 16 November 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cornerleigh

## Detailed findings

### Background to this inspection

#### Inspection team

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Cornerleigh is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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.

We used information gathered as part of monitoring activity that took place on 16 March 2022 to help plan the inspection and inform our judgements. During the monitoring activity we spoke with seven relatives to gather feedback on the service. Following the monitoring activity, we sought feedback from external professionals involved with the service. We used all of this information to plan our inspection.

During the inspection

We visited the location's service location on 12 April 2022. We spoke to four people and six staff members, including the registered manager, the providers representative, care staff and domestic staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and action was needed to provide assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People were supported to be as independent as possible with their medicines.
- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance. However, we identified some areas for improvement, which the registered manager took prompt action to address. This related to the availability of a prescribed medicine for one person and ensuring risk assessments were in place for risks related to blood thinning medicines.
- Medicine administration records were completed by staff for each administration. People who received 'as required' medicines had protocols in place to ensure staff knew when these should be given and how people liked to take them.
- Staff monitored fridge and room temperatures to ensure that medicines stored in them, were within the safe temperature range. However, we found one fridge where some medicines were stored, needed to be kept at a cooler temperature. We discussed this with the registered manager, who took immediate action to resolve this.
- Staff who gave people their medicines had received training in medicines administration and their competency was assessed.

### Assessing risk, safety monitoring and management

- Staff understood how to manage some risks to people and followed guidance to mitigate them. For example, some people could have behaviour that was a risk to themselves and others. Support and advice had been sought from external healthcare professionals and the provider's internal specialist team, to ensure detailed guidance was recorded within their care plans. However, one person's risk assessments required further detail to ensure all risks were clearly identified and understood so staff had clear guidance about how to safely manage them. We discussed this with the registered manager and provider's area manager, who took immediate action to update the person's care plan and provide additional staffing to manage the risks.
- The registered manager and staff team enabled positive risk taking and supported people to understand and recognise potential risks to themselves, which any meant restrictions were minimised. For example, some people were supported to go out independently and had been involved in discussions about how to keep themselves safe. This meant they were developing meaningful ways to live their life to the full, whilst managing any potential risks.
- Care staff confirmed they had completed fire training and were aware of the actions they should take

should the fire alarms sound. The home had sprinkler systems to help control a fire should one occur. People had personal emergency evacuation plans [PEEPS], which described the support they would need to safely leave the building in an emergency. In addition, emergency grab bags had been provided for each person, which contained essential items they may need if they needed to evacuate the home at short notice.

- Environmental risks had been assessed and managed to keep people safe, but still enabled people to do things independently where they could, such as helping to prepare meals and making drinks, which we observed during our visit.

#### Learning lessons when things go wrong

- Records of any accidents or incidents that had taken place in the home were recorded, including what action was taken at the time or to prevent future risk. The provider had oversight of these and agreed any further action with the registered manager.
- However, we found one incident of verbal abuse had not been reported to the local authority or CQC as required. We discussed this with the registered manager who recognised this was an error. They assured us they would take action to investigate the incident so that any lessons were learnt if required.
- Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings. Where risk assessments or care plans were updated as a result of incidents, staff had to sign to say they had read and understood any changes.

#### Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe. Comments included, "Yes we're safe", "I feel safe" and "The staff keep me safe." Staff knew each person very well and could recognise how they expressed if they were distressed or unhappy about something. This meant they closely monitored changes in people's behaviour and provided the right support at the right time for each person.
- Staff were able to describe how they could report concerns outside the service if necessary; although were confident the registered manager or area manager would sort anything out. One staff member said, "I would report it to my [registered] manager or the area manager. I could also go to CQC or there is a whistleblowing number we have." However, as described above, staff had reported one incident of verbal abuse. This had not been recognised as a safeguarding concern by the registered manager or provider and therefore had not been followed up at the time.
- Staff told us they had received safeguarding training and records viewed confirmed this. This formed part of the providers induction for all new staff.

#### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. However, one person told us, they felt there needed to be more staff, "So they can take us out more often." We discussed staff availability to manage risks and to support people to go out, with the registered manager. They told us, staffing levels were based on people's individual needs and staffing levels changed throughout each day, depending on planned activities. The service did not use agency staff to fill in any gaps, but existing staff worked additional hours.
- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.



- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- Staff had been trained in infection control techniques and had access to personal protective equipment [PPE], including disposable masks, gloves and aprons, which we saw they used whenever needed.
- We were assured that the provider was accessing testing for people using the service and staff. Staff told us they were self-testing at least twice a week.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises and housekeeping staff completed regular cleaning in accordance with set schedules.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The provider's policies and procedures reflected current best practice guidelines.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- Staff supported people to maintain contact with their family and friends, who could visit in the service or meet in the community.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders did not always recognise risks and take the action needed, to support the delivery of high-quality, person-centred care.

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

- There was a registered manager in post. They had a good level of knowledge about the people living at the service and kept staff updated about any changes to people's needs.
- Staff understood what their role was and how to seek support or guidance if needed. The registered manager was supported by an area manager who had responsibility for the oversight of the provider's services within the area. The registered manager told us they felt supported by the provider to carry out their role and responsibilities well.
- The provider had systems and processes to assess and monitor the quality of the care people received. This included checks and audits covering areas such as health and safety, medicines audits, house maintenance, care planning and risk assessments. However, these were not always effective.
- During the inspection we found areas needing improvements, as detailed in the safe section of this report. Although the registered manager took prompt action to make improvements where needed, they and the provider had not identified these through their systems and processes.

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

- Staff felt supported and they, people and relatives expressed confidence in the management team. A staff member said, "I would recommend the home as a place to work and would be happy for a family member to live there if their needs fitted in with the home."
- People told us they were happy at Cornerleigh and knew who the registered manager and area manager were. They told us the area manager always spoke with them and asked them if everything was ok when they visited. One person said, "I know how to contact the area manager if I needed to."
- People demonstrated to us, they were confident to raise any concerns and felt listened to. They felt the registered manager would resolve anything for them.
- Relatives were happy with the service provided and felt people received person centred care.

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 and provider demonstrated an open and transparent approach to their role. Where some areas for improvement were identified, they took prompt action to ensure these were

immediately resolved.

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The registered manager and provider's area manager were open with us and committed to ongoing service development for the benefit of people living there.
- The registered manager understood their responsibilities and had notified CQC about incidents, safeguarding concerns and events that were required, apart from one, which they recognised was an error.

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

- People told us they felt involved in the home, listened to and able to talk to staff or the registered manager about any concerns. One person said, "I know the registered manager would sort anything I needed."
- The registered manager told us they regularly sought feedback from people living at the service to discuss if they were happy or wanted anything to change. However, this was done informally and not recorded. We discussed the importance of being able to identify and themes or trends and the need to seek people's views in a way that would enable action to be taken promptly where needed. The registered manager assured us they would review how this information was captured and recorded.
- Regular staff meetings were held to ensure the staff team received important information consistently. Records demonstrated information was shared about health and safety issues, training updates and people's individual needs and wishes.
- People had keyworkers to ensure their wishes and needs were regularly reviewed. Keyworkers are staff members allocated to each person to be their point of contact and to encourage them to be involved in decisions about the service.

Continuous learning and improving care; Working in partnership with others

- We observed that people and staff were comfortable speaking to the registered manager and the provider's area manager. Conversations were friendly and supportive, which demonstrated people were listened to. This meant the service had a positive culture of continual development.
- The registered manager and provider used their quality assurance processes to review accident and incident records and report any safeguarding concerns. Where incidents or accidents had occurred, information was shared with staff during staff meetings and supervisions.
- The service worked well in partnership with external health and social care organisations. External professionals told us they had recently visited the service and reviewed people's needs. They told us the staff and registered manager were open and transparent and sought support when needed. This helped improve people's outcomes. However, for one person, the registered manager had struggled to get support from external professionals to manage risks. This had resulted in additional risks for the person and others living at the service. The provider had addressed this by providing additional staff support until the risks could be resolved.
- The service had well established links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The provider supported the registered manager to keep up to date with best practice and any changes to legislation. This meant the service updated their policies, systems and processes to drive improvement.