

Cornerways Residential Home Limited

Cornerways Residential Home

Inspection report

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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

This unannounced inspection took place on 29 November 2016. We returned on 30 November 2016 to complete the inspection. At our last inspection in June 2013 we found the service was meeting the regulations of the Health and Social Care Act (2008) we inspected.

Cornerways is a care home providing accommodation and personal care for a maximum of three adults with physical and communication difficulties. Their health care needs are met through the community health care services. At the time of our inspection there were three people living at Cornerways.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf. However, where people had received their medicines, at times staff had not signed the medicines record to demonstrate administration. The registered manager recognised that medicines audits needed to be improved and agreed to improve the system.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest.

There were effective staff recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

Methods were used to assess the quality and safety of the service people received and make continuous improvements.

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.

Medicines were safely managed. However, at times staff had not signed medicine records to demonstrate administration.

People were safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Is the service effective?

Good ●

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff

spoke confidently about people's specific needs and how they liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good ●

The service was responsive.

Care was personalised and care files reflected personal preferences.

Activities formed an important part of people's lives.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good ●

The service was well-led.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

Cornerways Residential Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 29 November 2016. We returned on 30 November 2016 to complete the inspection.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with three people receiving a service and seven members of staff, which included the registered manager. We also spoke to three relatives. We spent time talking with people and observing the interactions between them and staff.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We did not receive any feedback from professionals.

Is the service safe?

Our findings

People confirmed that they felt safe and supported by staff at Cornerways and had no concerns about the ability of staff to respond to safeguarding concerns. When asked if they felt safe. People commented: "The staff keep me safe" and "Yes." A relative commented: "I am so glad (relative) came to Cornerways. No concerns."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff comments included: "If I identified any abuse I would report it to the manager" and "Yes I have had safeguarding training." Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. The registered manager also explained staff were due refresher safeguarding training.

The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls, choking and moving and handling. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, ensuring people had the choice to take informed risks about how they wanted staff to support them with physiotherapy and moving position in their wheelchair.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. Comments included: "Staffing levels are fine" and "The home is staffed well and meets people's needs". We observed people's needs were met promptly during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in conversations and people were seen to access the local community.

The registered manager explained that during the daytime there were two members of staff who worked all day and another who worked until 4pm. At night there were two waking night staff. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that regular staff would fill in to cover the shortfall. This was so people's needs could be met by the staff members that understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were shared between members of the organisation's management team.

There were effective recruitment and selection processes in place. Staff had completed application forms

and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they had been checked in and the amount of stock documented to ensure accuracy.

Medicines were kept safely in locked medicine cupboards. The cupboards were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. However, we found at times medicines recording records were not signed by staff. We established that medicines had been administered and it was more of a recording issue. The registered manager agreed to strengthen their checks of records. They had already taken steps to address this issue, by adding a prompt on daily checks to ensure medicine records had been signed and had also raised the issue at team meetings.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Is the service effective?

Our findings

People confirmed staff were well trained. One person commented: "The staff know what they are doing." Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, communication, moving and handling, medicines, nutrition and first aid. In addition, staff had completed specialist training specific to people's individual needs. For example, physiotherapy and how to support people to eat and drink with swallowing difficulties. Staff had also completed varying levels of nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Staff commented: "I am satisfied with the training" and "I did shadow shifts until I felt comfortable."

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed they felt supported by the management team when it came to their professional development. Staff files and staff confirmed that supervision sessions took place on both a formal and informal basis.

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GPs, physiotherapists, occupational therapists and communication consultant. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People also had hospital passports. The aim of the hospital passport was to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Before people received any care and treatment they were asked for their consent and staff acted in

accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions and utilising computerised communication aids. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. No one was subject to DoLS at the time of our inspection. This was because they all had capacity to make decisions, including their wish to reside at Cornerways.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, about the suitability of placement and whether it would be in a person's best interest to move to Cornerways. These decisions had been agreed in consultation with people, relevant health and social care professionals and relatives.

People were supported to maintain a balanced diet. People were actively involved in choosing what they wanted to eat with staff support to meet their individual preferences. A staff member commented: "People choose what they want to eat on a daily basis. People chose not to have a set menu in place." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. Speech and language therapists worked closely with people with speech, language and communication problems, and with those with swallowing, drinking or eating difficulties. As a result, people were prescribed specific diets to reduce the risks and staff followed the guidance.

Is the service caring?

Our findings

Interactions between people and staff were good humoured and caring. The atmosphere was relaxed and happy. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. People commented: "The staff are good, caring" and "I am very happy at Cornerways." Relatives commented: "The staff are very caring. They are wonderful" and "(Relative) is very content, happy."

Staff treated people with dignity and respect when helping them with daily living tasks. People were happy for us to see their bedrooms. These gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as DVD's, various ornaments and pictures. People confirmed their privacy and dignity were respected by staff. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care and support. For example, all staff emphasised the importance of choice and people being involved and in control of their lives.

Staff gave information to people, such as when activities were due to take place. They communicated with people in a respectful way. Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. They were motivated and inspired to offer care that was kind and compassionate. For example, how they were observant to people's changing moods and responded appropriately. For instance, if a person was feeling upset. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general well-being.

Staff showed a commitment to working in partnership with people. They spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. Staff gave us examples of how people had been empowered to develop new skills. For example, one person was an assistant lecturer at a university helping people with speech and language difficulties.

Staff were able to speak confidently about the people living at Cornerways and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything. People confirmed they were completely

involved in planning their care and chose what support they received from staff. People used a variety of communication methods, including assistive technology in order to plan their care and support.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care, communication, social activities and eating and drinking.

Activities formed an important part of people's lives. People engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, swimming, concerts and events in the local area. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. People also used social media to communicate with people important to them.

There were regular opportunities for people, and people that mattered to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. At team meetings people were always given the opportunity to raise any concerns, these meetings involved both people using the service and staff. In addition, the registered manager ensured they spent time with people individually to make sure they were happy. The complaints procedure set out the process which would be followed by the provider. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff said, "I feel able to raise things" and "We work well as a team. I love it here, great fun." A relative commented: "The registered manager is very methodical."

Staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. For example, team meetings took place to address any arising issues. These meetings included people using the service and staff. The registered manager ensured they spent time with people on a regular basis. For example, to identify particular activities and food choices. In addition, the registered manager planned to send out surveys in the near future to seek people's views about the standard of the service and the support it gave people. Relatives confirmed the service worked closely with them to ensure their views were taken into account. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Cornerways.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP, occupational therapist and dietician. Regular medical reviews took place to ensure people's current and changing needs were being met.

There had been no incidents or accidents. However, the registered manager and staff were aware of the actions which may need to be taken if an incident occurred. For example, changes to a person's care plan and risk assessment and involvement of other health and social care professionals to review people's plans of care and treatment.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed.