

Cornerstone Care Services Professionals Ltd

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Inspection report

Imperial Offices
2-4 Eastern Road
Romford
Essex
RM1 3PJ

Tel: 07481817198

Website: www.cornerstonecareservices.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cornerstone Care Services Professionals Ltd is a domiciliary care agency that provides personal care to older people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, five people were using the service.

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

Following our last inspection, the provider had put an action plan to improve the service in areas such as staff training, assessment of people's needs and medicine management.

Risk assessments were not managed appropriately. There was conflicting information in the recordings of risks to people. This put people's health and wellbeing at risk.

The auditing systems were not always effective. The provider did not pick up gaps in the records of risk assessments. However, the provider sought feedback to make improvements to the quality of the service.

The provider worked with CQC and other professionals. However, we made a recommendation about being transparent.

People's needs had been assessed before they started using the service. Each person had a personalised care plan, which described their needs, preferences and how they wanted staff to support them.

Staff recruitment processes were robust ensuring staff were checked before they started work. Staff also received support, training and supervision, which enabled them to carry out their roles effectively. There were enough staff to meet people's needs.

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; the policies and systems in the service supported this practice.

Staff were caring and treated people with respect and dignity. They developed positive relationships with people and ensured their privacy.

Equality and diversity was part of the service, which meant staff understood their responsibility to provide people with a service that reflected their needs and preferences without discrimination.

Staff had received training in infection controls. The provider supplied staff with personal protective equipment (PPE).

Where needed, staff supported people with their medicines and meals, and assisted them to access health professionals.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 2 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Follow up

We will work alongside the provider and local authority to monitor progress in improving the service. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cornerstone Care Services Professionals Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service did not have a registered manager. However, the service had employed a manager, who had applied to be registered with the Care Quality Commission. Like the provider, a registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support us with the inspection.

The inspection activity started on 5 March 2020 and ended on 24 March 2020. We visited the office location on 5 March 2020. The inspection activity took longer time due to technical problems.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about the service. This included our last inspection report, details of the service's registration, and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with the provider and the manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed three care plans, which included care plans and risk assessments. We reviewed three staff files, which included pre-employment checks. We looked at other documents such as training and quality monitoring records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found, such as reviewing policies and care plans. People did not wish to share their views but spoke with one relative and a member of care staff. We contacted professionals for feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had completed risk assessments which detailed possible risks to people and how to manage them.
- However, we found wrong and conflicting information such as wrong names, dates of birth and health conditions in people's risk assessment. This meant risk assessments were not always accurate to ensure people were safe. We found that staff provided safe care to people in spite of the risk assessment documents, due to knowing people well. We have made a recommendation about this in the well-led section of this report.
- Risk assessments included personal and environmental risks such as, falls, pain, pressures sores and the premises.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from abuse. This was a breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At this inspection we found the provider had systems in place to ensure safeguarding incidents were recorded, reported and investigated.
- The provider had an up to date safeguarding policy in place and staff knew what to do if they became aware of a safeguarding incident. One member of staff said, "I will report [a safeguarding incident] to my manager."
- Relatives felt people were safe. One relative told us, "If I don't trust staff to keep [my family member] safe, I wouldn't allow them to go near my [my family member]."

Staffing and recruitment

At our last inspection the provider had failed to ensure that recruitment procedures were robust, and that staff were of good character and had the skills required for the role. This was a breach of regulation 19 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had undertaken appropriate checks on staff to ensure they were suitable for their roles. Records showed staff had completed application forms, provided references and undergone criminal record checks.

At our last inspection the provider had failed to ensure people's needs were met through the number of staff deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service had enough staff to meet people's needs. A relative told us, "I think they have enough staff. They always come on time." The provider explained that they also worked as care staff and covered care visits to people. They told us they would make sure that new staff were recruited before taking on new care packages.
- Staff rotas showed there were enough staff allocated to provide care to people.
- Relatives told us there were no missed visits. One relative said, "The service has enough staff. Staff always turned up on time"

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Most of the people using the service did not require staff support with medicine administration. However, where staff administered or prompted people to take their medicines, they kept the records, which were audited by the provider. This ensured that medicines were safely administered.
- People were happy with how staff managed their medicines. One person said, "I am happy with staff administering [my medicines]." Staff told us they followed people's care plans to ensure they prompted or administered medicines to people.
- Records showed staff had been assessed for their competency to ensure they were able to manage and administer medicines in a safe way. The provider also carried out spot checks to ensure medicines were managed appropriately. A relative told us the provider carried out spot checks.

Preventing and controlling infection

- Staff used personal protective equipment (PPE) to ensure to prevent and control infections. A relative told us, "[Staff] wear gloves and aprons. They wash their hands." A member of staff said, "I have no problems getting PPE from the service."
- The service had an infection control policy in place and staff had received training in infection control.

Learning lessons when things go wrong

- There were systems in place to learn from lessons following incidents.
- There had been no accidents or incidents at the service. The provider was able to tell us how they would record and analyse incidents to learn lessons to minimise the risk of them happening again.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in people's care, support and outcomes. improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care

- At our last inspection the provider had failed to actively work with other relevant professionals to make sure that care and treatment was safe for people using the service. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made some improvements in working with GPs and pharmacists, we found they made improvements to medicines management by liaising with pharmacists.
- Records showed and the provider told us that the staff supported people to access healthcare.
- People's files contained contact details of healthcare professionals which allowed staff to seek support when and as needed.
- However, we had received information that stated staff reported health related concerns to the commissioners rather than directly to healthcare professionals. The provider told us this was reviewed and they understood it was their responsibility to make timely referrals for people.

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

At our last inspection the provider had failed to carry out an assessment of needs and preferences of the person to provide effective care and support. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had developed systems which ensured people's needs were assessed before they started using the service. The provider told us they would accept people only if the service could meet their needs.
- Assessments of people's needs covered their various areas such as their physical, mobility, medical, personal, communication and dietary needs.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received adequate training and support. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had received training. A member of staff said, "I had attended a lot of training such as infection control, moving and handling, safeguarding and food hygiene. I am happy with the training." The provider's training matrix showed staff were up to date with the training programmes the provider had identified as mandatory.
- Relatives were satisfied with staff. One relative told us, "[Staff] know what they are doing. I am quite satisfied with them."
- New staff received an induction to the service. They had also the opportunity to shadow experienced members of staff to familiarise themselves with their roles.
- Staff felt supported by the provider. They told us the provider was supportive and they could talk with her informally and during their supervision. Staff also had annual appraisals. This showed staff received support to carry out their roles.

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

- Staff supported people to maintain a healthy and balanced diet. People's preferences and dietary needs were recorded in their files.
- Staff understood and respected people's cultural and dietary choices. Relatives told us they were happy with how the staff supported people with their dietary needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At our last inspection the provider had failed to provide care and support in line with the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff had good knowledge about the MCA and told us they sought people's consent before carrying out any tasks, for example, when assisting them with personal care.
- Records showed that capacity assessments had been completed and we noted people had capacity to make their own decisions.

- People had consented to their care and treatment. They evidenced this by signing in their files.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider had failed to support people to participate in making decisions relating to their care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were supported to express their views. Care files showed and the provider told us that people had representatives such as their relatives, social care staff or advocates to support them to express their views.
- People or relatives were involved in decisions about their care. A relative told us they were involved in formulation and reviews of care plans. Records showed people or relatives were involved with the support and care people received.
- Staff told us they encouraged people and offered them choices to make decisions about their care. One member of staff said, "We give people choices, we encourage them to decide how they want to be supported."

Ensuring people are well treated and supported; equality and diversity

At the last inspection we recommended that the provider review best practice guidance to ensure equality and diversity is considered as part of people's care package. At this inspection we noted improvements had been made in this area.

- Staff treated people well. One relative said, "Staff treat [my relative] very well. They are kind."
- Staff had attended training in equality and diversity and understood people should not be discriminated because of characteristics such as race, sex, sexuality, age, disability and religion. A member of staff told us, "[People] should not be treated differently because of who they are. We have to respect each person."
- The provider had a policy on equality and diversity. This ensured that staff followed the policy in the way they treated people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff told us they provided personal care in private. They told

us they made sure doors were closed and people were covered with towels for privacy when providing them with personal care. A relative told us staff respected people's privacy.

- Staff understood the need to maintain confidentiality. They knew that information about people could be shared with relatives or other authorities, when needed, following the provider's policies.
- People were encouraged to live as independently as possible. One person's care plan stated, "I like to choose my own clothes. I am able to brush my teeth." A member of staff told us, "We always encourage people to do as much as possible by themselves. "

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

End of Life Care

At our last inspection the provider had failed to assess and respond appropriately to people's changing needs to ensure they received care that met their needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the time of our inspection, no one was receiving an end of life care. However, staff had received training and understood how to provide end of life care should this be needed.
- People were supported with a completion of a Do not Attempt Cardiopulmonary Resuscitation (DNA/CPR). A DNAR form is a document issued and signed by a senior healthcare professional, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR) on a person.

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

- Care plans detailed people's needs and preferences. They were person-centred, which meant they explained each person's preferences, support needs and how they wanted staff to care for them. For example, one person's care plan stated, "I want carers to have an understanding about my medical conditions [to support me appropriately]."
- People had choice and control over how they were supported. One person's care plan stated, "My [relative] is responsible for all my medicines [I do not need staff support]. A relative said, "We decided on the visiting times." This meant people had choice and control over their care, so it reflected their preferences.
- Care plans were reviewed. A relative told us, "We review [a person's] care plan when [their] needs change." Records confirmed that care plans were reviewed to reflect people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. People did not have communication difficulties. One person's care plan read, "I speak

English and can communicate verbally. I would like the carers to be patient [when communicating with me.]"

- The provider met the requirements of AIS. They told us that should they support people with communication difficulties, they would ensure to use appropriate resources and ways of communicating with them effectively.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. No complaints had been received.
- People and relatives were given information about the complaints policy and procedure. This was included in the provider's service user's guide, a document which explained how the service operated.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, 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

At our last inspection the provider had failed to send to the Care Quality Commission relevant information regarding the safety of people using the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider understood their responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service. The provider had sent notifications to CQC.
- However, we had been made aware that the provider was not always transparent with information relating to the number of people using the service. During this inspection, we did not find evidence to support this, however, we recommend that the provider adopts best practice of being transparent and open at all times.

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

At our last inspection the provider had failed to demonstrate that they had robust quality assurance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, people who used the service remained at risk because risk assessment documents contained inaccurate information. We saw no evidence that people had been harmed due to this as staff knew people well and were aware of their needs and risks. We recommend the provider review their risk assessment documents to ensure they contain accurate, robust information.

- The provider had employed a manager, who had applied to registered with the CQC. The manager told us that they were enthusiastic about their role and had plans to make further improvements.
- Care staff were clear about their roles and were positive about the provider. They felt they could approach

the provider with any concerns and these would be dealt with.

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

- Relatives and staff were positive about the management of the service. A relative said, "The management of the service is excellent." A member of staff told us, "I am very happy with the management."
- The provider audited aspects of the service to ensure people received personalised quality care. For example, people's care plans, visit hours and medicines were audited to ensure they met people's changing needs.

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

At our last inspection the provider had failed to seek and act on feedback from relevant persons to continually evaluating and improving the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider used survey questionnaires to seek feedback from people and relatives. The outcomes of the surveys were positive about the quality of the service provided.
- Staff meetings were held to share information. The meetings helped staff discuss the service's policies, procedures and any issues that needed improvement.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- The provider told us they were always open to learning and improving the service. They said they used the outcome of their audits and feedback from people, relatives and staff to drive improvement.
- The provider accessed online resources such as Skills for Care and attended provider's meetings to update themselves with current care policies and practices to improve the service.

Working in partnership with others:

- Staff worked in partnership with other agencies such as health professionals to ensure people received appropriate care when needed. Contact details of health professionals were kept in people's files for easy access by staff.