

Cornerstones (UK) Ltd

St Patrick's House

Inspection report

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Tel: 01980626434

Date of inspection visit:
06 February 2020

Date of publication:
11 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

St Patrick's House is a care home providing accommodation and personal care for up to eight people with learning disabilities in one adapted building. At the time of our inspection there were six people living at the service. There were communal rooms such as a dining room and lounge areas and a small garden which was accessible.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's medicines were not always managed safely. At our last inspection we found concerns with regards to medicines records. At this inspection we saw the required action had been taken in part. This meant there was still further improvement required with medicines recording.

Risks were assessed and managed and people were supported to take positive risks. Staff had been recruited safely and there were enough staff to meet people's needs. Staff had been trained and felt supported in their roles and they had opportunity for supervision. The service was clean and there were health and safety checks being carried out.

People's needs were assessed and if needed referrals were made to healthcare professionals. Staff communicated with each other about changes to 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. People had meals they had chosen and ate when they wished. There was always choice available.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff encouraged people to do what they could for themselves and offered support when necessary. People could follow their interests and maintain relationships with their friends and family members.

People had a personalised care plan and health action plan which outlined people's needs and the care and support required. These had been reviewed when needed. People had a care review which involved healthcare professionals and others who were important to people such as family. Staff kept daily records which were appropriate and legible. People had chosen to record their wishes for end of life care.

There was a new manager in post who had made some positive changes. People and staff told us the manager was approachable and they enjoyed living and working at St Patrick's House. People and relatives knew how to make a complaint but had not needed to. Quality monitoring was in place and the manager had an action plan to monitor improvements. The service supported people to access their community and had community links with services in the local area.

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 requires improvement (published 8 February 2019). At that inspection we found the service was in breach 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 there had not been enough improvements made and the provider was still in breach of regulation.

The service remains rated requires improvement. This service has been rated requires improvement for the second consecutive inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicines management at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

Good ●

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 ●

St Patrick's House

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

This inspection was carried out by one inspector.

Service and service type

St Patrick's House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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. The registered manager no longer worked at the service but had not de-registered. The provider had employed a new manager who was in the process of registering.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including notifications submitted to us. A notification is information about important events, which the provider is required to send to us by law. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff, the manager and a peripatetic manager who was supporting the home. We reviewed a range of records which included four people's care plans and all medicines records. A variety of records relating to the management of the service including accident and incident forms were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and recruitment data. We contacted four healthcare professionals who regularly visit the service. We also telephoned four relatives for their feedback about the care provided.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and manage the risks relating to the health safety and welfare of people. In addition, medicines records had not been accurately maintained. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection to manage people's medicines safely and the provider was still in breach of regulation 12.

- At our last inspection we found there were unexplained gaps in the recording on people's medicines administration records (MAR). Following our inspection, the provider sent us an action plan to tell us how they were going to improve. They told us they would put into place systems to make sure checks would be carried out to identify any gaps in the recording on MAR. At this inspection we found there were gaps in the recording on people's MAR and other areas of concern with medicines management.
- When people had been prescribed 'as required' medicines there was not always guidance in place for staff to know when to administer this type of medicine. One 'as required' medicine had not been recorded on the person's MAR. Whilst there was an 'as required' protocol in place for this medicine, all prescribed medicines need to be recorded on the MAR. There was a risk that if the person went into hospital, emergency staff might not know they were prescribed this medicine.
- Not all of the required information had been recorded on the handwritten MAR. Some entries had also not been signed by staff. National Institute for Health and Care Excellence (NICE) guidelines state that handwritten MAR should be signed by two members of staff. This reduces the risk of transcribing errors.
- There had been changes to some people's medicines. These changes had not always been recorded on the MAR accurately. This meant the provider could not be assured the new guidance had been followed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They took action to make changes to people's MAR on the day of inspection and notified us of further action taken immediately following our inspection.

- Risk management had improved since the last inspection. People's risks were identified and assessed and there was guidance in place to support staff to keep people safe. These had been reviewed.
- At the last inspection we found that some personal emergency evacuation plans (PEEP) were out of date or not in place. At this inspection we saw that all PEEP's were in place and had recently been updated. This gave guidance to staff on how people would be evacuated in the event of an emergency.
- At the last inspection we found improvements were needed to some areas of the environment to make it safe. This included works in the kitchen and to fire doors in the building. The provider had completed the necessary work to make the environment safe.
- Safety checks at the property had been carried out and equipment maintained. This included gas safety and fire systems checks.
- People were supported to take positive risks such as going out into the community independently. Guidance was in place for staff to know how to support people to maintain their independence safely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. Comments included, "I feel safe here, I can lock the door if I want" and "Yes I am safe here."
- Staff we spoke with were knowledgeable about the different types of abuse and knew how to report any concerns. Staff were confident the management would respond appropriately.
- Guidance was available for staff to escalate any concerns outside of the service to external agencies. Staff were aware of the procedures in place and knew where to find the guidance.

Staffing and recruitment

- People were supported by sufficient numbers of staff. People told us there were enough staff to support them and our observations confirmed this.
- The manager told us they reviewed staffing hours to make sure they could continue to meet people's needs. They had submitted a request to the local authority to increase one person's support hours which was being reviewed.
- Recruitment checks needed prior to staff starting employment had been carried out. This included a check with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were supported to complete light domestic duties such as dusting and hoovering where appropriate. People told us staff helped them keep their rooms clean and changed their bedding. One person said, "Staff will help me to clean my room, my bed needs changing [staff] is going to help me do that."
- The home was clean and there were ample supplies of personal protective equipment. Staff had received training on infection prevention and control and food hygiene.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and were all reviewed by the manager. There was also a process in place to share all incidents with the provider to enhance monitoring. Action was taken to prevent reoccurrence.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to make sure the service was suitable. Prior to people moving to the service an assessment was carried out and time given for people to have a trial stay. This made sure the provider was confident staff could meet people's needs.
- Assessments covered a range of needs such as physical health, mental health and social skills. Staff had a full range of guidance available to help them know what people's needs were.
- People's oral health needs were recorded, and people could access a dentist. Where people were independent their needs were not recorded for this area of healthcare. Following the inspection, the provider sent us changes they had made so oral health needs were recorded for everyone.

Staff support: induction, training, skills and experience

- Staff were trained and supported in their roles. Staff told us they had the training they needed and would ask for more if they wanted updates. One member of staff said, "I feel trained to work with people here and able to meet their needs."
- The provider made sure staff had the training they needed to carry out their roles effectively. Staff felt confident and able to support people safely and effectively. One member of staff said, "All my training has been completed, I found it very interesting and I feel safe working here. My confidence has grown."
- Staff told us they had supervision with senior staff and found the process helpful. The manager told us they had spent time trying to do supervision with all the staff to help to get to know them. One member of staff said, "I had a supervision with [the manager], he asked about my well-being and seemed supportive."

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

- People told us they had the food and drinks they wanted. People were included in menu planning and cooking of some meals.
- People had their food when they wanted and had choices. One person said, "I help the staff to cook and choose what I want."

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

- Staff used a communication book to share information about people's needs and any changes to needs. There was a system in place for staff to sign important messages and documents when they had read them.
- Referrals were made to healthcare professionals when needed. People had a GP and access to services such as chiropody and mental health teams. One relative told us, "Any time there are any issues with health the staff are straight in touch with me, within minutes staff are on the phone to me and told me."

- People had hospital passports in place which recorded needs for key areas such as communication. This information went with people to hospital so emergency services would know people's 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 and were being met.

- Staff we spoke with were aware of the principles of the MCA and how it applied to their work. Staff obtained consent from people and respected people's decisions.
- There was one DoLS authorisation in place which had expired. The service had followed up a renewal with the local authority and were waiting for a further assessment, conditions were being met.

Adapting service, design, decoration to meet people's needs

- People lived in premises adapted to meet their needs. People had their own rooms and shared communal areas such as lounges, dining areas and a kitchen.
- People were very proud to show us their rooms and we saw they were very personalised. People had chosen colour schemes and put up their own pictures, posters or artwork.
- There was an accessible outdoor space, which people could use when they wished. The manager told us they had plans to develop a sensory garden area as people had asked for this.

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 Good. At this inspection this key question has now remained the same. 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

- People told us they were being supported by staff who were caring and treated them well. Comments included, "Staff are nice and kind and help me when I need it", "Staff are good here they are kind to me" and "I get on well with staff and find them caring." One relative told us, "All the people who work there come across as lovely people, we have had not a minute's worry since [relative] has been there."
- All the staff we spoke with enjoyed their jobs. Comments included, "I like working here, we all respect each other", "I like the variety here, it is very person-centred" and "It is very interesting here, every day is different and I actually really enjoy it."
- People were treated with respect and kindness. We saw and heard interactions with people and staff and observed people were relaxed around staff and the manager.
- People had background information available in their care plans to inform staff of their life history and any significant events. This helped staff to understand people's needs and wishes.

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

- People had regular reviews with their social workers and support teams. One healthcare professional told us, "Reviews and re-assessments are always positive, and the clients participate fully. They clearly get on well with the staff and have good relationships with them."
- The manager told us they wanted to increase the opportunity for people to have more care reviews. They told us they were planning to increase reviews to six-monthly.
- People told us about their key worker member of staff. This was a member of staff identified to work more closely with people and develop information about people in care plans. People told us they could tell their key worker if they were not happy or if they wanted to change things.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was maintained. People had locks on their doors which we observed they used with their own keys. We observed staff knocking on people's doors and waiting for an answer before entering.
- People's independence was promoted by a staff team who encouraged them to do as much for themselves as possible. People were encouraged to do light domestic tasks such as washing, cooking and cleaning. People were also encouraged to access the local community independently where safe to do so.
- The manager told us they planned to develop people's independence by changing some systems. For example, medicines cabinets had been installed in people's rooms so medicines could be stored there. People would be assessed, and help given to manage their own medicines. One person told us, "Staff are helping us build our independence, we are having our medicines in our rooms. I am looking forward to it."

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 Good. At this inspection this key question has remained the same. 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 had a personalised care plan which outlined the care and support provided. This was reviewed regularly. Care plans informed staff on a number of areas such as how people wanted their personal care provided, how to support anxieties and people's religious needs.
- Where people had additional health needs such as epilepsy there were detailed epilepsy profiles in place. This gave staff guidance on what to do if a person experienced a seizure.
- Support was personalised. During our inspection we observed one person went out to meet with friends. They told us they did this regularly and were able to use local transport nearby. Another person went out to do some shopping. Staff supported them to access local shops, so they could buy what they wanted. Another person stayed in bed till late morning as this is what they wanted to do.
- People's known routines were recorded so staff had guidance on morning and evening routines. This included step by step guidance for some people as any changes could cause anxiety.

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 communication needs were recorded and guidance for staff to follow to communicate with people. The provider had some documents that were easy read and pictorial. This helped people understand information.

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

- People were able to maintain contact with relatives and friends where they wished. Some people had family living nearby and often went to stay with them for 'social leave'.
- People had friends who they saw weekly when attending social clubs. People were planning to go on holidays with friends outside of the service.
- People were able to follow their own interests and do activities they enjoyed. Staff supported them where appropriate. One person told us they liked to do arts and crafts and knitting. Another person told us they enjoyed writing stories on their lap top and hoped to get some published.

Improving care quality in response to complaints or concerns

- There had been no formal complaints since our last inspection. There was a complaints policy in place

and an easy read complaints process was on display at the service.

- People told us they would complain if they needed to and knew how to do this. One person said, "I would tell the staff if I wasn't happy."

End of life care and support

- Nobody was receiving end of life care at the time of our inspection. People had been encouraged to record their end of life wishes in their care plans. This was detailed and personalised reflecting people's individual wishes.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Due to the continued breach of regulation identified in the key question safe, we have rated the key question well-led as requires improvement. This is because the provider had failed to address all of the issues identified at our last inspection.
- The provider had put in place systems to monitor the quality and safety of the service. The new manager told us they were using the action plan to help them prioritise the areas which required improvement.
- A quality audit carried out by the provider prior to the new manager commencing work had identified some of the concerns we had found with regards to medicines management. For example, they had identified that 'as required' protocols were needed for medicines prescribed 'as required'.
- The new manager had also put into place daily and weekly checks for staff to carry out. These were new and needed time to take effect.
- There had been a change in management since our last inspection. The registered manager had left, and a new manager recruited. They had commenced work in December 2019 so were still getting to know people, staff and the service.
- People and staff were positive about the new manager and found them approachable. Comments included, "I like the new manager, they are doing really well", "[Manager] is good at his job, he is knowledgeable and approachable" and "[Manager] is brilliant, he listens to everyone."
- The manager had attended a conference run by the provider to inform on best practice and changes to service management. The manager told us this was a good opportunity for them to meet with other managers and employees in the organisation.

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

- Staff and management were very open and transparent with us during this inspection. They recognised there was still some improvement to be carried out.
- People and relatives were positive about the support they received, and people liked living at St Patrick's House. Comments included, "I am happy here, I have made friends" and "[Relative] seems to be happy there, [relative] loves the people there and when I visit he looks well."
- Staff told us there was good team working at the service and morale was good. Comments from staff included, "Staff here get on well and support each other, it is a good working environment" and "We are a good supportive team here, we have been through a lot of changes, but morale is good."

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

characteristics

- The manager told us they had daily discussions with people about how they wanted the service to be run. They told us they were currently working with people to make changes to the garden space to meet people's preferences.
- Staff had the opportunity to share their views and ideas at staff meetings. The manager had held one since they started in post and had minutes of the discussions.
- 'House meetings' for people had not been held recently. The manager told us they wanted to resume these as soon as they could so people could come together to discuss views.

Working in partnership with others

- Relationships had been maintained with healthcare professionals to ensure people had the support they needed. Records demonstrated regular visits and discussions with a variety of professionals.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to have systems in place to manage medicines safely.

The enforcement action we took:

We served the provider a warning notice.