

# The Regard Partnership Limited

## Cornerleigh

### Inspection report

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Date of inspection visit:  
19 September 2018

Date of publication:  
15 November 2018

### 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 inspection was carried out on 19 September 2018 and was unannounced.

Following the last inspection in July 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe to at least good. We found that risks were not always effectively assessed and managed. At this inspection we found improvements had been made and the provider was meeting the regulations. Risks were assessed and there were management plans in place to ensure risks were managed.

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

Cornerleigh accommodates up to 11 people with learning disabilities and autism. At the time of our inspection there were 10 people using the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

There was a relaxed and cheerful atmosphere throughout the inspection. People had developed positive relationships with staff and we saw many kind and caring interactions.

People were supported to maintain and improve their independence by staff who understood the importance of people living full and meaningful lives. Staff supported people to access arrange of activities that met their individual needs and involved people in the planning of activities.

The service responded promptly to people's changing needs to ensure they had access to appropriate health care support. This promoted people's health and well-being.

Staff understood their responsibilities to identify and report concerns where they felt a person was at risk of or had suffered harm or abuse. There were systems in place to ensure medicines were managed safely and that people received their medicines as prescribed.

The provider had systems in place to support safe recruitment decisions. People were supported by sufficient staff who had the skills and knowledge to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a complaints policy and procedure in place and people were confident to raise concerns about the service. There were systems in place that enabled people and staff to be actively involved in the development and running of the service.

There was a range of systems in place that monitored the quality of the service and enabled areas of improvement to be identified and action taken.

## 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 had improved to good in safe.

Risks to people were assessed and there were plans in place to manage those risks.

There were sufficient staff to meet people's needs.

People were supported by staff who understood their responsibilities to identify and report concerns regarding abuse and risk of harm.

### Is the service effective?

Good ●

The service had improved to good in effective.

People were supported in line with the principles of the MCA and people's rights were protected.

Staff were supported and had the skills and knowledge to meet people's needs.

People were supported to access health care to promote healthier lives.

### Is the service caring?

Good ●

The service had improved to good in caring.

People were supported by staff who were kind and compassionate.

Staff promoted and encouraged people's independence.

People and relatives were involved in developing their support plans.

### Is the service responsive?

Good ●

The service remained good in responsive.

People were supported in a way that valued them as individuals

and recognised their differences.

There was a range of activities organised for people, which included trips out and holidays.

People were confident to raise concerns and were confident issues would be resolved.

**Is the service well-led?**

**Good** ●

The service has improved to Good.

There was a strong person centred culture that was supported by the provider's values.

Systems for monitoring and improving the service were effective.

There was a strong senior team who ensured people received good care.

# Cornerleigh

## **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 checked 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 inspection took place on 19 September 2018 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about.

During the inspection we spoke with two people who used the service, the registered manager, a senior support worker and two support workers. Following the inspection visit we spoke with one person's relative.

We looked at two people's care records, medicine records, two staff files and records relating to the management of the service.

# Is the service safe?

## Our findings

At our inspection in July 2017 we found risks to people were not always identified and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The service was rated requires improvement in safe. At this inspection we found that improvements had been made and the provider was meeting their legal requirements. The service is now rated good in safe.

People's care records included risk assessments associated with: epilepsy; behaviour that may be seen as challenging; choking; mobility and malnutrition. Where risks were identified there were clear plans in place to ensure risks were managed. For example, one person's care plan included a risk assessment and management plan associated with their behaviour. The care plan detailed the potential triggers for the person's behaviour, what behaviours they may exhibit and how staff should respond in order to minimise the behaviour. Staff were knowledgeable about the person and could explain how they supported the person in line with their care plan.

Care plans also included positive risk taking that encouraged people to maintain and improve their independence. For example, one person was being supported to be able to go out independently. The care plan detailed how the person should be supported to achieve this goal and recognised the risks associated with this and how they would be managed.

People were safe and enjoyed living in the home. One person told us, "It's all good here".

Staff had completed training in safeguarding and understood their responsibilities to identify and report any concerns relating to abuse of harm. One member of staff told us, "I know that I must record and report anything I see. I have liaised with the registered manager and have reported and liaised with the local authority". Staff were aware of the outside agencies they could report to and were confident to do so. One member of staff said, "I would report to [registered manager] or locality manager. If they didn't do anything I would go to CQC (Care Quality Commission) or ring safeguarding".

There was a safeguarding policy and procedure in place. Where concerns had been identified records showed that appropriate agencies had been notified and investigations carried out in line with the safeguarding policy.

There were sufficient staff to meet people's needs. Throughout the inspection we saw staff spending time with people and supporting them to enjoy individual and group activities.

Staff told us there were enough staff and that they had time to support people to pursue their interests. Staff comments included; "Staffing levels are good. We take them [people] out a lot" and "There are enough staff. We do get time to take the guys out".

Records showed that appropriate checks were completed prior to staff working at the service to ensure they were suitable to work with people. Checks included employment references and DBS (Disclosure and

Barring Service) checks. This enabled the provider to make safe recruitment decisions.

Medicines were managed safely. Staff responsible for the administration of medicines completed training and their competency was assessed before they administered medicines without supervision.

Medicines were stored in individual locked cupboards in people's rooms. Where people were able to administer their own medicines, they were supported to do so. Medicine administration records (MAR) were accurately and fully completed. We observed staff administering medicines. Staff took time to ensure people were happy to take their medicines and understood what the medicines were for.

Where people were prescribed 'as required' (PRN) medicines there were protocols in place to identify when the medicines could be administered. Staff asked people if they required PRN medicines and responded in a timely manner to people's requests for PRN pain relief. For example, one person was complaining of pain. Staff immediately offered pain relief, asking if the person wished to take the medicine in the communal area or in their room. The person stated they would prefer to take it in their room and this was respected. Staff checked back with the person to ensure their pain had been managed.

There were systems in place to monitor and audit medicines. However, we found that the audit system had not identified a discrepancy in the balance of one medicine. We spoke with the senior support worker and the registered manager who took immediate action to identify how the error had occurred and implement improved systems to ensure systems monitored balances on a daily basis.

The home was clean, with no unpleasant odours. People were encouraged to maintain the cleanliness of the environment. Staff had completed training in infection control and understood the importance of following infection control procedures. Staff used personal protective equipment (PPE) appropriately to reduce the risk of cross infection.

There were systems in place to monitor and evaluate accidents and incidents. This enabled the provider and registered manager to identify trends and patterns which reduced the risk of reoccurrence and supported improvement in the service. For example, the analysis of behavioural incidents had resulted in a reassessment by a health professional for one person.

# Is the service effective?

## Our findings

At the inspection in July 2017 the service was rated requires improvement in effective. At this inspection the service has rated good.

People were supported by staff who had the skills and knowledge to meet their needs. A relative told us, "They really know him and how to help him. They can communicate with him really well".

Staff completed a range of training when they joined the staff team. Training included: epilepsy; autism, safeguarding; first aid; medicines and communication. Staff shadowed more experienced staff before working alone to ensure they were confident in their role. One member of staff told us, "I was really well supported (when joining the staff team) and could always go for help". Another member of staff said, "I read care plans, shadowed staff, learning along the way. [Senior support worker] has been really supportive, showing me the role".

Staff felt well supported and received regular one to one support from the management team. Staff comments included; "[Registered manager] has been really supportive. I can go to him for anything" and "[Registered manager] is good. Approachable and very supportive of any ideas you come to him with".

People's support plans were completed in line with good practice guidance. This included information relating to people's communication needs in line with the Accessible Information Standard. Assessments and reviews empowered people to identify their needs and ensure their rights were protected in line with legislation and good practice relating to equality and diversity.

People were supported in line with the Mental Capacity Act 2005 (MCA). 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.

Throughout the inspection we saw staff supporting people to make decisions. This included ensuring they communicated with people in the most effective way and explaining decisions in a way people understood. Support plans included a 'decision making profile' which detailed how best to support people making decisions. For example, one person's support plan stated staff needed to ensure a calm environment, with no distractions and to ensure they had the person's attention by making eye contact.

Staff had completed training in MCA and had a clear understanding of how to support people in line with the principles of the act. One member of staff said, "We must assess people's capacity on a day to day basis. Capacity can change. For example, one person who has seizures can lack capacity after and we have to take account of that". Another member of staff told us, "I always assume capacity and ensure people are doing what they want to do". Staff gave examples of supporting people to make informed decisions and respecting if people chose to make unwise decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people were assessed as lacking capacity to consent to their care and treatment applications had been made to the supervisory body. These were regularly reviewed and changes made if a persons' care needs changed to include any additional restrictions.

People told us they were able to choose what they wanted to eat and drink and at what time. One person was asked if they would like to have lunch at 12:30. The person declined and said they wanted to eat at 13:00. The member of staff respected this and supported the person at their chosen time. A menu plan was displayed in the home that showed what people had chosen for their meals.

Throughout the inspection people were able to access drinks and snacks and were encouraged to make their own drinks where able.

Support plans identified people's specific dietary requirements and staff were knowledgeable about these. For example, one person had been assessed by a speech and language therapist (SALT) and required a soft, moist, fork mashable consistency of food. Staff we spoke with were able to describe in detail the consistency of the food the person required and the details around the person's positioning when they supported them to eat and drink.

Where people were at risk of weight loss this was assessed and monitored. For example, one person was receiving a fortified diet. Records relating to health professional visits identified that health professionals were pleased with the progress the person had made and was now gaining weight.

People were supported to live healthier lives by accessing healthcare services. Records showed that people had accessed: dentists; SALT; occupational therapists, G.P's; district nurses and chiropodists. Staff worked closely with health professionals to ensure people had access to services and were supported to follow advice, guidance and treatment plans.

# Is the service caring?

## Our findings

At the inspection in July 2017 the service was rated requires improvement in Caring. At this inspection the service has rated good.

Everyone was complimentary about the staff. People's comments included; "The staff are good. They know what I like" and "The staff are very caring, they are lovely people". A relative said, "They look after [person] like family. It's a good place. Always cheerful and kind and that's the most important thing".

Staff spoke with genuine affection when speaking with and about people. One member of staff said, "This is a very caring home. It's about them [people] and what they want".

Throughout the inspection we saw staff treated people with kindness and compassion. Staff took time to provide comfort and reassurance in a calm manner when people became anxious. For example, one person was experiencing pain. A member of staff ensured the person was offered pain relief and explained calmly to the person the reason for the pain. The member of staff explained to the person what the person could do to reduce the pain, recognising their anxiety about accessing health professional support to treat the condition.

There was a friendly, cheerful atmosphere with banter and laughter between people and staff. Staff clearly knew people well and had built positive relationships with them.

Staff encouraged people to be as independent as possible, encouraging and reminding them what they were able to do for themselves. For example, one person was being supported to make their breakfast. The member of staff encouraged the person to prepare as much as possible for themselves, reminding them when they were reluctant to do it.

Staff told us there was a strong emphasis on independence. One member of staff said, "[People] have gained much more independence. They used to have everything done for them but that has changed. They have ownership of their care now".

People were treated with dignity and respect. Staff addressed people by their chosen name and respected their choices and rights. One member of staff told us, "We respect people and support them to maintain their personal care. We have to respect their rights but explain the consequences of their choices to them".

People were involved in decisions about how their care needs would be met and in the development of their support plans. During the inspection we saw one person being supported by a member of staff to review their support plan. The member of staff used visual prompts and took time to ensure the person understood what was being said. Another person was being supported to prepare for a review with their social worker.

People's relatives and representatives were involved in decisions about people's care. One relative told us, "We're invited to the review. We've just had a review and they really do know [person]. They do keep us

informed about what is happening". We looked at the person's support plan and saw that it was in the process of being updated following the review.

## Is the service responsive?

### Our findings

At the inspection in July 2017 the service was rated good. At this inspection the service remained good.

People were supported by staff who put them at the centre of all they did. Staff were knowledgeable about people's needs and responsive to people's requests for support. For example, one person was being supported to be able to go out alone in the future. The person approached staff wanting to go out to the shops. A member of staff responded immediately and arranged for the person to be supported to go out. The member of staff asked the person if they wanted money to go out and encouraged them to take responsibility for their money. The person's response to going out was positive and clearly had a beneficial impact on the person's well-being.

People enjoyed activities both within and outside the service. One relative told us, "They [people] have lots on offer to do. They go out to the pub and have barbeques. Always something on". During the inspection we saw people being supported by staff to engage in a range of individual activities. These included: reading; puzzle books; cooking, listening to music and having their hair done. One person went to a day centre. There were photographs round the service showing people enjoying trips out and holidays. During the inspection we saw one person excitedly planning a trip to London. The member of staff was showing the person places they might like to visit on the internet to help them plan the trip.

Staff actively supported people to have regular contact with those who were important to them. People received regular visits from families and some had regular visits to stay with family. Staff knew people's families and friends and used the knowledge to chat with people about what was going on in their lives.

Support plans were detailed and recognised people as unique individuals. Plans included others who were important to the person, their favourite foods, where they liked to go, the activities they enjoyed, their religious and their cultural needs. Staff used this information to engage with people and ensure they were living the lives they chose.

People were encouraged to personalise their environments. One person was in the process of choosing colours for their bedroom to be decorated. Another person proudly showed us the wall paper in their bedroom, which they had chosen and reflected their interests.

The service was responsive to people's changing needs. One person's care needs had increased due to the progression of their condition. The service had arranged for additional equipment to ensure they were cared for safely. The support plan had been updated and reflected the person's current needs and how they would be met.

People knew how to make a complaint and were confident to do so. One person told us, "If I am not happy about anything I tell the manager and they sort it". Relatives were confident that any concerns would be addressed. One relative told us, "Never had any concerns since [person] has been there. I'd be more than happy to raise concerns".

The service had a complaints policy and procedure in place. There had been no complaints since the last inspection.

There was no one at the service receiving end of life care at the time of the inspection. Support plans reflected people's end of life wishes where they were able to communicate them. Where relatives did not wish to discuss end of life care this was recorded in support plans.

People in the service had suffered a bereavement and were being supported through a range of methods to understand and come to terms with their loss. These included social stories and reminiscence. Social Stories are a social learning tool that supports the safe and meaningful exchange of information for people with autism.

# Is the service well-led?

## Our findings

At the inspection in July 2017 the service was rated requires improvement in well-led. At this inspection the service was rated good.

There was a strong person-centred culture in the service that was supported by the organisational values. People were at the centre of all the service did and staff were committed to ensuring people lived full lives. One member of staff told us, "Staff and people are really engaged in developing the service. There is a much better culture and the service is all about them [people]. It's great to see the progress [people] have made".

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.

The registered manager was committed to providing a good service and had a clear understanding of the areas of improvements they were planning. The registered manager told us they were leaving the service and had ensured there was ongoing plans to implement the improvements by the senior staff team and new manager.

People were positive about the registered manager. One person told us, "I like the manager, they are doing a good job". One relative was complimentary about the whole staff team and told us, "They are all very approachable and very supportive".

Staff felt well supported by the registered manager and senior support workers. Staff comments included, "There have been a lot of changes. It's much more settled now with a stronger senior team"; "The home is well-managed and I am confident to say what I think" and "I am very content here. It is well managed and [registered manager] and seniors are all helpful".

There were regular meetings with people to discuss any issues or improvements needed. The details the meetings were displayed in a format that people were able to understand and showed what action was being taken.

There was a range of audits and quality assurance processes in place. This included: a quality monitoring audit that was reviewed monthly by the locality manager; health and safety audits which identified areas of the environment requiring improvement and an annual service review which detailed areas of improvement identified by people and relatives. Examples of improvements made as a result of the quality assurance systems included: Exercise equipment for people to improve fitness; redecoration of bedrooms (which was ongoing) and a new shower room. All audits identified actions to be taken and dates when actions needed to be completed. This was reviewed weekly by the registered manager and monthly by the locality manager.

Learning was taken from the quality visits of all the providers locations and shared with registered managers. The registered manager attended provider forums to ensure they kept up to date with best practice and was involved in the development of a guidance document relating to sexuality and relationships for people using services.