

Enable Care & Home Support Limited

Cornerways

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

Cornerways provides accommodation for up to five people with a learning disability who require personal care. There were five people using the service at the time of our inspection.

This inspection took place on 18 February 2016 and was announced, with 24 hours' notice as we wanted to make sure people and the manager were available.

There was a registered manager at the service. 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's consent to care and support had been sought and staff acted in accordance with people's wishes. Legal requirements had been followed where people were potentially being restricted.

The manager was following the provider's guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that the required interventions had been undertaken. The records had also been updated to reflect changes in people's care needs.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about how the reporting procedure.

People's health needs were met. Referrals to external health professionals were made in a timely manner. People told us they enjoyed their food and we saw meals were nutritious. Medicines were managed safely.

People told us staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support. People were able to take part in hobbies and interests of their choice.

Complaints were well managed. Systems to monitor the quality of the service identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

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.

Staff were available at the times people needed them, in order to meet their care and support needs. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's care and support needs because the provider ensured training was delivered in a way that met staff member's individual learning styles. Staff understood the principles of the Mental Capacity Act 2005 and care workers obtained people's consent before care was provided. People had a choice of food and drink which met their nutritional needs, and their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who people considered were kind and caring. Care staff respected people's individuality and encouraged them to maintain their independence in accordance with their abilities. Care workers ensured they respected people's privacy and dignity, and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

Concerns and complaints were well managed and people were listened to.

People were encouraged to express their views and had been

supported to participate in interests they enjoyed.

Is the service well-led?

Good ●

The service was well-led.

Systems in place to monitor the quality of the service were effective.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities

Cornerways

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.

The inspection took place on 18 February 2016. The provider was given 24 hours' notice because we wanted to make sure the manager was available. The inspection was carried out by one inspector.

We reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the provider is required to tell us about by law.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

During the inspection we spoke with four people who used the service. We also spoke with the registered manager and three support staff. Throughout the day, we observed care practice and general interactions between people and staff. We spoke with four relatives and one health and social care professional by telephone following the inspection.

We looked round the building and accessed a range of records relating to how the service was managed. These included two people's care records, five staff recruitment and training records and the provider's quality auditing system.

Is the service safe?

Our findings

People who were able to talk with us told us confirmed they felt safe using the service and when being assisted with personal care. One person said "I feel safe" and a relative also said "They're safe there".

There were clear procedures in place to safeguard people from potential abuse, which staff understood. They knew how to follow them in the event of them either witnessing or suspecting the abuse of any person using the service. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Staff also told us they received safeguarding training and records confirmed this was up to date. They also had access to the provider's policies and procedures for further guidance. The provider therefore minimised the risk of abuse occurring and ensured people were safe.

We found people were involved in planning their care, including risk assessments, as far as possible and were encouraged to be independent. Plans and risk assessments were clear and we found these were being followed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed annually or more frequently if required to ensure the information was up to date and reflected current needs. They included taking positive risks; for example, guidance to prevent falls enabled people to maintain their mobility. We observed people being encouraged to be independent, for example, staff offered guidance on preparing meals safely.

When people's needs changed we saw that their care plans and risk assessments had been changed accordingly. Records confirmed that prompt action was taken where a change had occurred, for example, if a person's mental health deteriorated. This was also confirmed by an external health professional we spoke with. They told us they were contacted promptly for advice and that their guidance was followed by staff. This meant people's care was provided safely.

There were enough staff to meet people's care and support needs in a safe and consistent manner. People and relatives we spoke with were satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to people's needs. All the staff we spoke with also told us staffing numbers were adequate to meet people's needs. However, one staff member commented that it was difficult to find cover for absences and said "There was a lot of ringing around " to ensure cover was obtained. We looked at rotas for the period 18 January 2016 -18 February 2016. This showed us that there were two support staff available during the day and one at night. Where any absences were identified, the rota showed that cover was usually obtained from within the existing staff group. Our observations during the day confirmed people received assistance in a timely manner. The provider ensured there were sufficient staff available to work flexibly so people were safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit

are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

We found medicines were managed safely. People who were able to tell us said they received their medicines when needed. Staff were able to explain the procedures for managing medicines and we found these were followed. Staff also knew what to do if an error was made and we saw they were monitored and action taken to minimise any repeated errors.

Medicines were stored at the correct temperatures to ensure they were safe to use. Records were kept of medicines received into the home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. This meant people received their medicines according to the prescriber's instructions.

Is the service effective?

Our findings

People and their relatives told us they liked the staff and felt well supported. One person said of the staff "They help me sort things out" and a relative told us "I couldn't fault them."

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties. A staff member told us, "There's lots of training offered". Staff also demonstrated a thorough and detailed knowledge of people's individual needs, preferences and choices. Staff described the access to training as good and said they had received training in areas relevant to the needs of people using the service, such as epilepsy and falls prevention. Staff had also undertaken training about how to support people at times when they became anxious. We saw that staff were skilled in reassuring people and maintaining a calm atmosphere.

Training records showed most staff were up to date with health and safety training and they identified which staff needed refresher training. Staff were able to provide effective care based on the support and training they received.

People were supported to make choices and asked for their consent whenever they were able. We saw staff asked for people's consent to care or support and records relating to consent were signed by the person, if they were able to do so, dated and their purpose was clear.

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.

We checked whether the provider was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. There was a decision making profile for each person and we saw specific decisions recorded, for example, in relation to a finances. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted. They told us they had received training in this area and records we saw confirmed this. Information supplied by the provider stated that DoLS applications had been made to the appropriate authority for all five people using the service but the outcomes were not yet known.

People told us they saw a doctor or nurse when required. Relatives also confirmed that people's health

needs were met. One told us they were "Very happy" about the way their relative's health needs were met and said they thought the person had improved as a result of using the service and was "Talking more."

Care plans were regularly reviewed and detailed any support provided from outside health care professionals. This included chiropodists, specialist nurses and speech and language therapists. This was confirmed by an external health professional we spoke with. They told us there was a lot of co-operation and working with other professionals to ensure people's health needs were met. They told us the person they were involved with was in better health at Cornerways than in any other place they had lived. We were confident that people's health care needs were addressed effectively.

People were supported to eat healthily. Everyone could eat independently. We asked people about the food provided. They said it was good and we saw people enjoying their evening meal. One person said "It's good food here."

The provider information return stated that a planned improvement for the following twelve months was the introduction of pictorial information to make it easier for people to choose what they wanted on the menu. We discussed meals with the manager and she told us that healthy options were encouraged, including monitoring portion sizes.

Staff were able to describe people's individual diet and nutritional needs. They told us people were involved in deciding the menus. The menus we saw showed there were healthy options available and staff confirmed they encouraged people to choose wisely, for example, to avoid unnecessary weight gain. An external professional we spoke with confirmed their advice was followed in relation to specialist needs and said staff were knowledgeable about individual needs and preferences. People's nutritional needs were therefore met.

Is the service caring?

Our findings

People told us staff were kind and compassionate. One person said "I like living here" and another said "I get on with everybody". A relative told us they were always made to feel welcome and that staff "Are very approachable" and another said "All the staff are fine."

We saw people were offered choices in their daily routines. Staff were able to describe how they offered choices to people; for example, regarding meals and what activities and events were on offer. They told us that they used pictures to help people decide what they wanted. We saw where people were able to refuse options, their choice was respected.

We observed positive and caring relationships between people using the service and staff. People were treated with respect and approached in a kind and caring way. People were listened to and were comfortable with staff. We saw staff sat with people and engaged them in conversation and hobbies of their choice. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

We saw privacy and dignity being respected when people were receiving care and support during our visit. Staff were able to give us examples of respecting dignity and choice. For example, ensuring that doors and curtains were closed when personal care was provided and by giving clear explanations about the support to ensure people understood. We saw staff always knocked on doors before entering people's private space and ensured eye contact when speaking with people. People were asked before tasks were completed e.g. moving around the building and during leisure activities. People's care was therefore provided in a dignified manner.

People and their relatives were involved in their care planning. A relative told us "They let me know about reviews" and confirmed they were kept informed of important events. Another told us their family member was "Doing okay" since using the service.

Staff told us they worked with the person to establish what their needs and preferences were and ensured they were included in review of care and support plans. One staff member told us "They are included in everything" and gave an example of how one person's particular interests were discussed and accommodated. We observed people being given clear explanations about care plans and they were asked for their opinions about the support they received. We saw people were able to express their views and they were listened to.

Records we saw showed reviews of people's care involved family and people important to the person. Where possible, people who had capacity to do so had signed their care plan. Care planning was therefore inclusive and took account of people's views and opinions. The provider ensure people and their families were actively involved in planning care and support.

Is the service responsive?

Our findings

People were supported to follow their interests wherever possible and take part in social events. One person told us they liked colouring and another said they enjoyed going on shopping trips. Staff knew people's likes and preferences and we saw these were recorded in people's care plans. This enabled staff to offer people activities and opportunities that were more personal to them. People had been on holidays, including travelling abroad, and told us they had enjoyed these. We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms.

Staff told us they tried to be responsive to people's needs. One staff member told us "We know people well" and said they were able to encourage people's independence. For example, we saw one person being assisted to go shopping. Staff also knew what people's individual care needs were and how they liked to be supported. For example, one person enjoyed being in their room and we saw staff respected this. An external professional we spoke with described the service as responsive and confirmed that staff knew people well. They told us staff, including the manager, did over and above what was requested to ensure a person's needs were met; for example, they described how the manager had worked on their day off to assist one person with a health specific issue. People were responded to appropriately to ensure their needs and preferences were met.

Records we saw contained detailed information about people's health, personal and social care needs including a social and family background. This provided a basis for engaging with people who were unable to give this information. The information we saw reflected how people would like to receive their care, treatment and support including individual preferences, interests and aspirations.

People who were able to speak with us told us they knew how to make a complaint. One person said "I would tell the staff" and relatives said they knew who to talk to and were confident any concerns would be dealt with in a courteous manner. Another relative said "I've not needed to make a complaint. It's lovely."

We saw the complaints procedure was on display. We asked about complaints that the service had received. The manager told us no complaints had been received in the previous twelve months. We asked the manager if any informal concerns had been raised. She told us any minor areas of concern were usually raised in individual discussion with people or in meetings. She told us these were addressed promptly. Records from meetings confirmed this. This meant people's concerns were addressed at an early stage.

Is the service well-led?

Our findings

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. They were confident any concerns would be addressed. One relative said "It couldn't be a better place."

We found the provider had gathered people's views on the service. Surveys had been completed in 2015. These showed people were satisfied with their support. For example, one person had commented "I don't want to move" and another had said "They listen to me." People made suggestions about the service and we saw these had been acted on, for example in the provision of menu choices. The provider used people's comments and opinions to assess the quality of the service.

Staff also felt able to raise concerns or make suggestions about improving the service. All the staff we spoke with praised the manager. Staff told us they received guidance and supervision from the manager in one to one sessions. They said this was useful and were positive about their job role. One staff member said "I enjoy my job" and another said "I can always ask if I'm not sure about something." Records showed that supervision meetings took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were supporting people who used the service. An external health professional praised the manager describing them as very good and that anything requested was acted on.

There was a staff team in place to support the manager, including senior care staff. The manager described the support from the provider as good and understood their responsibilities, for example, when and why they had to make statutory notifications to us.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. The manager told us regular visits were undertaken by an external manager and that a range of audits were undertaken in the home. We saw the audits were thorough and up to date and identified any actions required. Where an issue had been identified, we saw it had been addressed; for example, all repairs were acted on promptly. The manager told us they did monthly checks on the daily operation of the service, for example of finance and any accidents. We saw regular checks of the safety of the building were undertaken, for example, gas safety had been checked in May 2015 and fire detection equipment in November 2015. The provider had systems in place to ensure the service operated safely.

The registered manager told us they were continuing to develop links with the community and were actively involved in supporting people to use local facilities such as shops and places of worship. They also maintained professional contacts with relevant agencies such as advocacy services and local medical centres. They told us they were trying to improve the service in order to meet people's needs and aspirations. Information from the provider stated a plan to improve the fabric of the building was due to be developed. The provider was therefore proactive in improving the service.