

Cornerstones (UK) Ltd

Cornerstones (UK) Limited - 9 Roseland Avenue

Inspection report

9 Roseland Avenue

Devizes

Wiltshire.

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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



Overall summary

This inspection took place on the 21 January 2016 and was announced. We had last inspected the service in July 2013 and found no breaches of regulations.

9 Roseland Avenue is a care home which provides accommodation and personal care for up to six people with learning disabilities. At the time of our inspection three people were living at the home.

There was a registered manager of the service, however they had not been in day to day management of the service recently. They had recently submitted an application to de-register with us. Another manager had been appointed and assisted us during this inspection. The manager told us they had applied for their Disclosure and Barring Service (DBS). This is a criminal records check to make sure people were suitable to work with vulnerable adults.. The manager said they would apply to

Summary of findings

register as soon as that was returned. 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 Health and Social Care Act 2008 requires services to tell us about important events relating to the care they provide by sending us a notification. We saw three incidents had been reported and investigated, however we had not been notified of these. The manager said this was an oversight and they would ensure we would be notified in the future.

People were not always protected against the risks of potential financial abuse.

Overall, downstairs in the home was clean and felt safe. The carpet on the stairs and landing appeared stained. The temperature fluctuated throughout the home during the day. The manager told us there was a problem with the heating being inconsistent, which had been reported.

Despite being given notice of our inspection, there were not sufficient staff on duty to ensure people were supported effectively.

People were not always involved in making choices and decisions about their care. For example we observed staff being attentive to people by making drinks and snacks for people, rather than encouraging and supporting people to do it for themselves.

One person was able to tell us they felt safe and "the staff look after me well". When asked about what they would do if they were not happy; they replied they "would talk to staff." We observed people appeared relaxed and comfortable in the presence of staff.

Safe recruitment practices were followed before new staff were employed to work with people.

We looked around the communal areas of the home and one person showed us their bedroom. They described how they had chosen the soft furnishings for their room.

People had regular contact with health and social care professionals and had maintained links with the local community.

The principles of the Mental Capacity Act (MCA) were being followed.

Staff demonstrated respect and knowledge about the people they were supporting in the way they spoke about and interacted with them. People were supported by staff who had received regular training and supervision

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. People were not always protected against the risks of potential financial abuse.

People were supported by staff with the right skills and knowledge to meet their individual needs.

People appeared relaxed and comfortable in the presence of staff, and approached the staff for support or reassurance.

Requires improvement



Is the service effective?

The service was not always effective. Despite being given notice of our inspection, there were not sufficient staff on duty to ensure people were supported effectively. People were not always involved in making choices or decisions regarding maintaining their independence.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

The principles of the Mental Capacity Act (MCA) were being followed.

Requires improvement



Is the service caring?

The service was caring. Staff demonstrated respect for people they were supporting in the way they interacted with them.

Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Staff provided care in a way that protected people's privacy.

Good



Is the service responsive?

The service was responsive. People had individual support plans and staff had a good understanding of people's needs.

People attended a range of activities in the local community.

People's needs were reviewed regularly and as required.

Good



Is the service well-led?

The service was not overall well-led. There was a registered manager of the service, however they had not been in day to day management of the service recently. They had submitted an application to de-register with us.

The service carried out regular audits to monitor the quality of the service and to identify any improvements required. However we had not been notified of three incidents as required.

Requires improvement



Cornerstones (UK) Limited - 9 Roseland Avenue

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 21 January 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

We used a number of different methods to help us understand the experiences of people who used the service. The inspection included a specialist advisor. This is a person who is employed by us to support with inspections, their area of expertise is learning disability.

We viewed a variety of records relating to each person, staff and the management of the service. We spoke with the provider, the recently recruited manager, deputy manager and we spoke with a member of care staff shortly after the inspection by telephone. Where people were not able to communicate verbally with us, we spent time observing how they were being cared for. One person was able to tell us what they thought of the service. We contacted two health and social care professionals for feedback. Both provided positive responses regarding the involvement they had with the service.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

Is the service safe?

Our findings

People were not always protected against the risks of potential financial abuse. The deputy manager explained the home managed the finances on behalf of one person. Appropriate arrangements were in place for the two other people to either manage their own finances or by a family member as Power Of Attorney. The deputy manager said an application had been made to the local authority court of protection for this person, but until a decision was made, the home continued to support the person with their money. We checked the records for this person and found a discrepancy of £40.00 (in the records dated 29/12/15). We asked if a financial audit had been completed. The deputy manager and manager said they recalled the registered manager had completed one, however the records were not available. We asked the provider to ensure this was investigated and inform us of the outcome. The manager provided a report to us following their investigation. [on the 15 February 2016.] This highlighted four recommendations, one of which was to ensure recording of financial transactions was more robust.

Financial records showed each person contributed £5.00 per week towards the running cost of the home's vehicle lease. However records did not show if the person consented to the contribution, or when the payments started. We discussed this with the provider who said they would review this arrangement to ensure the contribution was fair and agreed to.

This was a breach of Regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked around the communal areas of the home and one person showed us their bedroom. Overall downstairs in the home was clean and felt safe. The carpet on the stairs and landing appeared stained. We saw the maintenance repair schedule identified the stairs carpet as being 'tired but safe' and the timeframe for replacement was 'in progress.' One member of staff explained they (staff team) did most of the cleaning, and said people were involved in cleaning "as much as they could but this was very little." When we arrived the communal areas of the home were warm. However the temperature fluctuated in

the lounge area and upstairs. The manager said the heating had been "inconsistent, and the fault had been reported." We saw a maintenance report to show this was the case and a heating engineer had been called out.

One person was able to tell us they felt safe and "the staff look after me well". When asked about what they would do if they were not happy; they replied they "would talk to staff." We observed the interactions of two people living at the home and the member of staff supporting them. The people appeared relaxed and comfortable in the presence of staff, and approached the staff for support or reassurance.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. There were four incidents recorded since March 2015 to date. Two were reported to the safeguarding team and one involved the Police when a person went missing. Records showed families had been informed where appropriate. Staff explained there was a section on each Incident form 'outcome of debrief'. Staff said this section was discussed at team meetings to share learning and prevent further incidents.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. However it was not clear how people had been involved in developing them.

People were supported by staff with the right skills and knowledge to meet their individual needs. Two social care professionals stated "I feel staff know very well the people they support. They demonstrate that they are trained to provide the service. I have seen staff working with people on a few occasions." Another said "yes the staff know the customers extremely well and Cornerstones have seemed to hold a good core group of staff."

Safe recruitment practices were followed before new staff were employed to work with people. We saw appropriate records to show checks had been made to ensure staff were of good character and suitable for their role.

There were safe medication administration systems in place and people received their medicines when required. We saw the arrangements for ordering, storing and monitoring medicines. The majority of medicines were administered from a 'dosette' box. This contains the person's prescribed medicines and is dispensed from a

Is the service safe?

pharmacist. We saw procedures in place for 'when required' medicines. One person received a medicine covertly, we saw procedures in place and a letter from the person's GP to support this.

Is the service effective?

Our findings

One of the reasons we gave the provider 24 hours notice of the inspection was to ensure people were supported sufficiently during our visit. On the day of our inspection, one member of staff was supporting one person to attend a day centre. This meant the deputy manager was supporting two people who remained at the home. In the absence of the registered manager, the deputy manager was the most appropriate person to support the inspection, as they had knowledge of the day to day running of the home. Throughout our inspection, one person was agitated whenever the deputy manager needed to provide information for our inspection. We spoke with the recently appointed manager and provider about this, as there were not sufficient staff on duty to ensure people were supported effectively. One person spent the day sat in the lounge watching television. The other person spent most of the day moving from one room to another. The manager and provider agreed that given the notice we gave, another member of staff on duty would have ensured staff were deployed effectively, and this would be taken into consideration for future inspections. The manager explained the rota was devised based on the individual needs of the people living at the home, and depended on the activities and level of support each person needed. The manager explained there were usually two staff on duty all day and one member of staff provided 'sleep in' cover at night. One member of staff told us "there are usually enough staff on duty."

Two social care professionals agreed there were enough staff available to meet individual's needs, and described how one person has had their support increased recently due to a change of healthcare needs.

One social care professional told us "yes they provide a person centred service as all activities are based to support their personal needs." However on the day of our inspection people were not always involved in making choices and decisions about their care. For example we observed staff being very attentive to people, making drinks and snacks, rather than encouraging and supporting people to do it for themselves. We saw a note on the door of a wardrobe in a person's bedroom stating 'staff to choose the clothes for X.' However, other records described how they had chosen soft furnishings for their bedroom. We saw a small weekly routine typed and displayed on the

wall of a communal room. It was not very clear. We were told by staff and the manager that people living at the home responded well to visual prompts. However there were no picture prompts to show people what they could expect from their day, such as who was working, meals and activity plans. There was one person who may have been able to self-administer their medicines with the support from staff, however this had not been considered. We saw a procedure in place which involved staff managing a person's oral care. When we asked staff if the person could do it themselves, they said they "had never tried." Supporting people to do as much for themselves as possible is regarded as best practice as a person centred approach. The staff were all aware of people's dietary preferences, which were recorded in people's care plans. However, one person chose the same lunch time 'instant noodle' snack each day. There was no evidence to show the variety and nutritional value of the person's overall diet had been considered. We saw Disability Distress Assessment Tool (Dis-dat) were completed for all three people regarding how the person identifies and manages any pain. People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. At the time of the inspection there were no authorisations to restrict people's liberty under DoLS. The manager told us DoLS applications for all three people who use the service had been submitted to the local authority, and they were waiting for them to be assessed. We saw records to show the application process had been chased.

There were capacity assessments, which resulted in best interest meetings for two people involving family and appropriate healthcare professionals. Staff were aware of,

Is the service effective?

and able to explain the restrictions placed on people in order to keep them safe, such as having the front and back door locked. One social care professional explained they had recently worked with the home who had “involved family in meetings for mental capacity assessments.” Another said “yes I do feel they have good understanding (of MCA). They have made several referrals for mental capacity assessments to our team and they have participated in the processes.”

Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. We saw records to show staff had completed training in subjects such as manual handling, food hygiene, health and safety, first aid and equality. We

saw staff had received specialist training such as epilepsy and dementia. Staff had undertaken the new care certificate for induction. Two social care professionals described the staff as being “approachable and friendly and always deal with queries on time,” and “the staff and management are approachable and have managed all matters in a timely manner.”

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us they had supervision “every six to eight weeks and monthly team meetings.” We saw records which confirmed this.

Is the service caring?

Our findings

One person was able to tell us they were happy with the care they received. Throughout the day of our inspection we observed positive interaction between staff and two people living in the home. We saw people appeared comfortable with the staff who responded promptly, in a caring way, offering reassurance where needed.

The home was spacious and allowed people to spend time on their own if they wished. People were able to access communal areas on the ground floor or spend time in their bedrooms as they wished. People's bedrooms were personalised and one person told us their room was decorated to their taste.

A one page profile for each person was available. This gave an 'overview' of the person, their likes and dislikes. Staff said they had been given to family members to help include their knowledge of their relative. We saw a communication passport in place for one person. It stated 'objects of reference' for the person to use, to show staff what they wanted/needed. Staff explained the person showed them a real cup when they wanted a drink. There were no other 'objects of reference' as stated in the communication passport. There were no pictures to support people to refer to when communicating their needs or preferences. We saw the person take their cup to

staff when they wanted a drink. Staff offered a choice of 'blackcurrant or orange' and said the person preferred cold drinks. However there was no evidence to show this had been reviewed, as the person's tastes may have changed. The manager said they had plans to address this issue. Staff explained how they supported one person to go on holiday last year. This involved staff supporting the person to choose where they wanted to go by looking through brochures.

Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care and the activities they liked to participate in. This information was used to ensure people received support in their preferred way.

We observed staff supporting people in ways that maintained their privacy and dignity. For example, staff were discreet when discussing people's personal care needs with them before going off to provide support in private. One person explained how a member of staff of the same sex supported them with their personal care needs. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

Is the service responsive?

Our findings

People or their relatives were involved in developing their care and support plans, which were personalised and detailed daily routines specific to each person. Staff were able to describe people's individual needs well, and described how they would recognise when a person was content or not feeling well, for example.

People told us they had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting people with activities and spending time with them.

The service had good links with the local community. Staff explained how they supported people to maintain relationships that mattered to them, such as family or members of social groups. We saw people had attended a range of activities such as bingo, gardening, baking, knitting and dancing. These were is was available at a local community centre. One person told us how they enjoyed attending a 'gateway club' every Thursday and liked playing bingo and skittles. Other activities included celebrating a recent Birthday, swimming and walking.

Staff explained how the service was "family run" and the "two directors would come and work as and when needed" if necessary to meet people's changing needs.

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. One social care professional told us they have "found all health care up to date and each person was supported correctly to attend."

Handover between staff at the start of each shift, ensured important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Daily records described how the person had spent their day. This included what they had eaten and how their mood had appeared during the day.

People's concerns and complaints were encouraged, investigated and responded to in good time. One person told us they would talk to staff if they were not happy.

Is the service well-led?

Our findings

We saw records which showed three incidents had been reported and investigated, and families had been informed. However we had not been notified of these. The manager described this as an 'oversight' and they would ensure this would not occur in the future.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There was a registered manager in post at the service at the time of our inspection. However they had recently decided to deregister with us. A new manager was in post and was in the process of applying to be registered with us. The manager was available throughout this inspection. We will monitor the application and take appropriate action, should the manager not become registered with us in a timely way.

The provider had some systems in place to monitor the quality of the service. This included audits carried out annually by the registered manager. However not all records were available to show audits of people's finances had been carried out. Audits had been carried out for the safe management of medicines and health and safety

within the home. There was evidence that action had been taken following a health and safety audit. For example a carpet was removed after it had become loose and posed a trip hazard. Wiltshire Council quality improvement team visited the service in July 2015 as part of their contracts and commissioning role, their report showed the home had made improvements since their previous visit.

The provider sent out surveys in July 2015 to all staff, carers, family and other professionals. The provider explained they received few responses, however all were positive. The manager said the staff had regular meetings in which information was shared and they had the opportunity to say what was working well, or not so well. One person said they talked to their keyworker and they had 'house meetings' where they had the opportunity to have their say. The manager told us they were looking at whether or not house meetings were effective for everyone living at the home.

People and staff had confidence the provider and manager would listen to their concerns and they would be received openly and dealt with appropriately. People benefited from staff who understood and were confident about using the whistleblowing procedure.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider has not ensured each person was protected against the risks of potential financial abuse.

Regulation 13 (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider had not notified us of incidents as required to do so.

Regulation 18(2)