

Review of compliance

Voyage 1 Limited Cornerways	
Region:	South East
Location address:	32 Arbor Lane Winnersh Wokingham Berkshire RG41 5JD
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	Cornerways provides accommodation for up to eight people with learning disabilities who require personal care. The home is a detached, single storey house, situated in a residential area between the town centres of Wokingham and Reading. The home has ample car parking facilities to the front and rear of the building, with access to public transport nearby.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Cornerways was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 February 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

The people living at the home we spoke with told us they had helped to plan the care they received and felt they were involved in making decisions about their care and the day to day running of the home. They felt that their needs were being met; that their care was delivered in the way they preferred and that the staff always respected their privacy and dignity.

The people living at the home told us they felt safe living there; that staff had the skills they needed when providing their care and treatment and were available when they needed them. They felt their views were actively sought by the home and that their opinions were listened to and taken into account by the management and staff.

What we found about the standards we reviewed and how well Cornerways was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

We found that people are treated with respect and they are encouraged and supported to remain involved in their local communities.

Overall, we found that Cornerways was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs

and supports their rights

We found that people living at the home have their care and welfare needs assessed and that the staff have the guidance they need to meet each person's needs.

Overall, we found that Cornerways was meeting this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

We found people living at the home are protected from the risks of harm because the staff know how to recognise abuse and how to act if they have any concerns.

Overall, we found that Cornerways was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

We found that people's health and safety is safeguarded because the service ensures there are enough staff to meet people's needs.

Overall, we found that Cornerways was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

We found people have opportunities to contribute their views about the quality of the service and that the provider has systems for monitoring quality and improving the service as a result.

Overall, we found that Cornerways was meeting this essential standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The people living at the home we spoke with told us they had helped to plan the care they received and felt they were involved in making decisions about their care and the day to day running of the home. They felt the staff always respected their privacy and dignity and that the staff helped them to remain as independent as possible.

Other evidence

During our visit we were shown around the home. We saw that all private accommodation was provided in single rooms and that all personal care was carried out behind closed doors. Staff always asked for permission before entering the private rooms of the people living at the home.

Staff we spoke with gave examples of how they supported the people living at the home to remain as independent as possible. This was supported by observations we made on the day of our visit. We saw that people were busy with activities of their choice with some people going out and others staying at home. Staffing levels enabled people to be spontaneous and choose to go out, if they wanted to, without having to plan in advance.

The care plans we sampled all contained details of people's likes and dislikes in most

areas of their life, including food preferences, activities and hobbies.

We saw that the people living at the home were involved in the local community, with support from the staff at the home where needed. This was detailed in their activity plans in their files and was confirmed by the people living at the home that we spoke with. People told us they went to the local pub, local college, local shops and local church. One person told us about a local club where different events were organised. The home also had its own vehicle to enable the people living at the home to easily access areas of the local community that were too far to walk to or to travel further afield.

Throughout the day of our visit, we saw examples of people living at the home making their own decisions of what to do and when to do it, as well as being involved in what was going on at any one time. For example, everyone decided what they wanted for lunch, what time they wanted to eat and whether they wanted to go out for lunch or stay at the home. People living at the home told us that they planned the menus once a week but that they could always choose something different if they changed their mind on the day.

During our visit, all interactions we observed between the staff and the people living at the home were open, respectful and courteous.

Our judgement

We found that people are treated with respect and they are encouraged and supported to remain involved in their local communities.

Overall, we found that Cornerways was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The people living at the home we spoke with told us that they felt their needs were being met and that their care was delivered in the way they preferred.

Other evidence

We sampled care plans during our visit to the home. The care plans were well written and person centred. We saw they were based on comprehensive assessments carried out by the staff at the home and included guidance from health professionals where appropriate.

The manager explained how the people living at the home were involved in the care planning process but, at the time of our visit, the plans had no evidence documented as to how or when people had been involved. One person told us they had been fully involved in drawing up their plan, another wasn't sure but confirmed that staff knew what they needed and did things in the way they wanted.

We saw that the assessment process also included identifying any equality and diversity needs or preferences the people living at the home had. Each person's care plan included a detailed section on the person's preferred method of communication. We saw that staff had assessed and documented levels of independence in all areas of care. The plans took those into account when setting out the assistance the people living at the home required in order to help them maintain their independence as far as possible.

Risk and other assessments were included in the care plans, some were routine, for example: mobility assessments; bathing assessments (including risks of scalds). Other assessments were specific to each person, for example assessments related to the use of bed rails or specific health needs. We saw that any risks identified during the assessment process had been addressed, with staff actions to reduce the risk being included within the person's care plan. We also saw that, where appropriate, those risk assessments had been carried out by health professionals and that resultant guidelines had been incorporated into the person's care plan for staff to follow.

We saw that formal reviews took place annually and included the person living at the home, their care manager, their key worker, the home manager and their relatives or representatives. We saw that the care plans and risk assessments were routinely reviewed on a monthly basis and that any changes were clearly documented. We also saw that any changes or newly identified needs had been added to the care plans promptly and any actions taken in response clearly recorded. Where changes had been identified, appropriate actions had been taken, for example, consultation with, or referral to, an external health professional.

Staff we spoke with told us that they kept up to date by reading the care plans. They said that, as well as changes being added to individual care plans, any changes were also highlighted verbally during the shift handover meetings and written in the staff communication book.

During the day of our visit we saw numerous occasions where the people living at the home communicated that they wanted assistance. We saw the staff providing whatever was wanted in a way that demonstrated a good knowledge of each individual person. Where appropriate, we saw staff providing support and encouragement to the people to do things as independently as possible.

Our judgement

We found that people living at the home have their care and welfare needs assessed and that the staff have the guidance they need to meet each person's needs.

Overall, we found that Cornerways was meeting this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The people living at the home we spoke with told us they felt safe living at the home and that they would tell the manager or another staff member if they had any concerns.

Other evidence

During our visit, staff we spoke with knew how to recognise the signs of abuse and told us they would report any safeguarding concerns to the manager or person in charge. Staff we spoke with were also aware of the organisation's whistleblowing procedure and told us that they would feel comfortable using the process should the need arise.

We saw training records that showed that staff had received training in safeguarding adults, which was confirmed by the staff we spoke with during our visit. The staff demonstrated a good understanding of the rights of the people living at the home to make their own decisions. Most staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Training records showed that staff had received additional training related to working with people with learning disabilities and training in the administration of medication as well as the mandatory health and safety topics. Staff we spoke with confirmed they had also received training in non violent crisis intervention, plus training related to needs specific to individual people living at the home. For example, training was provided by a local health professional related to swallowing difficulties and ways to prevent or reduce the risk of choking.

During our visit we observed occasions where the people living at the home indicated to the staff they were concerned. We saw that the staff were quick to react and skilled in finding out the reason for the person's concern, offering assistance, reassurance or explanations as to what was happening as appropriate.

Our judgement

We found people living at the home are protected from the risks of harm because the staff know how to recognise abuse and how to act if they have any concerns.

Overall, we found that Cornerways was meeting this essential standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

The people living at the home we spoke with felt that staff were available when they needed them and that the staff had the skills they needed when providing their care and treatment.

Other evidence

The staff team consisted of the manager, a deputy manager, three senior support workers and eighteen support workers. The manager told us the home never used agency staff.

The staff rota evidenced that staff were provided in sufficient numbers to meet the personal, social and health care needs of the people living at the home. The early shift was from 8am to 3pm, the afternoon/evening shift was from 2pm to 9pm and the night shift was from 8pm to 8am. We saw that there were six staff members working the early shifts and five or six staff members working the late shifts (depending on planned activities). The night time shifts were covered by two waking members of staff.

Staff we spoke with felt there were enough staff on duty at all times for them to meet the needs of the people living at the home, and that they were provided with training that enabled them to do their job safely and efficiently. The manager and the deputy manager both held their registered manager award qualification. Of the 21 remaining care staff, three had achieved a National Vocational Qualification (NVQ) level 3 in care and six had achieved NVQ level 2. The manager told us that a further four care staff were working towards additional health and social care qualifications.

During our visit we saw that people's needs were met in a calm and unhurried way, with enough staff available to meet any needs as they arose.

Our judgement

We found that people's health and safety is safeguarded because the service ensures there are enough staff to meet people's needs.

Overall, we found that Cornerways was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The people living at the home we spoke with felt that their views were actively sought by the home and that their opinions were listened to and taken into account by the management and staff.

Other evidence

During our visit, we sampled a number of internal audit and monitoring reports and found they demonstrated that the provider had systems in place to assess and monitor the quality of the service they provided. The monitoring systems we sampled included: care plan reviews; fire equipment checks; weekly fire alarm tests; annual gas servicing record; annual hoist servicing record and records of annual electrical equipment testing. We also saw records of monthly visits made by the provider and saw that issues arising from those visits had been addressed in a timely manner. We found all monitoring checks and audits we sampled to be accurate and up to date.

People living at the home were able to express their views and make suggestions by talking directly to the manager or in the house meetings held every one to two months. We saw that the manager had carried out an annual service review in November 2011, which had included asking for the views of people living at the home, their relatives, staff members and local stakeholders. We saw that the manager had then correlated the results and that actions had been identified and carried out to address any areas for improvement identified.

We looked at the home's record of maintenance requests and staff confirmed that any

routine requests were usually actioned within a few days of the request.

During our visit, we observed people being spoken with and supported in a sensitive, respectful and professional manner. We saw that people living at the home and the staff worked together in the day to day running of the home and that, whenever possible, it was the people living at the home that made decisions on what happened through the day and when.

We found that the home's management structure for decision making and accountability provided guidance for staff, to ensure that care and support needs were met consistently and safely. Staff we spoke with were aware of how to raise concerns and felt that the management encouraged and welcomed any suggestions for improvement.

Our judgement

We found people have opportunities to contribute their views about the quality of the service and that the provider has systems for monitoring quality and improving the service as a result.

Overall, we found that Cornerways was meeting this essential standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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