

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Cornerways

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Voyage 1 Limited
Registered Manager	Mrs. Theresa Bieny
Overview of the service	Cornerways provides services for up to eight people with learning disabilities or autistic spectrum disorder. The service also provides an 'outreach service' and delivers care and support to some people in their own homes in the community.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

One person using the service told us "It's lovely here, trust me." A second person using the service told us "I wanted to go on a computer course and the staff helped me do it. I am working at a local company, now, as a result." Another person using the service told us "They're very good to me and I make all my own decisions."

We saw people using the service being treated with dignity and respect throughout our inspection. Staff checked with people before undertaking any intervention with them.

We looked at people's care plans and saw that these contained detailed information regarding the person, their individual needs and the choices made about how they wanted to spend their time and any risks associated with these. One person using the service told us "I have two key workers and they help me decide how to spend my time."

We were shown an electronic version of the policy on safeguarding. We also saw a poster, prominently displayed in the room where medication was stored, which identified the local safeguarding team contact details.

One member of staff who told us "I'm in my seventh month here. It's nice to work here, they're a very good staff team and they're able to help you learn."

We were shown annual questionnaires which had recently been completed by people using the service, family members, a visiting professional and the members of the staff team. We were told of some changes which had already been made as a consequence of comment received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. One person using the service told us "It's lovely here, trust me." A second person using the service told us "I wanted to go on a computer course and the staff helped me do it." There were certificates on the wall of this person's room which indicated attendance and completion of the course and the person told us "I am working at a local company, now, as a result." Another person using the service told us "I've been here for several years. They're very good to me and I make all my own decisions."

We saw that people's preferences and choices were respected by staff. For example the care plan for one female using the service stated clearly that "only a female worker can provide personal care." A female member of staff told us this person "is quite independent and she can choose her own towel and collect her washbag." The staff member went on to explain in detail the level of support needed and the level of independence that this person had. We were told by the staff member that the person could choose her own clothes and she would indicate to them if she wanted any help. We looked at the person's care plan and saw that the explanation provided by the staff member matched the care set out in the person's care plan.

People who use the service were given appropriate information and support regarding their care or treatment. We saw an easy-to-read Service User Guide in each of the care plans we looked at. This was a handbook of information and contained details of people's rights as well as identifying essential financial information.

People were supported in promoting their independence and community involvement. The Registered Manager (RM) told us "Six of the eight people living here have single rooms with en-suite facilities and the two ladies in single rooms at the far end of the building share a bathroom. All personal care is provided in privacy."

The RM also told us that people using the service were involved in meetings with the staff which took account of people's views and made decisions. One member of staff told us

"We have staff meetings about once-a-month. Sometimes service users will join in. Usually we have an agenda and people can add anything to it." At the time of our inspection some of the people using the service were preparing to go to the local pantomime, which had been an activity agreed at one of these meetings.

One member of staff told us about how they assisted people to make choices about their holidays, telling us "When it came to holidays I went on the computer and looked up choices for the two gentlemen I support. One of them said "This is the place." I then helped him make the choices about when and how much to spend."

There was a poster on display in the dining room, which contained quotes from the people who used the service, for example, "I'm first and foremost an adult. Autism is just an aspect of my behaviour." and "Don't compare me to other adults. I'm special in my own way." and "Focus and build on what I can do rather than what I can't do." It was clear, throughout our inspection that staff understood these values and we saw people using the service being treated with dignity and respect. For example staff knocked on people's doors before entering rooms and checked with people before undertaking any intervention with them.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. For example one person using the service told us "I have two key workers and they help me decide how to spend my time. When I'm ready to get up I ring the bell and one of the staff comes to help me. I used to go to college but I hated it, so I don't go now. I have a friend who lives at (a nearby care home). I ring her up and the staff help me to go and see her." This person also described how staff assisted her to maintain a relationship outside of the service.

Another person using the service told us "I have difficulty talking so the staff have got me a lightwriter to help me communicate." The piece of equipment allowed the person to spell out words on a keyboard, which were then spoken by an artificial voice.

We looked at the care plans of five of the people using the service. Each contained detailed information regarding the person, their individual needs and the choices made about how they wanted to spend their time and any risks associated with these. Where risks were identified there was a schedule, signed and dated by all staff members, to signify their understanding of the risk, and confidence in undertaking action identified to address this. For example one care plan outlined the precautions to be taken when walking along the pavements, because of the person's understanding of road safety. Information contained in the care plans enabled staff to undertake their duties safely and effectively, ensuring that people's individual needs were met.

The RM told us that the documentation was in the process of being up-dated and showed us one of the revised care plans. This contained the same basic information and included a section to indicate any health action plan which had been agreed with the person's General Practitioner and primary care team.

One member of staff explained how they also supported people who chose to live with their family. We were told that they visited people "three or four times a week and help with daily living needs."

Another member of staff told us "Our job is to promote independence. We need to make sure we give them enough support, but that depends on their capacity. If they ask for something and I'm not sure, I'll talk to my line-manager, it all depends on how capable they are."

There were arrangements in place to deal with foreseeable emergencies. One member of staff told us "We do regular fire-drills and training every six months." We were told about an event that was unforeseen and how the staff responded to this. The information provided indicated that staff had the skills and abilities to assess a person and call for appropriate help should the need arise.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We were shown electronic versions of policies and procedures, including one on safeguarding. This listed different types of abuse and how to identify these. We also saw a schedule which all staff had to sign, to signify that they had read, understood and agreed to comply with the policy. The RM showed us a poster, prominently displayed in the room where medication was stored, which identified the local safeguarding team contact details.

One member of staff told us "I've just done my Diploma in Health and Social Care and I did a presentation on the different sorts of abuse which we might see. I've designed some flash-cards to use with new starters, here." This member of staff went on to tell us "If I suspected abuse I would report it to my manager, or if it was my manager, another manager. That's Whistleblowing, not being frightened to report something and knowing it will be kept confidential and that you'll be protected from any repercussions." A second member of staff told us "If my seniors are around, I'd tell them. If not I'd call a superior."

Another member of staff told us "Some people do know how to complain, others I'm not sure about." One person using the service told us "If I had a problem I would go to the manager."

The RM showed us documentation related to a recent allegation of abuse, which detailed the investigation and outcomes. The documentation also included a section confirming that action had been taken, which included "additional supervision and a significant discussion." The information provided to us indicated that safeguarding was taken very seriously and that, where actions were required, to minimise harm to people, this was taken.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The RM confirmed that restraint was not used in this service and that assistance from a behavioural specialist would be sought if there was a requirement to plan care and treatment for a person who displayed challenging behaviour.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

There was a RM, a Deputy Manager, Senior Support Worker and sixteen Support Workers (not all full-time) on the staff rota. We were shown personal files for each of the staff employed at the service. These all contained a record of their Induction checklist, supervision notes and an annual appraisal form.

The RM told us that new members of staff served a six-month probationary period, following which they received their first appraisal. We spoke with a member of staff who told us "I'm in my seventh month here. It's nice to work here, they're a very good staff team and they're able to help you learn. I was given a programme of learning, when I started, to take me through the processes for working with the service users and I was shown the support plans. This member of staff went on to explain how, during the first two weeks "I observed, then I did the work and they observed me."

We were told by this staff member that they had the senior support worker as their supervisor for the six months probation and that, after the completion of training, they had an appraisal in which their performance was reviewed. During the discussion it was confirmed that the member of staff had been provided with supervision, had their progress checked by a senior manager from another service and had a programme of learning, for the next year, identified. We saw evidence in the individual personal record which confirmed this account.

Staff received appropriate professional development; for example we were shown two folders which contained individual training records for all members of staff. This included copies of certificates for all courses attended. We were also shown an electronic record which the RM used to ensure that staff were booked onto courses as often as necessary. This meant that staff were supported to gain additional experience and qualifications in order to meet the needs of the people using the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We were shown annual questionnaires which had recently been completed by people using the service, family members, a visiting professional and the members of the staff team.

The RM told us "I'm now sorting these with a view to making changes in services but, already, a family has had up-to-date information about how to make comment and complaints and some staff have needed extra supervision and learning and development." The RM also told us "some issues will be dealt with by discussion at our monthly team meetings."

We were shown schedules of service reviews undertaken both monthly and annually, with an audit trail of actions taken and completed.

We saw that the service had a system in place for people to raise a concern or complaint. The RM referred to a recent complaint, from a person using the service, who was unhappy with the course of treatment prescribed by a visiting professional. The RM told us that a multi-agency meeting, to include the service user, relatives, visiting professional and staff from the service, had been planned to agree a way forward. The person using the service confirmed that they were satisfied with the support received from the service "They've agreed with me that if I don't like this I don't have to take it. They've arranged a meeting to sort it out." The RM told us "getting agreement will be a big change and may involve (the person using the service) having an Advance Directive."

The RM told us "I attend (company) managers' meetings where we talk about good practice and there is an outside company who come and audit our work." We were shown examples of the audits and the company quality assurance reports.

The RM also told us that the staff team had recently undertaken a comprehensive training programme, as a pilot for the company. This programme included input on values and attitudes, and behaviour. We were told that attendance on the programme "has resulted in changes in staff behaviour and that, as a consequence, it will become compulsory for the whole company." One of the staff members referred to the learning and told us "I feel more confident, now, working with the people here."

We saw evidence that learning from incidents / investigations took place. We were shown changes which had been made to the staff rota, to make specific arrangements for the flexible support provided to people living in their own homes. The RM told us "I was aware that (another service) had been inspected and concerns were raised so I have made sure we learned from their experience."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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