

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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Tel: 02392797696

Date of Inspection: 25 November 2013

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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

Management of medicines ✓ Met this standard

Supporting workers ✓ Met this standard

Details about this location

Registered Provider	Yesterhaven Limited
Registered Manager	Mrs. Prem Thatcher
Overview of the service	Cornerways provides support and accommodation for a maximum of nine people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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 25 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we saw that people were being treated with dignity and respect and people's independence was encouraged. People were spoken to in a respectful way. People we spoke with told us that the staff were easy to talk to, approachable and helpful, and that their privacy was respected whilst they were supported to maintain their independence. One person told us "I chose what I wanted in my room. I am really happy here - the staff are nice and friendly".

One member of staff told us "I love my job, I love the work here - it is rewarding to see that you make a difference. To see people developing and growing in front of you. I love it. The residents here are fantastic".

People chose how to occupy themselves in the service. We observed that people were spending time in the communal areas watching television and interacting with each other in the dining room. We observed staff spending the majority of their time with people who used the service, playing games, preparing meals and assisting them to complete cleaning tasks. They frequently checked on them to ensure they were alright when spending time on their own.

We saw staff supporting people to make their own choices about what they had for lunch and what activities they took part in. Staff knew exactly how each person communicated which meant people's wishes were understood and respected.

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

Monthly meetings were held between staff and people living at the home. We looked at records of these meetings and they demonstrated that the wishes of people were listened to and acted upon. Examples included the provision of holidays, new meal choices, activities and cleaning of the property. Staff confirmed that they gathered feedback from people who used the service which ensured that people's views were expressed and they were involved in making decisions about their care and treatment.

Staff we spoke with told us that the provision of care at the service was developed around the individual choices of people living there. This also included people's choices about the range of activities offered in the home and accessed in the community, such as attendance at church and support groups. People were supported to attend activities in the community which included going to day centres and visiting the bank and local cafes.

We looked at three care plans that had been developed for each individual. The care plans were written in the first person and evidenced how people liked to spend their time and how they liked to be supported. The care plans also included how people liked to be referred to and evidenced people's wishes including what times they liked to get up and go to bed. The manager confirmed that people were involved from the beginning which ensured that the care plans met their needs.

People confirmed that the manager spoke with them daily to ensure their care needs were met and they were able to review and change their care plans at any time. Care plans were reviewed with people monthly. People confirmed that staff asked their opinions about their care and they felt confident that they could change anything they wanted. One person told us that "I can read my care plan when I want and the staff ask me what I want to put in it".

During the inspection we saw that people were being spoken with and supported in a sensitive and respectful manner. When we spoke with staff they confirmed that they promoted independence and encouraged people to do as much as possible for themselves.

We saw that staff interacted well with people when they were supporting them. We saw that staff were knowledgeable about people's needs and preferences. We found staff were respectful and maintained people's dignity, privacy and independence. For example staff knocked on people's door before entering and they checked on how they wanted their care to be provided before doing so. There were boards in the communal areas of the service that explained what people using the service should expect and how they should be treated.

All doors to people's rooms were kept open to ensure people with mobility difficulties could move freely through the house. We saw that staff kept doors shut when delivering personal care and talked to people throughout, updating them on what they are doing.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at three care plans that were personalised and detailed people's individual needs and preferences. There were 'My Care Plan' sheets that detailed how each person liked to be supported, what was important to them and actions to be taken to improve their lives. This meant staff members understood how people expressed their needs and wishes about how they wanted to be supported with their care. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans included up to date risk assessments.

During the inspection staff explained how they assessed the needs of people in the service. Staff confirmed that they developed the care plan by talking to the person using the service and also gained information from family, friends and professionals. The care plans showed that family and health professionals were involved in writing the care plans to ensure routines were maintained and support was person centred.

Daily records were completed during each shift and included any observations throughout the day and any actions taken. These evidenced people received support and care that was specific to their needs and wishes. Records we looked at, discussion with staff and observations showed that people's wishes were respected and acted upon. People took part in varied activities that were meaningful to them.

Each person had a section in their care plan which evidenced regular contact with medical professionals. This helped to ensure health care professionals knew about the needs of the individual. There were also sections at the back of each care plan that evidenced visits to health professionals including opticians and dentists. However, the provider may wish to note that the two recording sheets used to record health appointments did not match and there were discrepancies. Significant event records were completed for all incidents around behaviour and there were completed incident records. This showed that the care and treatment of people using the service was planned and delivered in a way that was intended to ensure people's safety and welfare.

Discussion with staff evidenced that they were aware of the home's incidents and accidents process and confirmed that it was reviewed by the provider following an incident.

All reports were cross referenced with people's care plans.

The incident and accident reporting procedure was reviewed in 2013 and the forms used to report any incidents were detailed. During the inspection we were unable to view copies of completed forms as the manager advised that they were stored at another office.

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 used 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. During the inspection we looked at training records for three members of staff that evidenced staff received training. The provider confirmed that they ensured that staff were competent, once trained, through discussion in monthly supervision, through observations of staff completing tasks within the service and through regular discussions with people using the service.

The provider confirmed that all members of staff received training in safeguarding adults on commencement at the service and received refresher training annually. Staff that we spoke with were able to describe the main types of abuse and the actions they would take if abuse was suspected.

Staff demonstrated understanding about the Mental Capacity Act and Deprivation of Liberty Safeguards. They were able to give examples of incidents when best interest decisions had been made with the involvement of relevant professionals. Care plans evidenced information regarding people's capacity to make decisions. This ensured that people were protected against the risk of excessive and unlawful control or restraint.

The provider confirmed that on commencement at the service, staff were asked to read the whistleblowing policy and were advised that it was their duty of care to report any concerns. The provider stated that a copy was displayed in the office and was covered in the staff induction. When spoken with, staff were able to explain the whistleblowing procedure and their responsibilities. Staff were able to confirm who they could talk to if they wanted to raise any concerns.

People we spoke with confirmed that they felt safe in the house and they told us "I feel very safe here - I am very happy. There is always someone to talk to". People confirmed that they were told who they could talk to if they had any concerns.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at three care plans that contained assessments around medication and provided detailed information around the medication required by each person. The medication care plans provided information around the person's needs, any allergies, a list of their medication and any changes in their care needs. In the care plans we looked at, people had consented for the care staff to administer their medicine. This meant people were consulted and involved in the decision about their medicine.

We saw that people had detailed records relating to their medicines which included; how they were stored, how they were ordered and audited, the support the individual needed to ensure they received their medicines correctly and the details of what each medicine was for and any side effects.

We saw there was a process in place for missed medicine that the staff followed. For one person this was reported to the manager and this was dealt with appropriately. The manager told us that they carried out an audit of the medication administration (MAR) records at least monthly. We found that when medicine had not been given, the reason for the omission was clear. During the inspection we observed staff completing an audit of medication for all people using the service. One member of staff told us "we complete a full medication audit at the beginning of each shift to ensure the correct numbers of medication are in stock and to highlight any problems early".

We looked at completed records for eight people that were signed by staff and there were no gaps or errors. The medication information was typed which ensured that it was clear and easy for staff to follow. There were copies of prescriptions kept separately which included the date of issue, review date and information in relation to the prescription.

The manager told us that all staff received training on medication and upon completion spent time with senior staff shadowing them in order to observe the correct procedures. The manager told us they spent time with staff before they started supporting people and discussed different types of medication, how they should be stored, allergies and adverse effects.

There was a medication policy in place that was reviewed in 2008 although the manager stated that all policies had been reviewed in 2013. The policy provided information around regulations, administration, recording and stated guidelines that staff had to adhere to around storage, dosage and tampering with medication. However, the provider may wish to note that during the inspection we were unable to see evidence of policies and procedures being regularly reviewed. There was a form at the back of the policy file to record when the policies had been reviewed and the last recorded review date was in 2008.

We looked at the training records for staff and saw that they had received training in the management of medicines and also undertook an observation of their competency in handling medicines. Staff spoke to confirmed that they had received training.

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

Staff received mandatory training as part of their induction and were able to obtain further relevant training and qualifications upon request. The manager had a formal supervision process in place, so that there was extra focus on staff's training and development needs.

Staff spoken with told us they got all the training they needed to carry out their work properly. One member of staff said "we get a lot of training here and the training is very useful and puts things into perspective. I can go to my manager to request any additional training or qualifications. The manager makes sure we get the training we want as long as it meets the needs of the residents here". Another member of staff confirmed they had been asked about their training needs in recent supervision, and following this had been booked onto a Hazard Analysis and Critical Control Point (HACCP) food safety course.

New staff joining the service went through the provider's new induction process, which included the completion of a level one induction through the local college and shadowing experienced staff for the first three months. One member of staff said "as part of my induction I read all the policies and procedures and care plans. I also completed the Skills for Care workbook and was observed by a more experienced member of staff completing tasks and shadowed her throughout my probation". During the inspection we saw evidence of completed induction paperwork within the three staff files that we looked out. People at the service were supported by staff who were in turn properly trained to carry out that support effectively.

The provider had in place arrangements and systems for staff support and supervision. The manager told us the plan was for all staff to receive supervision every two months. We looked at six staff files that showed evidence of regular supervision taking place which showed discussion around medication, strengths and weaknesses, people using the service and feedback following observations. The two members of staff we spoke with told us they received regular, one to one support and supervision.

The staff we spoke with confirmed that there was an open and supportive atmosphere at the service. They told us "the manager is very supportive and are very flexible. The team is great here and they are all really supportive". People using the service benefited by

receiving care and support from staff who were in turn supported to carry out their work effectively.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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