

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

Cornerways

32 Arbor Lane, Winnersh, Wokingham, RG41
5JD

Tel: 01189770036

Date of Inspection: 19 August 2013

Date of Publication: August
2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to 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

Contents

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Safety and suitability of premises	10
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	13
<hr/>	
About CQC Inspections	15
<hr/>	
How we define our judgements	16
<hr/>	
Glossary of terms we use in this report	18
<hr/>	
Contact us	20

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 announced 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 19 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We reviewed all the information we have gathered about Cornerways.

What people told us and what we found

The provider supports people who live at the home, as well as other people who live in the community through an outreach service. We spoke with four people who use the service, and one relative. One relative told us "This is the best agency I've used, it's very well organised."

Staff we spoke with understood the importance of supporting people to make their own decisions, and listened to them to ensure they acted in consent with people's wishes. One support worker said "I ask if they're ready to get up, and go with what they want. I give them options about food and clothes."

We saw people's care and support needs were appropriately assessed and recorded. Plans were in place to manage identified risks, for example by using suitable equipment and maintaining staff training to support people safely. One care worker said "The residents are the focus of this home."

The home was suitable for the needs of the people who use the service. Corridors were wide enough for wheelchair use, and door locks and identity checks ensured people were protected from unwanted visitors. One person told us "This home is lovely, I like living here."

The provider conducted appropriate pre-employment checks to ensure people who use the service were supported by appropriate staff. People who use the service explained they helped to interview to select new staff.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The service sought feedback from people who use the service to ensure the support they provided was appropriate to meet people's needs.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with four support workers who provided support to people in the home and through the outreach service. They were all able to explain how they sought people's consent before they undertook tasks to support them. One support worker told us "I go along with what they want. You have to respect that."

We spoke with four people who use the service, and they confirmed staff listened to their responses, and acted in accordance with their wishes. We looked at six care plans, and saw they included a decision-making profile for the individual. This recorded when the person could make their own decisions, when to offer options from which they could choose, and when a best interest decision should be considered.

One care worker explained considerations they made in best interests meetings. They said "People should choose for themselves. If they can't make that decision we need to make sure a suitable decision is made. We look at people's care plans to direct us on what they like." This helped them to make appropriate choices for people in line with their preferences and wishes.

Each care plan reflected the needs and abilities of the individual. For those without verbal communication it was noted when objects of reference would help them to make decisions. One person was visually impaired. The care plan noted that they required support to choose clothes to wear, but that other decisions could be made independently by the individual.

The registered manager told us training in the Mental Capacity Act (MCA) 2005 was not mandatory, but that most of the staff had completed it. All the care workers we spoke with told us they had attended MCA training. One support worker said "The training helped me a lot. I understand it's the person's choice, and we are here to support them to make choices." Another member of staff told us "We must ask. We can't force people."

The provider's mental capacity policy stated staff should assume people have the capacity to make their own decisions. They were directed to seek appropriate aids, objects of reference, and appropriate times and places to support people to make decisions. Staff told us they used risk assessments to help them to support people to make safe and healthy choices, and discussed options and choices with people to help them make informed decisions.

We saw a care plan documented actions staff should take when one person became upset, and was at risk of harming themselves and others. This recorded a best interests meeting held to agree the actions to be taken, as the person did not have capacity to make their own decisions when upset. It was documented that staff discussed this action with the person when they were calm, so that they were aware of actions that would be taken. Following an incident when the person became upset, and could potentially harm themselves and others, staff implemented appropriate actions without the person's consent. They later discussed the actions they had taken with the person so that they understood why staff had acted as they did. It was recorded that the person was satisfied with the decision and actions taken by staff, and understood the action would be repeated in similar circumstances.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with four people who use the service, both at the home and as part of the outreach service. They told us staff discussed their care needs with them. One relative of a person who uses the service told us staff took time to get to know the individual, and ensured they provided support in accordance with the person's care plan and personal preferences.

We saw people's care needs and preferences for support were recorded in the six care records we looked at. People supported by the outreach service had an initial assessment of their care needs before care was provided. All the care records we looked at documented people's current care needs.

We saw care plans were reviewed and updated at least annually, and additional information was noted whenever changes were identified. Care records were person-centred, and documented people's personal likes and preferences. They provided guidance to staff on how best to support people to maintain their independence, and noted people's preferred activities and lifestyles. People who use the service confirmed staff provided support and care in line with their current needs, and were aware when their care needs changed.

All the support workers we spoke with told us they regularly read people's care plans, and we saw staff were required to sign that they read updates. One support worker told us they knew people's support needs because "It's in people's support plans, and we ask them. We treat them as individuals, and don't just presume things."

Staff told us they kept up to date with any changes by documenting updates in the staff communication book. We saw visits to health care providers, such as the GP and dentist, were documented in people's care records, and appointments were noted in the daily diary to ensure people were supported to attend appointments on time.

Personal care provision, such as use of appropriate equipment, everyday activities and outings were risk assessed to ensure people were appropriately supported and not at risk of harm. When people made choices that could affect their health status, we saw staff

documented discussions they had with people to ensure they understood the impact of decisions made, and to look at other options available.

There were arrangements in place to deal with foreseeable emergencies. We saw evidence of regular fire drills completed. People who use the service confirmed they joined in fire drills, and were aware of appropriate actions to take to safely evacuate the home. The last fire drill was completed on 13 August 2013. Staff we spoke with were aware of how to use evacuation equipment to safely support people to leave the home quickly. There was an agreement with other homes for safe placement of people who use the service in the event of an evacuation.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. The home was a single floor building, and corridors were wide and free of clutter to permit ease of access for people who use wheelchairs. All communal areas were bright and airy, and provided space for wheelchair access. There were patio doors and a ramp providing access to the back garden. A marquee had been erected in the garden to ensure people could enjoy the summer weather without risk of sunburn.

Access to the home was via a locked front door and bolted back gate. People were protected from unwanted visitors as identification was required to gain access. We observed staff and people who use the service checked visitor's identification, and we were required to produce our identification badges for inspection. Visitors signed in and out of the home. This ensured staff were aware of who was on the premises.

Bathrooms provided suitable access for people who use wheelchairs, and included appropriate aids to support people to use the facilities, such as bath hoists and rails to aid transfers.

We saw the provider ensured checks were maintained to ensure people remained safe in the home. For example, external contractors carried out regular checks, as directed by the equipment manufacturers' guidance, for equipment such as hoists and fire extinguishers. We saw annual legionella tests were documented. The last test had been conducted on 14 December 2012. We saw evidence of current inspections conducted on electrical and gas installations by external contractors, and the provider recorded an internal health and safety audit held on 15 August 2013. No concerns were noted.

Staff conducted weekly checks, for example to ensure smoke detectors and fire alarms functioned, and that water temperatures were within the limits set by the provider to ensure people were not at risk of scalding. We noted that water from one faucet was logged at a temperature above the recommended limit. The manager showed us this had been reported to the maintenance team for investigation.

Staff told us urgent repairs and maintenance issues were usually attended to promptly, and one support worker told us the longest they were aware of waiting for mundane

repairs to be made was "about two weeks."

We saw people who use the service chose the decor for their rooms. Staff told us people who use the service were consulted when communal areas were decorated. We noted some of the paintwork was scuffed and chipped due to wear and tear, but generally the furnishings and decoration were in good repair.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. Two people who use the service said they were involved in the recruitment process. One person told us they had been part of an interview panel the week before our inspection, and helped to select suitable support workers. The manager said potential staff were observed in the home environment as part of the application process, to ensure people who use the service were comfortable interacting with them.

Appropriate checks were undertaken before staff began work. We looked at six staff recruitment files. Each file included the staff member's application form with employment history. We saw where potential gaps in employment history were identified, the interviewer had investigated this and explanations were documented.

Each file evidenced the provider had carried out identity checks, and included a recent photograph. We saw evidence that satisfactory Criminal Records Bureau (now Disclosure and Barring Service) checks were completed. The provider had sought satisfactory evidence of people's conduct in previous employment by obtaining references from previous employers. They checked people's right to work in the UK. The manager told us they were reminded by the provider's HR team when staff's visas needed renewing, to ensure they were still legally able to work for the service.

The manager explained to us how they dealt with any concerns regarding staff's mental and physical fitness to work. They referred staff to the provider's occupational therapy unit for assessment if they felt this was required.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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. The manager told us they conducted regular reviews of care and support needs for people who use the service, either through in person visits or by telephone. People who use the service confirmed they regularly discussed their care and needs with staff. One relative told us "The staff are nice, but the manager is good. They know what suits my relative."

People who live in the home told us they attended monthly house meetings. We looked at minutes from meetings held in June and August 2013, and saw the agenda for September 2013's meeting. People who use the service requested agenda items. We saw this included topics such as outings and activities, health and safety, safeguarding and the visitor policy.

The provider had carried out a survey to seek feedback on the quality of support and care provided for people in the home. This was sent to people who live in the home, their relatives, and health professionals and staff who supported the service. All responses were positive. Comments from people who use the service included "I trust the staff", and "Staff are always willing to listen." Feedback from health professionals, such as the GP, rated the service's communication, support and understanding of people who use the service, and response to health issues, as excellent.

We saw the manager reviewed people's support and care needs regularly to ensure people's current wishes and needs were appropriately supported. They risk assessed new activities and tasks, and considered appropriate training where necessary, to ensure people who use the service and staff supporting them were not placed at risk of harm.

We saw evidence the provider carried out unannounced quality assessment audits on the home and outreach service. The audits measured the service against the Health and Social Care Act 2008, using outcomes to frame the assessment. We looked at a document dated 9 August 2013. This noted some areas that required improvements. For example, information in one of the care plans was not appropriately recorded. The provider set an

action plan to address the issues identified, and we saw the manager had made the required changes.

The provider took account of complaints and comments to improve the service. We looked at the complaints log, and saw only one formal complaint, made in 2012, had been raised since 2008. We saw the manager had investigated the complaint, taken actions to remedy the situation, and documented that the complainant was satisfied with the response.

People who use the service told us they felt confident to raise complaints if they needed to, and told us staff listened to them. One support worker said "The manager is good, and deals with things confidentially. If you report a problem they deal with it quickly."

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
