

Cornerstone Care Services Professionals Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cornerstone Care Services Professionals Ltd is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

The service was supporting 14 people with personal care at the time of the inspection.

People's experience of using this service and what we found

Systems and processes were in place to support people's safety. People's needs, including their safety were assessed and monitored. People using the service were being supported by consistent staff who had been safely recruited and knew them well. Feedback was positive from the person and their family regarding the support they received.

The registered manager undertook assessments before agreeing to support people to ensure that their individual needs and preferences could be met. People's support plans were developed in partnership with them and/or their family. Staff received an induction and were trained in areas that were relevant to people they were supporting.

Medicines were managed safely. Staff were provided with personal protective equipment (PPE) to protect people from the risk of cross infection.

There had been no incidents or accidents, but there were systems in place to ensure lessons were learned when things went wrong.

Care plans were person centred and staff knew what people liked. People's communication needs were met. There had been no complaints, but people were provided information on how to complain, if they wanted to.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective.

People and staff were pleased with how the service was managed. The provider was open to change and improvement and promoted what was best for people. The registered manager knew about their duty of care and regulatory requirements. People were able to engage with the service and provide feedback about

the care. Staff could provide input into the service through meetings and supervision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 April 2020). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection in April 2020. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cornerstone Care Services Professionals Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out of the office, and we wanted to be sure a member of the management team would be available to support us with the inspection

What we did before the inspection

We reviewed the information we held about the registered provider, including previous notifications. A notification is information about important events, which the registered provider is required to send to us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who work with the service. We reviewed the action plan the provider sent us. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 4 people's care records and risk assessments and 2 people's medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, staff training, satisfaction surveys, policies and procedures. We also spoke with the registered manager and team administrator.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. We looked at training data and quality assurance records. We spoke with 3 care workers, 5 people who used the service and 3 relatives by telephone about their experience of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we found wrong and conflicting information such as wrong names, date of birth and health conditions in people's risk assessment. This meant risk assessments were not always accurate to ensure people were safe.
- At this inspection we found people's care plans and risk assessments had correct information. The management team regularly reviewed the risks to people to ensure risk assessments remained up to date and accurate.
- People were protected from risks associated with their care. Potential risks were assessed and kept under review to promote people's independence and safety.
- Potential risks were considered as part of the assessment process. People or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.
- Individuals risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risk to them.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission. To date, there had not been a need to do this.
- People were protected from abuse as staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- The provider's recruitment, assessment and induction training processes promoted safety and the culture and values of the service. The provider carried out robust checks on new staff before they started work. This included carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- One person told us staff were reliable and care calls were usually on time. They said, "They [staff] always

turn up on time. They phone me if they are running late." The staff rota indicated there were sufficient staff at the service to meet people's needs. There was a system in place to cover staff absence.

Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff.
- Staff had been trained in medicine administration and followed the provider's medicines policy.
- Medicines Administration Records (MAR) were completed appropriately. They were signed by staff and contained no gaps.
- Records showed staff had been assessed for their competency to ensure they were able to manage and administer medicines in a safe way. The provider also carried out spot checks to ensure medicines were managed appropriately.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks.
- People told us that staff wore PPE, which included masks, aprons and gloves. They told us staff frequently washed their hands and/or used hand sanitising gel. A relative told us, "Yes, the staff wear gloves and apron." One person said, "They [staff] make sure they tidy the kitchen, clean the bathroom and the kitchen."

Learning lessons when things go wrong

- There had been no incidents or accidents at the service which was confirmed by the manager. Nothing we saw indicated otherwise. The service had a policy for staff to follow should things go wrong, and we saw there was an incident form template to use should staff need to.
- The registered manager told us any learning from any incident, accident or complaint would be shared with the staff team via team meeting or supervision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care

- At our last inspection we had received information that stated staff reported health related concerns to the commissioners rather than directly to healthcare professionals.
- At this inspection staff supported people with receiving timely support with their healthcare needs. For example, the registered manager supported people to order medicines, where support was required.
- Staff supported people with their healthcare needs. Care plans and risk assessment contained information relating to different medical needs, and people's health and wellbeing were regularly assessed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an initial assessment prior to them receiving a service. Before people started using the service, the registered manager or the field supervisor carried out an assessment of their needs. This reviewed the support people needed, and if the service could provide this support. The assessment took into consideration people's protected characteristics, like human rights and communication. Relevant guidance was followed such as positive behaviour support guidance on how to support people who are communicating a need, expressing feelings or an emotional reaction.
- Assessments involved people and their representatives such as family and social and health care professionals. Assessments focused on what each person hoped to achieve by using the service. These plans reflected people's needs, including aspects of their life, which were important to them.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- Good quality staff induction and mandatory training was given by the provider that enabled staff to support the person and meet their needs. Staff told us the quality of the training provided enabled them to carry out their roles and make a difference to people. One person told us, "The staff are great at their jobs." A member of staff told us, "Training is good. We come to the office and complete online and face to face training."
- Staff received supervision and ongoing competency checks. Appraisals were scheduled for when staff had been providing care for 12 months. Spot checks covered areas including timeliness, moving and handling, medication competency, communication and care notes.
- The provider had a clear overview of the training needs of all staff. They had a spreadsheet which detailed the training staff had received. Records showed training provided included safeguarding, moving and handling, and infection control.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required.
- People's dietary needs were known and met. This included their likes, dislikes and any known food intolerances or allergies.
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or pharmacy. Staff alerted health care professionals where they had concerns about people's health and well-being.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's capacity to make informed decisions were considered. People had confirmed and signed an agreement consenting to their care and support from Cornerstone Care Services Professional Ltd.
- Staff understanding about the MCA informed the way they supported people. This included the importance of seeking consent before offering help. Staff comments included: "I will communicate with the service user and explain what care I'm about to carry out and make sure they would be okay for me to continue."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion.
- The registered manager knew people's day to day needs and had developed good relationships with people and their family members.
- One service user spoke highly of the staff, and said, "The staff are very friendly. We always have a chat, I trust them."
- The service recognised people's diversity and promoted this in their policies, which highlighted the importance of treating everyone as individuals. People's autonomy, privacy and dignity was respected and upheld by staff who had received training in equality and diversity.
- The registered manager said they recently bought a new electronic care planning system. This will alert the registered manager and field supervisor when care had not been delivered as scheduled. The registered manager will be able to monitor these alerts and follow these up when required to ensure people received their care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all decisions about their care. A person told us, "Staff always ask me what I want to wear, or whether I need anything before they leave."
- Care plans were reviewed regularly. The person receiving care was able to be involved with their care planning through regular meetings. This meant that people were involved in deciding their care.
- At the time of the inspection the service was small, and the registered manager sought direct feedback regularly. The registered manager told us they would endeavour to maintain this personal interaction should the service grow. They felt it would be possible to do so through phone calls and spot checks. This meant people would be able to provide their views on the service regularly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this which included when supporting people with washing, dressing and continence care.
- The registered manager and staff were aware of the importance of keeping information safe and confidential and had undertaken training with regards to data protection and confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care.
- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff.
- The registered manager assessed people's care needs. This included what they would like to gain from the service and their desired outcomes. A person-centred care and support plan was devised from the assessment and agreed with people, and their relatives where appropriate.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including communication, medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans. Where people had specific needs around communication, the provider allocated staff who had the necessary skills and knowledge to communicate with and work with them.

Improving care quality in response to complaints or concerns

- People and relatives were able to complain should they need to. The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us they would follow their policy should they receive a complaint and would view it positively as a means by which to improve the service.
- The registered manager told us there had not been any complaints received in the past year and we saw no evidence to contradict this. A relative knew who they could complain to if they wished to. A relative told us, "I have the office number and would talk to [registered manager] if I had a complaint."

End of life care and support

- The service did not support people with end of life care. The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people.
- Staff were supported by the registered manager to provide good quality care. The registered manager worked alongside staff in the delivery of people's care, and provided supervision and appraisal of staff, which included guidance and feedback as to the quality of care they provided.
- Staff confirmed they were happy working for the service. One staff member said, "They [provider] are open, very caring and they [provider] listens to us."
- The registered manager had received compliments from people and family members about the quality of care provided, which included the responsiveness of staff to people's changing needs. One person wrote, "Thank you ever so much for the care and attention you gave to our [person]. We appreciate it very much."
- The registered manager attended various social care and health conferences to maintain and develop their own learning, which they shared with staff. They took pride in sharing their knowledge and experience, promoting the service at the local events which helped other professionals to gain a better understanding of what people with the right support could achieve.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their duty of candour responsibility. The registered manager had been open and transparent with people when incidents occurred where the duty of candour applied. A complaints procedure was in place to address concerns raised by relevant persons and the accidents and incidents procedure detailed how the provider would review and learn from any incidents that occurred.
- The registered manager was clear about their role and responsibilities. The registered manager understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
- Spot checks of staff practice were completed regularly to monitor the quality of care provided to people.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a feedback and the provider used this feedback and to continuously develop the service.
- Staff received regular supervision and there were virtual staff meetings which covered priorities such as training, PPE, and safeguarding.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

Continuous learning and improving care

- There were quality assurance processes in place. Various audits were carried out by the registered manager, the nominated individual, and, team administrator including audits of medicine records and infection control practices, while care plans and risk assessments were subject to regular review.
- The registered manager and staff undertook regular training to help drive learning and continuous improvements at the service. The registered manager also had regular one to one meetings with people to seek their views about how the service could improve.
- The registered manager accessed resources to support them in providing good quality care. For example, they attended webinars with the local authority. They were a member of the Skills for Care and kept up to date with changes by reading the Care Quality Commission website.