

North Ayrshire ServicesSupport Service

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Type of inspection:

Unannounced

Completed on:

16 April 2019

Service provided by:

Cornerstone Community Care

Service no:

CS2004073031

Service provider number:

SP2003000013



About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

North Ayrshire Services is registered to provide a support service to adults and children with learning disabilities and those with autism or autistic spectrum disorder, children with mental health needs including those who require behavioural and emotional support, adults with mental health needs and older people. The provider Cornerstone Community Care was established in 1980. This service registered in September 2004 with the Care Commission and transferred its registration to the Care Inspectorate when it formed on 01 April 2011.

The organisations purpose is to deliver high quality care and support that enables everyone to live a valued life - the life they choose.

The service operates from accessible office space in Irvine where the management team are based during office hours, Monday to Friday. During the inspection year there had been a change of registered manager, however the replacement manager retired and the service reverted back to the previous registered manager. At the time of the inspection the registered manager was the branch manager for Ayrshire, supported by two team leaders and an administrator. The staff provide support tailored to meet individual need in small teams across North Ayrshire including Irvine, Kilmarnock, Beith and Kilmaurs. Packages of support hours vary from two hours per week to twenty four hours per day being delivered to people living in their own homes and in the community.

Cornerstone continue on their planned journey towards Local Cornerstone, the planned implementation of a new model with self organising teams. The organisation are in the midst of significant change and development; we could see gradual progress being made in the service with teams at different stages of introducing this new approach. The service had not yet asked for views or assessed any impact of the new model on people supported or their relatives.

What people told us

We visited seven people in their own homes and were able to observe carers interactions and speak to people about their experience of being supported by Cornerstone North Ayrshire.

Where people were not able to speak to us we could see carers were confident in communicating and understood individual methods of communication well. People appeared comfortable and very relaxed with their carers.

We met with two relatives and an inspection volunteer telephoned and spoke with six relatives to get their feedback on the quality of care their relative experienced. Feedback in care standards questionnaires from five of the people supported or their relatives was positive. We also asked for the views of staff and professionals during the inspection.

When asked people told us how highly they valued the care staff and that they really appreciated the reliable and good quality support they received, telling us how caring the staff were and about the positive impact support has on their quality of life.

Examples of comments received were:

"The staff are very very good, support has allowed our relative to get out and become more independent"

"Not seen the care plan, we were marginally involved, not had a review recently"

"Service is first class"

"Service is excellent, very happy with it"

"Do the job they are meant to and more, the staff are very caring"

"The service has made a tremendous difference, I am very happy with the service, it has taken the worry off my shoulders"

"Life would be very different without support, it has "opened up a lot for me"

"It's taken work to get it right, been right for a long time now, we are more than happy with the care package"

"Staff show real care and concern and love"

"I am happy with supports, staff have changed a lot, it's still okay"

Some relatives told us they had noticed differences since the manager retired, such as staff being moved around and not being sure of who was in charge, however things appeared to have settled laterally. We discussed the importance of communicating changes and minimising the impact of these with people supported and their relatives. Overall people remained very happy with the service.

Self assessment

The service was not asked to complete a self assessment in advance of this inspection. We looked at their development plan and quality assurance systems. These demonstrated their priorities for improvement and how they were monitoring the quality of provision within the service.

From this inspection we graded this service as:

Quality of care and support5 - Very GoodQuality of staffingnot assessedQuality of management and leadership5 - Very Good

What the service does well

Cornerstone Community Care North Ayrshire continues to deliver a very high quality of care and support that meets people's needs enabling them to live in their own homes. We observed competent and caring support being delivered; we could see that carers knew people well and that effective trusting relationships had developed. Support staff knew how to deliver care in a way that was right for the person and in a way they were comfortable with. One relative described how trust had been developed and as a result the different activities their daughters had been involved in and what this meant to their confidence and independence. They told us "the girls have loads of confidence in the staff, their individual confidence has come on leaps and bounds with support".

We saw examples of an enabling approach and how support helped people to get more out of life, such as encouraging independence and engaging in activities in their local community, making and maintain friendships.

People could be confident their health and wellbeing benefitted from the care as staff recognised when a person's presentation changed or when their physical and emotional health deteriorated and took the appropriate actions. One person told us about a very difficult period of poor physical and mental health and how their care staff had supported them through this. We found staff knew each person they supported very well and had a good grasp of individual diagnosis and health issues and how these were being managed. The service assisted people with their medication and had effective systems and training in place to manage this safely.

People should get the most out of life because those providing support have an enabling attitude and believe in them. One parent told us how the service worked hard to ensure support staff were matched to their daughter and about their encouragement to seek out different opportunities, to be active and get involved in different activities. People told us about how their world had been opened up because of their support, that it had changed their life in so many positive ways. We saw examples of the significant difference the service was making to people on a daily basis, individuals who would not be able to manage a home and live independently without their needs such as personal care, health, wellbeing and nutrition being met by carers.

People can expect to receive high quality care and support that is right for them and to experience compassion, dignity and respect. People told us they were supported by consistent teams which allowed them to get to know their carers and to build relationships. Where there had been changes to support staff individuals met new staff and had a say in whether they were suitable to join their team or not. We observed that carers listened to people, offered choice and encouragement and carried out personal care tasks in a professional and dignified manner. We heard how carers enabled individuals to be independent and how the confidence and trust relatives had developed in the carers meant they had "peace of mind" because there was "a real culture of care".

People can expect to be involved in developing and reviewing their personal plan and to be supported to give feedback to help the service improve. Each person had a support plan, some had good lifestyle plans that gave an insight into the person and what was important to them.

We discussed with the manager inconsistencies in support plans and how they could be improved by detailing the expected outcomes as a result of the person receiving care and how the care would be delivered to meet the individual needs and wishes. We saw examples of some reviews taking place, however found it difficult to establish if everyone's care was reviewed and how regularly.

People receiving care can expect those supporting them to have been appropriately and safely recruited. There were robust recruitment processes in place and staff were appropriately registered with a professional body such as the Scottish Social Services Council. It was evident that new staff received an induction and all staff had access to training, supervision and support to equip them for their role meaning that people could have confidence in their carers because they are trained, competent and skilled. We noticed that since the last inspection much of the training that staff had undertaken was either mandatory or specific to preparing for their changing roles in the new model of Local Cornerstone. We suggested the manager monitor this to ensure people continue to receive training in the diverse knowledge and skills required to meet individual needs and maintain the quality of care.

People supported can expect to benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. The quality assurance process that were previously in place had ceased pending the implementation of My Cornerstone Experience, a new process centred around people's experiences.

Whilst we welcome this, we had concerns that there were gaps emerging in the interim period. We could see there were systems in place for safeguarding and quality monitoring, such as incident recording and reporting and audits of medication and finances. Senior staff carried out spot checks and practice observations, however were not documenting these. We discussed with the manager how effective audits of care and support, staffing and management can achieve improvements in safeguarding, staff practice and the quality of individual care received. People told us the service was well led and managed and they would be confident in raising any issue or concerns should they arise.

What the service could do better

While each person had a personal plan the manager should review and develop the content to include the expected outcomes as a result of the person receiving care and detail when and how the care would be delivered to meet individual needs and preferences. This will ensure that personal plans inform the care provided and improve the consistency of care. The manager should also monitor the frequency and quality of care review meetings and ensure that the personal plan, including risk assessments are updated following review. (See Recommendation 1)

People supported can expect the organisation to have robust quality assurance processes in place. The manager should improve the existing quality assurance systems so that any issues that could have a potential negative impact upon the health and wellbeing of people are timeously identified and addressed. (See Recommendation 2)

While stakeholders were included and asked for their views in different ways this could have been more regular and consistent. The service could better demonstrate how the views gathered from stakeholders influence change and service improvement and the impact upon people supported.

While team meetings were taking place these could be more regular and provide opportunities for staff development and reflective practice potentially improving individual outcomes.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The manager should ensure that each person has a personal plan in place which clearly states the expected outcomes as a result of the person receiving care and details how the care would be delivered to meet the individual needs and preferences. The plan should be regularly reviewed and updated.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15)

"I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17)

2. The manager should improve the existing quality assurance systems so that any issues that could have a potential negative impact upon the health and wellbeing of people are timeously identified and addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that:

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Inspection and grading history

Date	Туре	Gradings	
1 May 2018	Unannounced	Care and support Environment Staffing	5 - Very good Not assessed 5 - Very good

Date	Туре	Gradings	
		Management and leadership	Not assessed
17 May 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 5 - Very good 5 - Very good
14 Jun 2016	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 5 - Very good Not assessed
4 Jun 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
13 Jun 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
1 Jul 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
5 Dec 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
17 Dec 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed Not assessed
28 Apr 2009	Announced	Care and support Environment Staffing	5 - Very good Not assessed 5 - Very good

Date	Туре	Gradings	
		Management and leadership	5 - Very good

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本出版品有其他格式和其他語言備索。

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