Liaise Loddon Limited

Cornfields

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

This unannounced inspection of Cornfields took place on 8 January 2016. The home provides accommodation and support for up to three people who have learning disabilities or autism. The primary aim at Cornfields is to support people to lead a full and active life within their local community and continue with life-long learning and personal development. The home is a detached bungalow, within a residential area, which has been furnished to meet individual needs.

At the time of the inspection there were three people living in the home. One person had their own en-suite bedroom which had been specially adapted to meet their needs. There were two other bathrooms located adjacent to other people's bedrooms which they regarded to be theirs. Since our last inspection a small room had been converted into a private lounge for one person to support their anxieties. A sensory room and space was in the process of being completed in a large cabin in the rear garden. There was a large rear garden to which people had constant access.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives and an advocate told us staff always provided reassurance when people were anxious and made them feel safe. One person often chose to be alone in their private lounge when their anxieties increased. Staff supported the person discreetly whilst ensuring they were safe.

Staff had completed safeguarding training and had access to current legislation and guidance. Staff had identified and responded appropriately to a safeguarding incident to protect people from harm. People were safeguarded from the risk of abuse as incidents were reported and acted upon.

Staff were able to demonstrate their understanding of the risks to people's health and welfare, and followed guidance to manage them safely. Risks associated with people's care and support needs were identified and addressed to protect them from harm. Environmental risks were managed safely through regular servicing and audits.

The registered manager ensured there were always enough staff deployed to respond immediately when people required their support. Staff had the necessary experience and skills to support people safely.

All staff completed an induction course based on nationally recognised standards, then spent time working with experienced staff, before being allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively.

Staff had undergone required pre-employment checks, to ensure people were protected from the risk of

being supported by unsuitable staff.

People's prescribed medicines were stored and disposed of safely, in accordance with current legislation and guidance. Staff were trained and assessed to ensure they administered people's medicines safely.

Staff supported people to identify their individual wishes and needs by using their individual methods of communication. People were supported to make their own decisions and choices. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty issues.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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. Staff supported people to make informed decisions, and followed people's wishes if they declined offered support. Records demonstrated that a process of mental capacity assessment and best interest decisions promoted people's safety and welfare when necessary.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for all three people in the home, because external doors were kept locked to protect people, as they were unable to recognise traffic risks. At the time of our inspection one of these was authorised, with the other two in the process of review and authorisation. Paperwork associated with applications demonstrated that the lawful process of mental capacity assessment and best interest decision was completed before applications were submitted. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

People were supported to maintain a healthy balanced diet through the provision of nutritious food and drink by staff who understood their dietary preferences. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

People were supported to attend regular health checks by staff who recognised when people were unwell or upset, and took prompt action to promote their health and wellbeing.

Relatives and health and social care professionals told us people were happy and content in the home. We observed people appeared relaxed and calm in the company of staff who they readily approached for support when required.

Staff promoted people's independence, and praised people when they undertook or completed household tasks or activities. The provider had deployed sufficient staff to provide stimulating activities for people. The activities programme ensured people were supported to pursue social activities which protected them from social isolation.

Relatives told us they had no reason to complain but knew how to do so if required and that the staff. One complaint had been made since the last inspection which had been dealt with in accordance with the provider's policy. The registered manager listened to people's comments and implemented identified

learning from incidents and accidents.

The senior staff provided clear and direct leadership and effectively operated systems to assure the quality of the home and drive improvements.

Feedback from people, their relatives, advocates and supporting health and social care professionals was sought to identify changes required to improve the quality of care people experienced. The provider's audits and service improvement plan were used to review changes implemented, and ensure all required actions were in place to address improvements identified. Systems were in place to ensure people were supported in a home that was well-led and focussed on providing them with high quality care.

People's needs were assessed and regularly reviewed to ensure their care and support was responsive to changes identified. Support plans and regular reviews documented the support and care people required, and how this should be provided in accordance with their wishes. Records accurately reflected people's needs and were up to date. Staff were provided with necessary information and guidance to meet people's needs. People's and staff records were stored securely, protecting their confidential information from unauthorised persons.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Staff had received safeguarding training and had access to relevant guidance. When safeguarding incidents had occurred they had been correctly identified, reported and acted upon. Risks to people were identified and effectively managed by staff to ensure people's safety.

There were sufficient numbers of staff deployed to meet people's needs safely.

Recruitment checks provided assurance that staff were of suitable character to support people safely.

People were protected against the risks associated with medicines because staff administered their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training to support people with complex needs effectively. Regular supervision and updated training ensured staff retained and demonstrated the skills required to meet people's needs.

People were supported to make their own decisions and choices. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty issues.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

People were supported by staff to maintain good health, have access to healthcare services and receive on-going health care support.

Is the service caring?

Good

The service was caring.

Staff engaged positively with people and encouraged them to make choices about their own care and how they wished to spend their time.

People and their relatives were actively involved in making decisions about their care. People were supported to keep in contact and remain involved with families and those who were important to them.

Staff had developed positive and caring relationships with people who were treated with dignity and respect.

Is the service responsive?

Good

People received personalised care that was tailored to their needs. The service was responsive and organised by the registered manager to meet people's changing health needs.

People and their relatives were listened to and were involved in the running of the service and development of their care plans.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since our last inspection there had been one complaint about the home. This complaint was acknowledged and resolved to the satisfaction of the complainant on the day it was made.

Is the service well-led?

Good

The service was well-led.

The registered manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of people's care.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

Cornfields

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This inspection of Cornfields took place on 8 January 2016 and was unannounced. When planning the inspection visit we took account the size of the service and that some people at the home could find visitors unsettling. As a result this inspection was carried out by one inspector.

Before the visit we examined previous CQC inspection reports. At our last inspection on 31 January 2014 we did not identify any concerns. Providers have to tell us about important and significant events relating to the service they provide using a notification. We read all of the notifications received about Cornfields. We also reviewed the Provider Information Return (PIR) from the home. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Information from the PIR is used to help us decide the issues we need to focus on during the inspection and to consider the quality of care people experienced. We also looked at the provider's website to identify their published values and details of the care they provided.

During our inspection we spoke with the three people who use the service, who had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of each person.

We observed how staff interacted and cared for people across the course of the day, including mealtimes, activities and when medicines were administered. We also spoke with the registered manager, the deputy manager, nine staff, the cook and a maintenance engineer.

We reviewed each person's care records, which included their daily notes, care plans and medicine

administration records (MARs). The provider had implemented an electronic recording system which we also reviewed. We looked at seven staff recruitment, supervision and training files. We reviewed the individual supervision records, appraisals and training certificates within these files. We examined the provider's computer records which demonstrated how people's care reviews and staff supervisions, appraisals and required training were scheduled.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service, together with quality assurance audits and the provider's business continuity and service improvement plans.
Following the visit we spoke with the relatives of three people and four health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with commissioners of the service.

Good

Is the service safe?

Our findings

Relatives told us they had no concerns for the safety of their family member because there was excellent continuity of care from staff who had known them for almost twenty years. One relative told us their loved one had been moved to another provider closer to their home but had returned to Cornfields because they had failed to settle. They told us, "There are some staff who have moved with them from school into the home. This provides a bedrock of support and reassurance that makes them feel safe and that Cornfields is their home, surrounded by people who really care for them." Another relative told us, "I haven't had a days concern since they have been there. The staff really know how to support people and respond when they need reassurance."

Staff had completed the provider's required safeguarding training and had access to guidance to help them identify abuse and respond appropriately if it occurred. Staff were able to demonstrate their role and responsibility to protect people. The provider's training schedule and staff files confirmed that staff safeguarding training was up to date. Staff were aware of the provider's policies to protect people, and were able to demonstrate the procedure to raise concerns internally and externally when required. Posters in the home reminded support workers of their responsibility to protect people from abuse. People were protected from abuse because staff were trained and understood the actions required to keep people safe.

There had been one incident since our last inspection, which had been referred to the local safeguarding authority. This incident had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. The registered manager had reviewed people's risk assessments and behaviour management plans and implemented changes to ensure people were safe and the risk of a future recurrence was reduced. People had been safeguarded against the risk of abuse by staff who took prompt action if they suspected people were at risk of harm.

Risks specific to each person had been identified, assessed, and actions implemented to protect them. Risks to people had been assessed in relation to their mobility, social activities and eating and drinking. People's support plans noted what support people needed to keep safe, for example in relation to safety awareness whilst accessing the community and completing activities like swimming, horse riding and exercising at a local gymnasium. These risk assessments also detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others.

Staff were able to demonstrate their knowledge of individual risk assessments and how they supported people in accordance with their risk management plans. For example one person had a risk assessment and management plan to protect them from the risk of seizures whilst bathing. Staff were able to explain risks associated with this activity and the actions they implemented to protect them from harm in accordance with their support plans. Risks affecting people's health and welfare were understood and managed safely by staff.

If people displayed behaviours which may challenge, these were monitored and where required referred to health professionals for guidance, which was followed by staff. This ensured risks to people associated with

their behaviours were managed safely. During our inspection we observed sensitive interventions by staff who recognised triggers for behaviours which may challenge, ensuring that people's dignity and human rights were protected.

Where required, people were supported to manage their finances and protected from the risk of financial abuse by staff who adhered to the provider's recording processes. The management of individual's finances at the home were audited weekly by the provider's finance administrator. People could access their money at any time and were supported by staff to ensure they were not subject to financial abuse.

People's records contained essential information about them which may be required in the event of an emergency, for instance if they required support from external health professionals. Information included their means of communication, medicines, known allergies and the support they required. This ensured health professionals would have the required information in order to be able to support people safely. People were kept safe as staff had access to relevant information which they could act upon in an emergency.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electric safety was reviewed by contractors to ensure any risks were identified and addressed promptly. Fire equipment such as emergency lighting, extinguishers and alarms, were tested regularly to ensure they were in good working order. Water system checks were completed to ensure people were protected from the risk of Legionella disease, which is a water borne bacteria that causes illness. Records confirmed that maintenance staff attended immediately when contacted by staff to repair damage which may cause risk to people and others visiting the home. People were protected from environmental risks within the home.

Daily staffing needs were analysed by the registered manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. If more staff were needed to meet the complex needs of people, they were recruited from within the provider's care group, which improved consistency of care and support by staff who knew people. Rotas we reviewed confirmed there was always sufficient staff to meet people's needs safely, without the use of agency staff.

Staff had undergone robust pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical assessment and role related interview before being appointed. We reviewed documents which demonstrated that some applicants had not been recruited subject to failing this process. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed annually by the registered manager. Medicines were administered by two staff at all times, to ensure that safe procedures were followed. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented. We observed one person take their medicine in accordance with their support plan, together

with a spoonful of their favourite yoghourt. Staff explained how people's moods sometimes affected their willingness to take their prescribed medicines and how they endeavoured to administer them later if initially declined. People were supported to take their medicines safely.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. Staff knew the temperature range within which the medicines people had prescribed remained effective. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

Good

Is the service effective?

Our findings

People indicated by gestures and smiling that they were well looked after. A health and social care professional told us, "I work alongside many care providers of varying skills and provision and can say that Cornfields is a favourite, in all areas of the care provided they always reach a high standard of care that I have not been able to find fault with." Relatives told us their family members received excellent care from staff who had been well trained and were effectively supported by the management team. One relative told us their loved one was "Definitely in the best place. Staff know him so well and respond to his needs and wishes effectively because of this." A person's advocate told us, "Staff have known people at Cornfields for a long time and know all of the different approaches for each person to make them feel safe and develop trusting relationships with them."

The provider's required training, for example in topics including safeguarding people from abuse, fire and food safety, and infection control, ensured staff understood how to meet people's support and care needs. This training was refreshed regularly to ensure staff retained and updated the skills and knowledge required to support people effectively. Records demonstrated that staff had completed and updated their required training in accordance with the provider's training policy. People were protected from the risk of ineffective support from staff who did not have the skills or knowledge required to meet their needs.

New staff completed the provider's induction programme to provide them with the skills and knowledge to meet people's needs and support them effectively. We spoke with two new members of staff who told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively. They told us they had spent time working with experienced staff before being allowed to support people unsupervised. The registered manager had reviewed the induction programme to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

Staff training required by the provider was up to date and included further training specific to the needs of the people they supported, including epilepsy, autism and positive behaviour management. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development. We reviewed the provider's learning and development calendar up to March 2017, which ensured staff training requirements were identified and arranged in advance. Two staff members with previous experience working for other care providers told us the provider's training was excellent. One member of staff said, "The training I have had here is so good. It is face to face with a trainer who knows what they are doing and has the patience and experience to explain things if you don't understand." Another member of staff said, "I like the fact that you're not just plonked down in front of a DVD and can ask questions without feeling foolish". Staff told us they could refresh training whenever they needed to and did not have to wait for training sessions scheduled by the provider.

The registered manager and deputy manager completed formal staff supervisions every six to eight weeks and annual staff appraisals. These one to one meetings provided the opportunity to review staff training needs, discuss any work issues and ideas to support people effectively. Supervisions and appraisals also

considered staff aspirations and development opportunities. Staff told us that the registered manager encouraged staff to speak with them and were willing to listen to their views. We saw that supervisions recorded agreed actions between managers and staff, and these were then revisited at subsequent supervisions to ensure completion. Staff were supported to develop the skills and knowledge required to meet people's needs effectively.

Weekly staff meetings provided staff with the opportunity to discuss issues and ideas to support people. We observed a staff meeting during our inspection where all the staff were encouraged to participate. The deputy manager provided an update in relation to one person's recent care review, including how staff were to support the person if they displayed behaviours which may challenge. The registered manager then provided a practical demonstration of the techniques detailed within the person's positive behaviour support plan. They then ensured that all staff were confident in the practical application of these techniques. Staff also discussed how to focus one person's concentration, including completing other tasks whilst their computer was turned off. Staff were encouraged to discuss and be involved in resolving issues to effectively manage people's care and support.

Staff understood people's individual communication methods and recognised when they required additional support. We observed staff communicating with people patiently, using the methods detailed in their support plans, making choices by using pictures and their knowledge of the individual's adapted sign language and body language. Staff were unhurried when talking with people, who were always given time to consider their decisions. Relatives and health and social care professionals told us that the registered manager and staff involved them in all decisions relating to people's care and support. Staff understood how to obtain valid consent and supported people to make their own choices, wherever possible.

Records confirmed that staff had completed training in the Mental Capacity Act 2005 (MCA). Where people lacked the capacity to consent to their care, lawful guidance had been followed to make best interest decisions on their behalf. Staff demonstrated an understanding of the principles of the MCA 2005 and described how they supported people to make decisions. People had a communication support plan, which recorded how information should be communicated to them and how to involve them in decisions. Where people required support to make a decision this identified people to consult about decisions made in their best interests.

Where people had been assessed as lacking the capacity to consent to medical procedures, including surgery, x-rays, blood tests, urine tests or vaccinations, decisions had been made in their best interests, which involved staff, relevant health professionals, their families and advocates. Where required best interest decisions had been made in accordance with current legislation and guidance.

A relative told us, "The manager and staff call us immediately if any significant changes need to be discussed and frequently contact us to provide general updates. We are always consulted during any reviews or when proposed changes have been suggested such as increases or reductions in medication doses." A person's advocate told us, "The manager is very good at keeping everyone up to date with regard to any decisions which need to be considered." People were supported by staff who understood the need to seek people's consent and the principles of the MCA 2005 in relation to people's daily care.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for all three people in the home, because

external doors were kept locked to protect people, as they were unable to recognise traffic risks. At the time of our inspection one of these was authorised, with the other two in the process of review and authorisation. Paperwork associated with applications demonstrated that the lawful process of mental capacity assessment and best interest decision was completed before applications were submitted.

The registered manager also completed a restriction audit tool to ensure that all restrictions remained necessary and proportionate and were immediately removed if they were no longer justified. This demonstrated the registered manager had taken the necessary action to recognise and maintain people's rights. People's human rights were protected by staff who understood the DoLS.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed the preparation and provision of meals during breakfast, lunch and dinner time, during which people were supported to consume sufficient nutritious food and drink to meet their needs. During the evening meal we saw that one person chose to eat alone whilst two others ate together with members of staff. People were provided appropriate support to eat at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm, whilst respecting and promoting their dignity.

Staff were aware of people's health needs, and recognised when people were unwell. They understood the impact of health appointments on people's anxieties, and worked with health professionals to address people's health needs without causing them distress. People were supported to maintain good health through regular check-ups with their optician, dentist and occupational therapist. Each person had a health plan which documented their health appointments and reviews, and advice and guidance from health professionals. This demonstrated that health issues or concerns identified by staff were raised with and addressed by health professionals promptly.

Specific indicators associated with people's health conditions were described in detail to ensure support workers were aware of signs to identify potential health issues. The actions required in response to these indicators were also detailed. For example one person had been referred to a neurologist due to an increased frequency in their epilepsy related seizures.

Good

Is the service caring?

Our findings

There was a welcoming, friendly atmosphere at Cornfields, where people and staff shared a mutual respect and understanding. Relatives and health and social care professionals told us that staff were committed to supporting people in the home. One health professional made positive comments about the overall improvement in one person's health and well- being whilst living at Cornfields. They told us, "The care they have received at Cornfields has demonstrated how content and settled people can be when the care is right."

Relatives told us the staff were kind and caring. During the inspection we observed staff readily provided support before it was requested. Staff were attentive and responded to people with patience and understanding, whilst following their behaviour support plans. We observed people becoming worried and anxious who were immediately supported by staff offering reassurance and compassion. Staff understood triggers that could potentially upset and distress people and took action to prevent these situations from occurring, thereby supporting people's well-being.

Staff told us they took pride in the caring values of the home. One senior staff member said, "I have been working with people here for over twenty years and their welfare really matters to me." Another staff member told us, "I love working here and it is really rewarding to know my contribution helps people live their lives to the full." We observed these values demonstrated during our inspection and found staff to be committed, patient and caring towards people living at Cornfields.

Without exception relatives told us the registered manager was focused on the staff approach to people and developing caring and trusting relationships with them and their families. One relative told us, "The staff are like family and nothing is too much trouble. There is good continuity of staff and it is obvious trust has been built up over time." Another relative told us, "The new staff are all keen and willing to listen and learn from relatives and the staff who have been there a long time."

Staff had developed trusting relationships with people and spoke with passion about peoples' needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. One staff member told us, "It's really important to know everything you can about people so that when things happen you can understand why and what you need to do to provide the best support you can." Staff understood people's care plans and the events that had informed them.

All staff had completed documents which recorded their special memories about people's achievements, which frequently described small steps taken by individuals. During a weekly staff meeting we heard staff speak fondly and passionately about special events that week. For example one person had made significant progress dressing and undressing themselves, another had taken steps to engage in decisions about their activities and another one had brushed their teeth with little support. Staff they took great pride in the personal achievements of people they supported, which we saw demonstrated during our inspection.

Relatives told us people were encouraged to be as independent as possible. They told us people were able

to make choices about their day to day lives and care staff respected those choices. People had their own activity boards which they completed themselves or with staff support where required. This board showed what they were doing, when and with whom. One person who had increased anxiety found this board particularly reassuring. This ensured that people were informed about who would be supporting them during the day. Staff understood how important this was for people to refer to, and ensured it was updated daily.

Staff gave people time to communicate their wishes and did not rush them. Staff respected people's right to decide whether to participate in activities. Although people were encouraged to take part in scheduled activities they were able to exercise their right of choice and to decide when they had had enough. During our inspection we observed staff listen to and watch people carefully to ensure they understood people when they were communicating by gestures or signs. People readily approached staff indicating they felt relaxed and content with those supporting them.

The registered manager told us that the caring qualities of prospective care staff were evaluated through the provider's recruitment and induction process, which was confirmed by records. Staff told us that they had completed shadow shifts prior to their selection where their response to people and their needs had been assessed. One member of staff told us, "It's a good thing for people to observe some of the people we support and how their behaviour can change depending on the care and support they receive." New members of staff told us they had been supported by other staff to develop relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

People were supported to keep in contact with their family and friends and maintain relationships with them. One relative told us about an occasion where their loved one was refusing to put their shoes on and to go on a home visit with their family. The registered manager attended the home on their day off and spoke with the person to reassure them. The person then put on their shoes and happily went on their home visit.

Relatives told us the staff worked closely with families and representatives and kept them fully involved in the person's care as required. Relatives and visitors were welcomed to the home and there were no restrictions on times or lengths of visits. A family member told us, "We are kept bang up to date by telephone calls and emails. If anything happens we're told straight away. The manager and deputy always know what is going on." Relatives and health and social care professionals told us they took part in people's care reviews and their views were always sought regarding significant decisions.

People's privacy and dignity were maintained by staff who had received training in relation to equality and diversity. Staff were able to clearly describe and demonstrate how they upheld people's privacy and dignity, for example when providing personal care. They also demonstrated how they encouraged people to be aware of their own dignity and privacy. People's personal preferences, their likes and dislikes were noted and followed in practice, for example bathing arrangements and terms of reference.

A relative told us how staff respected their loved one's privacy when they chose to be alone. The provider had created a personal lounge where the person could retreat at times of high anxiety to be alone. This lounge had been designed to afford staff limited visibility to ensure the person was safe and well, whilst also allowing the person to see staff if reassurance was required. During the inspection we observed staff support this person and offer reassurance and support in accordance with their positive behaviour management plan. People's independence, dignity and privacy were promoted through the actions of staff supporting them.

Good

Is the service responsive?

Our findings

Relatives told us staff understood people's methods of communication. Each person had a communication plan. This provided staff with information about how people communicated and their level of understanding. Staff used a variety of methods to offer choices and gain consent from people, including individualised adapted sign language, photographs and objects of reference. A staff member told us they understood people's choices by assessing their body language and gestures. Another member of staff said, "We always ask people before doing anything to support them and take time to make sure we understand their wishes."

Relatives told us that staff provided support which was tailored to meet their family member's individual needs. One relative told us, "The manager and staff involve us in all decisions and make us feel that our opinion matters." Another relative told us their loved one's well-being "really matters to all the staff." A health and social care professional told us that the people benefitted from person centred care planning and staff who were responsive to their changing needs

People's needs were assessed before they moved in to the home and re-assessed regularly. People, their families, relevant health professionals and the commissioners of people's care were involved in the assessment process. Support plans and risk assessments were completed and agreed with individuals and relatives and advocates, where appropriate. The provider had recently introduced a new form which recorded the person's or their representatives involvement in the care planning process and their consent to the agreed support plans and risk assessment.

People, relatives and care managers said they were involved in regular meetings with the registered manager and senior care staff to review support plans and risk assessments, which records confirmed. The provider reviewed people's needs and risk assessments regularly to ensure that their changing needs were met. Care plans were reviewed quarterly by the registered manager and deputy manager. The nature of the service provided meant that people's needs changed frequently and support plans were reviewed whenever a change was required. Shift leaders met weekly to review people's needs, where any concerns or changes were recorded and addressed to the management team. Each support plan contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This ensured staff provided care that was consistent but flexible to meet people's changing needs.

The registered manager sought advice and support from health professionals and we observed staff followed their guidance. People, their relatives and health professionals told us staff consistently responded to people's needs and wishes in a prompt manner. The registered manager had referred one person to a health professional for guidance regarding how to protect them from the risk of seizure whilst bathing. The health professional praised the staff for their commitment and swift action taken to implement their recommendations. The registered manager had requested a health professional to complete a sensory assessment for one person who lived with severe autism and associated behaviours. The health professional told us, "The staff team have demonstrated a skilled and effective way of working to meet this person's complex behaviour." Another person had been immediately transferred to hospital when they had

developed respiratory difficulties. This was to ensure their obsessive behaviours had not caused an obstruction, in accordance with their support plan. Staff liaised effectively with health professionals to promote people's health and wellbeing.

Each person had a support plan to set their own goals and learning objectives and recorded how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences. Staff talked knowledgably about the people they supported and took account of their changing views and preferences. They told us there was a handover at the beginning of each shift where the incoming staff team was updated on any relevant information. We reviewed the morning handover on the day of our inspection which had been recorded electronically. We saw detailed information provided about people's health and different moods, together with the potential risks and impact on planned daily activities.

Staff told us they had been taught a recognised system for supporting people to manage behaviour which may challenge others, which training records confirmed. We observed positive behaviour management and sensitive interventions throughout our inspection, which ensured people were treated with respect and their human rights were protected.

People had activity plans which had different entries throughout the day. This ensured people had a range of varied and stimulating activities every day. We reviewed each person's activity schedule which had been tailored to their personal interests and pursuits. One relative told us, "The staff are exceptional. They never give up on finding new experiences and are always thinking outside of the box." Another relative told us, "Due to the enthusiasm of the staff his behaviours have improved. The staff allow him to be him, rather than constrain him they set him free." A health and social care professional told us, "I generally see him at his annual review, at which time I am thrilled to see that the progress in a new area of his life and an area of life that holds meaning for him." They continued, "Staff treat him as an individual who can achieve whatever he wants to with the right support in place, and are prepared to try things." Staff had identified people's individual needs and interests and arranged activities to meet them.

Detailed risk assessments were in place to ensure activities like swimming, horse riding and running were pursued as safely as possible. These included multi-disciplinary and DoLS authorisations to use specialised physical restraints whilst in the community. One person had a risk assessment to support them with their safety whilst accessing the community involving the use of restrictive equipment, which was subject to a DoLS authorisation. Staff had researched the availability of the running track at the local athletics club to support the person to run free without the use of the restrictive equipment. People with learning disabilities had reasonable adjustments made, following the requirements of relevant legislation, to make sure they received support to promote their independence and freedom of choice.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since our last inspection there had been one complaint about the home. This complaint was acknowledged and resolved to the satisfaction of the complainant on the day it was made. The registered manager spoke with the complainant, apologised then took immediate action to prevent a recurrence of the problem. People and relatives were also able to raise issues in their quarterly service reviews with the registered manager. One relative told us how the registered manager always spoke with them when they visited the home to find out if there were any improvements or changes required and asked them to complete a quality assurance questionnaire.

Good

Is the service well-led?

Our findings

The provider's statement of purpose is built upon the philosophy of 'celebrating the positive'. This positive approach gives people independence, control and enables them to live a fulfilling life. All staff we spoke with were aware of the provider's aims. The provider's philosophy was displayed in the home to inform visitors and remind staff to promote the provider's values.

The provider had clear values and visions. The main values were, 'We are positive; empowering; and open.' Staff had received training in relation to the provider 'visions and values' which ensured staff understood what was expected of them. Staff were able to tell us about the values of the provider, which we observed staff followed in their care practice.

Health and social care professionals told us the provider had created a positive culture within the home. The culture of the home supported two way communication and people and their relatives felt able to express their views freely. Relatives praised the registered manager and staff for their commitment and dedication to the people living at Cornfields, who benefitted from excellent continuity of care. Some staff members had been present for almost twenty years supporting people through transitions from school to their current home. The registered manager had been in post for 11 years which meant that when people were anxious there were always staff they had trusted for many years to comfort and reassure them.

Staff told us they "loved" working at Cornfields because the registered manager and deputy manager were always supportive of them and people who lived in the home. Staff told us the registered manager made them feel valued and part of a team where everyone's opinion mattered. One staff member told us, "The training is superb, the supervision is excellent and the people are a joy. It's like a family where everybody is interested." Another staff member told us, "I love my job, exploring opportunities and especially when we achieve something new. We try to match people's opportunity and access to do things to reflect their love of doing them."

Relatives and healthcare professionals told us the provider and staff were always approachable and knew what was happening. The deputy manager held regular team meetings where staff were encouraged to express their thoughts about the service, which records confirmed. A new member of staff told us that although they had recently joined Cornfields there was an inclusive mutually supportive culture where their view was sought by management team. We reviewed staff rotas which demonstrated the registered manager and deputy manager worked shifts alongside staff, which enabled them to build positive relationships with people and staff. We noted that during times when there were unforeseen staff absence, for example due to illness, the management increased their "hands on" support of people.

The registered manager held weekly senior staff meetings, monthly staff meetings, quarterly review meetings and annual review meetings to gather the views of people, their representatives and staff to drive improvement in the service. The registered manager sought feedback from relatives and visitors when they attended the home by requesting them to complete a feedback questionnaire. All of the completed questionnaires provided very positive feedback.

Staff meetings were held every month and staff supervisions were completed every eight weeks. We noted that discussion points were recorded and where required actions were raised in relation to new ideas or suggested improvements. Staff told us that the registered manager encouraged them to identify ways to improve the quality of care people received. One staff member said, "The manager is always open to suggestions and new ideas." One staff member told us how a discussion regarding one person's preference for sensory stimulation had led to the development of a sensory room, which was still being improved. Another member of staff told us how they were always searching for opportunities to allow one person to enjoy unrestricted physical activity, like running and swimming. Staff told us meetings were inclusive and generated a lot of good ideas to improve the quality of people's lives.

The quality of care people received was continually assessed, maintained and improved by the provider. There was an established system including day to day, weekly and monthly monitoring to effectively ensure the quality of care and people's positive lifestyles were maintained and improved. Examples included medicine administration audits, health and safety audits, fire safety audits and infection control audits. The provider's satisfaction questionnaires were completed annually and service user audits were completed quarterly.

The provider visited the service weekly and discussed any improvements or issues with the registered manager and senior staff team. The registered manager had to produce a weekly report for the provider identifying all significant issues and action taken by staff at the home. Records demonstrated that the registered manager and provider had completed quarterly night time checks, the most recent being 4 January 2016. Other registered manager's from the provider's care group completed monthly compliance audits and the provider's financial administrator completed a weekly audit of people's finances.

Staff told us that improvements had been made as a result of the various quality assurance feedback methods such as new physical activities for one person and the continued adaptation of the communal living areas and personal spaces to reduce anxieties.

During our inspection we observed the registered manager and deputy manager engage with staff and positively manage them. For example during the weekly team meeting the deputy manager reinforced guidance about how to support individuals in accordance with their support plans.

Accidents and incidents were logged on an electronic system and reviewed by the provider as well as the registered manager. This ensured provider accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately. Systems in place supported reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented effectively. The deputy manager checked all of the tasks and actions recorded and generated on the provider's electronic system before finishing work every day. They told us they will engage the system administrator to provide a facility to demonstrate this process.

Staff told us there was an open culture within the home and the manager encouraged the reporting of, and learning from mistakes. The deputy manager told us that when a medicines error had been identified the necessary learning for individual staff had been addressed. We noted that learning points from this incident had been delivered to other staff to drive improvements across the home.

The provider had a policy and procedure with regard to their 'duty of candour' responsibilities. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow the procedures. The home worked

closely with other professionals when required and sought and followed the advice they provided.

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to provide the required support to meet people's needs. Other records relating to the management of the home such as audit records and health and safety maintenance records were accurate and up-to-date. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.