Liaise Loddon Limited

Cornview

Inspection report

124 Roman Road
Winklebury
Basingstoke
Hampshire
RG23 8HF

Tel: 01256350827
Website: www.liaise.co.uk

Date of inspection visit:
12 January 2016

Date of publication:
29 February 2016

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 Cornview took place on 12 January 2016. The home provides accommodation and support for up to three people who have learning disabilities or autism. The primary aim at Cornview 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. There was a rear garden to which people had constant access.

The service did not have 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.

The previous registered manager had just left the home, their last day being 31 December 2015. A registered manager from within the provider's care group had already been appointed to replace them. The new home manager had already commenced the administrative process to become the registered manager of Cornview and was present during our inspection.

We observed staff provide reassurance when people were anxious and made them feel safe. One person required their own space and often sought tranquillity in their bedroom when their anxieties increased. On such occasions staff supported the person discreetly, ensuring they were safe in accordance with their support plan.

Staff had completed safeguarding training and had access to current guidance and legislation. Staff had identified and responded appropriately to potential safeguarding incidents to protect people from harm. People were safeguarded from the risk of abuse as incidents were reported and acted upon. People benefited from a safe service where staff understood their safeguarding responsibilities.

Staff were able to demonstrate their understanding of the risks to people's health and welfare, and followed guidance to manage them safely. Risk assessments were in place to support people safely, whilst promoting their freedom of choice and independence. The provider managed environmental risks safely by ensuring all utilities were serviced regularly. The home manager and designated staff ensured the home complied with relevant legislation regarding fire safety, control of substances hazardous to health and infection control.

There were arrangements in place to keep people safe in an emergency. Staff understood these arrangements and knew where to access the information.

There were sufficient numbers of staff deployed with the necessary experience and skills to support people safely. The registered manager and positive support coordinator completed a daily staffing needs analysis in order to ensure that any changes in people's needs were met by enough suitable staff.

Staff had undergone required pre-employment checks, to ensure people were protected from the risk of being supported by unsuitable staff. Staff had received an induction into their role, required training and regular supervision which prepared them to carry out their roles and responsibilities. People were cared for by sufficient numbers of well trained staff who were effectively supported by the registered manager and senior staff.

People received their medicines safely, in the way they preferred, administered by staff who had completed safe management of medicines training. Staff had their competency to administer medicines assessed annually by the registered manager. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles effectively.

People were supported to make their own decisions and choices. Staff supported people to identify their individual wishes and needs by using their individual and unique methods of communication. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty guidance and legislation. 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 interest and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The home was working within the principles of the MCA 2005. Paperwork associated with DoLS applications demonstrated the provider had taken the necessary action to ensure people's human rights were recognised and protected.
Staff supported people to promote their independence. The provider had deployed sufficient staff to provide stimulating activities for people and to access the community and protect them from social isolation.

People had access to information about how to make a complaint, which was provided in an accessible format to meet their needs. Complaints and concerns were taken seriously
People were provided with nutritious food and drink, which met their dietary preferences and requirements. 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's dignity and privacy were respected and supported by staff who were skilled in using individual's specific communication methods. Staff were aware of changes in people's needs, and took prompt action to promote their health and wellbeing by making referrals to relevant health professionals.

We observed people appeared relaxed and happy in the company of staff who they readily approached for company and support when required. People were treated with kindness and compassion in their day-to-day care by staff who knew them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times.

and used as an opportunity to improve the service. There had been two complaints since our last inspection, which had been investigated thoroughly and resolved to the satisfaction of the complainants.

The previous registered manager, home manager and positive support coordinator had developed the staff

team to consistently display appropriate values and behaviours towards people. Staff told us they enjoyed working at Cornview because the management team made them feel valued and part of a team where everyone's opinion mattered.

The provider had established an effective system to assess and monitor the quality of care people received and to ensure people's positive lifestyles were maintained and improved.

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.

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

The service was safe.

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 by staff.

Risks to people were identified and effectively managed by staff to ensure people's safety.

There were enough suitable staff to make sure people were cared for safely. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability.

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

Is the service effective?

Good

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. Regular supervision and training ensured staff retained and demonstrated the skills required to meet people's needs.

People were supported to make their own decisions and choices by staff who demonstrated an understanding of consent, mental capacity and deprivation of liberty legislation and guidance.

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 showed concern for people's wellbeing in a caring and meaningful way, and responded to their needs quickly. Staff treated people with kindness and compassion in their everyday care.

Staff supported people to be actively involved in making decisions about their care. Staff understood how people communicated, listened to their wishes and followed them in practice.

People had developed positive relationships with staff that enabled them to be supported with sensitivity and to promote their independence

Is the service responsive?

Good

The service was responsive

People received personalised care that was tailored to their needs, based on their wishes and preferences. The service was responsive to people's changing health needs.

People were supported to follow their interests and take part in social activities and education opportunities. Staff supported people to maintain their independence and access the community.

Staff listened to people's views and responded to them on a daily basis. There were processes in place to seek feedback from family and friends about the quality of the service.

Processes were in place to enable people to make complaints. Learning from concerns raised by people and their families had been used by the management team to drive improvements in the home.

Is the service well-led?

Good

The service was well-led

The provider promoted a positive culture within the service based on open and honest communication between people, their relatives and staff. People, relatives and staff felt they were listened to and their opinion was valued.

There was a clear management structure, to ensure the delivery

of people's care was provided by staff who were well supported. The home manager and positive support coordinator provided good leadership to staff, who understood their roles and responsibilities.

The provider delivered high quality care by operating quality assurance systems effectively to identify and drive improvements.

Cornview

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 Cornview took place on 12 January 2016 and was unannounced. When planning the inspection visit we took account of 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 4 February 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 Cornview. 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 living at the home, 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 spoke with the staff including the new manager, the positive support coordinator, ten staff and the 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 for the previous four weeks, 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.

Following the visit we spoke with the relatives of two people and three 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 their family members were protected from abuse and harm by staff who knew their needs and how to keep them safe. People living at Cornview had complex needs and associated behaviours which may challenge others and present a risk to their own safety. One relative told us, "It gives me peace of mind that some staff have been there years and know how to respond when unexpected things happen to keep everyone safe." Another relative told us, "People don't understand his behaviour, that's why Cornview is perfect for him. Liaise (the provider) truly understand his needs and behaviour and cater for them."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had access to government legislation and local authority guidance to help them identify abuse and respond appropriately if it occurred. Staff had completed and updated the provider's required safeguarding training and were aware of the provider's safeguarding policy. Staff were able to demonstrate their understanding of how to protect people from abuse and understood the procedure to raise concerns internally and externally when required. People were protected from abuse because staff had been trained and understood the actions required to keep people safe.

People could access their money at any time and were supported by staff to ensure they were not subject to financial abuse. People's finances at the home were subject to a weekly audit by the provider's finance administrator. During our inspection we observed staff booking people's money in and out in accordance with the provider's policy and procedure. 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.

There had been three incidents since our last inspection, which had been referred to the local safeguarding authority. During these incidents people had displayed challenging behaviours, which had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. People's risk assessments had been reviewed by the staff and behaviour management plans 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 to people's personal safety had been assessed and plans were in place to minimise these risks. When people engaged in activities subject to risk assessments the senior member of staff completed a further risk assessment immediately before. This considered factors relevant at the time, for example the persons health and mood that day. Risks to people had been assessed in relation to social activities and day to day life such as bathing and meal preparation.

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 people had a risk assessment and management plan to protect them from the risks associated with their lack of safety awareness. We observed staff support two people accessing the community in accordance with these plans and assessments. Staff were able to explain individual risks associated with each activity and the actions they

implemented to protect people from harm. Risks affecting people's health and welfare were understood and managed safely by staff.

Staff recorded and monitored incidents where people displayed behaviours which may challenge others and sought guidance from relevant health professionals where required. This ensured risks to people associated with their behaviours were managed safely. During our inspection we observed sensitive interventions by staff in accordance with people's positive behaviour management plans. Staff were able to recognise triggers for behaviours which may challenge, enabling early interventions, which ensured that people's dignity and human rights were protected.

Staff understood the arrangements to keep people safe in an emergency and where to access this information. For example each person had an individual evacuation plan. 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 such as paramedics or accident and emergency staff. This ensured health professionals would have information required to treat them safely, such as people's prescribed medicines, known allergies, their means of communication, and the support they required. People were kept safe as staff had access to relevant information which they could act upon and provide in an emergency.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. 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 harm to people and others visiting the home. People were protected from environmental risks within the home.

Daily staffing needs were analysed by the positive support coordinator and home manager. This ensured there were always sufficient staff with the necessary experience and skills to support people safely. At the time of our inspection one team leader had recently left the home and one had been on long term absence. The positive support coordinator had assumed some of their responsibilities until another team leader had been recruited to ensure sufficient skilled team leadership.

Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. If additional staff were needed during periods when people required more support these were provided from within the provider's care group. This ensured people experienced consistency of care and support from staff who knew them. Rotas we reviewed confirmed there was always sufficient staff to meet people's needs safely, without the use of agency staff.

Staff had completed safe management of medicines training and had their competency to administer assessed annually by the home manager and positive support coordinator. 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. Staff understood how to administer people's medicines safely.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented. We observed people take their medicines in accordance with their support plan. For example one person did not like to swallow tablets so wherever possible had their medicine in liquid form. Staff demonstrated different strategies to support people to take their prescribed medicines later if initially

declined. People were supported to take their medicines safely.

Where people took medicines 'As required' or 'Homely remedies' there was guidance for staff about their use. 'As required' medicines are those which people take only when they need them, for example pain relief. 'Homely remedies' are medicines the public can buy to treat minor illnesses like coughs and colds. During the inspection we observed one person administered medicine safely as required, to support a health condition, in accordance with their support plan. People were supported to take their 'As required' and 'Homely remedies' 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

Relatives and health and social care professionals made positive comments about the effectiveness of the service. One relative told us, "The staff are excellent. I couldn't speak more highly of the home or wish for better care." Another relative said, "The old manager who has just left was brilliant. It is a real shame that he has gone but the home's strength lays in the stability and personal knowledge of the staff, some who have been there as long as the people." A health and social care professional told us, "The provider provides a high standard of care and responds effectively to people's needs."

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively. We spoke with two new members of staff who told us their induction programme gave them the skills and confidence to carry out their role effectively. The previous 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. New staff completed six weekly and twelve weekly support meetings with the registered manager. These identified any new ideas and ensured they had received the appropriate training and preparation for working with people in the home.

Records showed that the provider's required staff training was up to date, including topics such as safeguarding people from abuse, moving and positioning, fire safety, food hygiene and infection control. This ensured staff understood how to meet people's support and care needs. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively. People were protected from the risk of ineffective support from staff who did not have the skills or knowledge required to meet their needs.

Where necessary the provider had enabled further staff training to meet the specific needs of the people they supported, including autism, learning disability, epilepsy 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. All staff were supported to complete the Diploma in Social Care and to undertake additional relevant qualifications to enable them to provide people's care effectively. The provider's training manager completed an annual learning and development calendar a year in advance, which ensured staff were supported with their career development. We noted that shift leaders were to undertake training in Practice Leadership to improve their skills in team leading and management in January 2016. Staff told us they could refresh their training whenever they felt it was necessary and did not have to wait for scheduled training sessions.

Staff received an annual appraisal and formal supervision every eight weeks. Supervision records identified staff concerns and aspirations, and briefly outlined any agreed action plans. Action plans were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us that the home manager and team leaders encouraged staff to speak with them and were willing to listen to their views. Staff received

effective supervision, appraisal, training and support to carry out their roles and responsibilities.

Weekly staff meetings provided staff with the opportunity to discuss issues and ideas to support people. There were also monthly house meetings where training and best practice issues were also discussed, for example confidentiality and information sharing.

Staff communicated with people using the methods detailed in their support plans. We observed staff supporting people with limited verbal communication to indicate their 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 home manager and positive support coordinator involved them in all decisions relating to people's care and support. People were given choices and asked for their consent before staff provided any support. One relative had provided the following feedback, "Thank you to everyone at Cornview. We feel very much part of the team and feel very involved in all the decision making needed to ensure his well -being and happiness."

Records confirmed that staff had completed training in the Mental Capacity Act (MCA) 2005. 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. 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

Where people had been assessed as lacking the capacity to consent to medical procedures, including eye surgery, blood tests, vaccinations or dentistry, decisions had been made in their best interest, 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, "She (positive support coordinator) is exceptionally good at letting us know what is happening and is regularly ringing or emailing us to see what we think about different ideas." Relatives told us they were always invited to care reviews and the previous registered manager had ensured they had a chance to consider all significant decisions, even if they could not attend meetings in person. One relative said, "The manager and staff always have people's best interest at heart and will make sure that everyone is consulted who has anything to contribute to ensure their safety and welfare is considered."

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. 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.

In October 2015 the home held a staff meeting where issues regarding the MCA 2005 and DoLS relating to all

of the people at Cornview were discussed. The previous registered manager and positive support coordinator 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 management team had taken the necessary action to recognise and maintain people's rights. People's human rights were protected by staff who understood the DoLS and MCA 2005.

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 and dinner time, during which people were supported to consume sufficient nutritious food and drink to meet their needs. People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans. At breakfast time we observed one person chose to eat fruit and another chose cereal. One person remained in their bedroom and initially declined breakfast. Staff then took a selection of cereals and fruit to the person to support them making a choice. Later that morning, when the kitchen was unoccupied, staff supported the person to prepare their own breakfast, in accordance with their support plan.

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 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. For example, since our last inspection staff had identified that one person's eyesight had deteriorated significantly. Staff referred their concerns to relevant health professionals and the person underwent corrective surgery, which restored their eyesight. This demonstrated that health issues or concerns identified by staff were raised with and addressed by health professionals promptly.

People's health conditions were described in detail to ensure support workers were aware of signs to promptly identify potential health issues. Staff were also provided with clear guidance about how to support people when such signs were observed. Staff were able to explain signs which could indicate health issues for each individual and the response required to support them. For example one person had an asthma management plan and another person had an epilepsy seizure protocol. Each person had a positive behaviour management plan and one person had been referred to a psychologist for support in relation to increased anxieties, in accordance with their individual plan. People were supported to effectively manage their health conditions.

Good

Is the service caring?

Our findings

There was a friendly, supportive atmosphere at Cornview, where interactions between people and staff were caring and professional. Relatives told us staff were caring and always had time to discuss their loved one's needs and progress. One relative said, "The staff have done wonders with him. You wouldn't realise it was the same person. They invest so much time getting to know and understand him." Another relative told us, "The care staff energy and input from the registered manager make the home special." One relative told us, "Most people do not understand his complex needs. The staff at Cornview understand him better than others, which is why it is the perfect place for him."

Relatives told us the staff were kind and compassionate. During the inspection we observed staff provided support before it was requested. Staff were attentive and responded to people with patience and understanding, whilst following their individual support plans. We observed people's care was not rushed enabling staff to spend quality time with them.

We observed when people became worried and anxious they were immediately supported by staff offering reassurance. 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. The home was spacious and allowed people to spend time on their own if they wished. During our inspection one person was anxious and chose to stay in their room. Staff showed concern for the person's wellbeing in a caring and meaningful way. For example staff reassured the person and supported them in accordance with their support plan. We observed staff offering the person explanations about what was happening elsewhere in the home and the opportunity to engage in activities.

One person indicated through positive gestures that staff were caring. Without exception relatives told us the registered manager and staff were committed to developing caring and trusting relationships between their family member and all staff. We reviewed relationship development plans to develop the confidence of staff when people displayed behaviours which may challenge. One relative told us, "The most reassuring thing about the staff is they all want to be there and you can tell it's not just a job to them. They really do care, which is shown by how long some of the staff have been there." Another relative told us how the previous registered manager, positive support coordinator and staff had gone the "extra mile " to ensure their loved one was supported and reassured during ante and post operative procedures and rehabilitation. They told us, "The manager made sure there was always someone he knew really well with him throughout the whole process. They even brought back two people he was really close to from other homes to make him feel safe and reduce his worries."

People received care and support from staff who had got to know them well. Staff understood people's care plans and the events that had informed them. Staff were able to tell us about significant events in people's lives and what was important to them. We reviewed documents completed by staff which recorded their special memories about people's achievements, frequently describing small steps taken by individuals towards their personal goals. One staff member told us about their sense of achievement when they witnessed the "happiness" of one person at their birthday party in the home. Another member of staff told

us how they had recorded a memorable moment about supporting one person to make their own milkshake. Staff took great pride in the personal achievements of people they supported, which we saw demonstrated during our inspection.

People were given the information and explanations they needed, at the time they needed them. For example people were informed who would be supporting them during the day and were reassured of this by pictures of staff on duty. Staff told us this was important for people to refer to, and ensured it was updated daily. During our inspection we observed one person reassured by staff as they were looking at the pictures of staff who were working, and those scheduled to take over. Staff were knowledgeable about things which made people anxious and how changes in daily routines affected them.

Relatives and staff 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. We observed staff offer opportunities to people to take part in activities both outside and within the home. Two people chose to go for a long walk and to have lunch at a restaurant, whilst the other person decided to remain indoors to complete activities of their choice. Staff respected people's right to decide whether to participate in activities.

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.

Records confirmed that the caring qualities of prospective care staff were evaluated through the provider's recruitment and induction process. Staff 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, "I think it is a good idea for people to have an idea of the nature of care that is required because it is not for everyone."

New members of staff told us they had been supported by more experienced colleagues, who were willing to share their knowledge and support them to develop their own individual relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

Relatives and visitors were welcomed to the home and there were no restrictions on times or lengths of visits. One relative told us they often turned up unannounced when passing and were always welcomed into the home, which they found reassuring. 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.

Staff had completed training in relation to promoting equality and diversity and were able to describe how they upheld people's privacy and dignity, for example when providing personal care. They also told us how they encouraged people to be aware of their own dignity and privacy, for example, by encouraging them to wear clothing. People's personal preferences, their likes and dislikes were noted and followed in practice, for example bathing arrangements and terms of reference. During our inspection we observed staff treat people with dignity and respect.

A relative told us how staff respected their loved one's privacy when they chose to be alone. Staff supported the person to retreat to their room whenever they felt anxious and needed solitude. Throughout the inspection staff supported the person in accordance with their behaviour management plan. This afforded the person a peaceful environment and staff the visibility to ensure the person was safe and well. We observed staff promote people's independence, dignity and privacy whilst providing their care and support.

One relative had provided feedback about how their loved one was involved in decisions about their care, which read, "He is seen very much as an individual with his own wants, needs and desires and these are adhered to at all times. We cannot ask for more."

Good

Is the service responsive?

Our findings

One person with limited verbal communication used positive gestures to affirm that staff listened to them. Relatives told us that the home provided care which was tailored to meet people's individual needs and their loved one could not receive "Better support anywhere". One relative told us, "The manager and care staff make you feel you are part of a team and are always asking for your thoughts about new ideas and major decisions". Health and social care professionals told us that the staff were conscientious and promptly sought advice and guidance where required, which was then implemented by staff.

People's needs were assessed before they moved in to the home and re-assessed at regular intervals. Support plans and risk assessments were completed and agreed with individuals and other interested parties, where appropriate, before people moved into Cornview.

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 provider's health specialism lead and the senior specialist worker at the home. The nature of the service provided meant that people's needs tended to change frequently and plans were reviewed whenever a change to care plans was required. The team leaders met weekly to review people's needs, where any concerns or changes were recorded and raised with 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. The positive support coordinator and shift leaders conducted thorough handovers when shifts changed, which recorded all significant events and important information staff required to support people effectively. This ensured staff provided care that was consistent but flexible to meet people's changing needs.

During our inspection staff responded immediately to people's needs. We observed staff were able to interpret people's communication methods and behaviours to respond to their needs. One relative told us their family member had complex needs and "The staff at Cornview are excellent at knowing how to support him in different situations."

One person who became anxious during our inspection began to display behaviours which had an adverse impact on their own health and may have challenged others. We observed staff worked effectively as a team to promptly support this person's health needs, whilst ensuring other people's emotional and psychological needs were also supported. People were supported quickly in accordance with their needs and risk assessments when required.

Advice and support was sought promptly from relevant health professionals when required, for example when one person's anxieties began to have an impact on their nutritional intake. 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. 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 were aware of the support people required detailed in these plans, which we observed being followed in practice.

All people had activity plans which had different entries throughout the day. This ensured people had a range of varied and stimulating activities every day. Each person had an activity schedule which was tailored to their personal interests and pursuits. People had lifestyle programmes where they completed training in their chosen topics such as cookery and art. Staff had identified people's individual needs and interests with them, then arranged activities to meet these.

During our inspection we observed staff accompany people on a long walk within the community and a visit to a local restaurant. Throughout the walk one person repeatedly ran towards things of interest, such as trees and branches. We observed the person do this freely with no restraint in areas where there were no identified dangers, for example from road traffic. When any risks were identified we observed staff support the person in accordance with their risk assessment. People were encouraged to take part in other activities of their choice outside the service, such as swimming and trips their favourite bakery. Detailed risk assessments were in place to ensure activities were pursued as safely as possible. 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 individual communication plans which informed staff how people communicated and their level of understanding. One person's communication plan detailed 30 Makaton signs they used to communicate different messages. Makaton is a language programme using signs and symbols to help people to communicate. Another person approached staff when they wished to communicate and touched them on the shoulder for reassurance, whilst another person led staff by the hand to items of reference. Staff communicated with people in accordance with their communication plans. People's communication methods were understood and implemented in practice by staff.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two complaints since our last inspection, which had been investigated thoroughly and resolved to the satisfaction of the complainants. The previous registered manager had ensured that improvements had been made in relation to the issued raised in these complaints. For example environmental changes had been made to support people with their activities within the home's garden, which had reduced the adverse impact on neighbours.

Good

Is the service well-led?

Our findings

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

People and their relatives felt able to express their views freely. Relatives praised the registered manager and staff for their dedication and devotion to the people living at Cornview. They told us people had benefited from excellent continuity of care, provided by staff who had known them for many years. This meant that when people were anxious there were always staff they knew well to comfort and reassure them.

Without exception staff told us they were disappointed the registered manager had recently left the home because they were a "Great role model" and "Totally committed to the home and people who lived there". However staff were confident that the quality of care and support provided would not be affected due to the presence of the positive support coordinator, who had worked at the home for many years and afforded management continuity. Staff told us the positive support coordinator had vast knowledge of people at Cornview and inspired confidence and trust in staff and people alike.

Staff told us they enjoyed working at Cornview because the home manager and positive support coordinator made them feel valued and part of a team where everyone's opinion mattered. One staff member told us, "It is a great place to work, where everyone respects one another and understands what we are trying to achieve for the people we support." Another staff member told us, "There is no better feeling than when someone does something for the first time or allows you to support them to do something. The positive support coordinator knows everyone so well and is always supportive if you have worries about people or ideas to improve their lives."

Staff told us they took pride in the caring values of the home. One senior staff member said, "I love coming to work and while there have to be professional boundaries you cannot help building close relationships with people here. It is like a big family." Another person told us, "The best thing about Cornview is that everyone is doing their best to give people the lives they want, surrounded by people who really care." We observed these values demonstrated in practice by staff during the provision of care and support to people.

Relatives and healthcare professionals told us whenever they contacted the home staff were always friendly and approachable. One relative told us, "Whoever answers the phone always know what is happening and how all the people are."

Staff told us they were encouraged to express their views about the home and support being provided to people, which records confirmed. A new staff member told us they were impressed with the management team who encouraged all staff to share a joint responsibility to continually improve the home. We reviewed staff rotas which demonstrated the home manager and positive support coordinator worked shifts

alongside staff, which enabled them to build positive relationships with people and staff. During periods when there were unforeseen staff absence, for example due to illness, the management increased their direct support of people. On the day of our inspection the home manager and positive support coordinator were providing "Hands on" care and support to people.

The previous registered manager held quarterly review meetings and annual review meetings to gather the views of people, their representatives and staff to drive improvement in the service. The home manager had already scheduled such future reviews. The previous registered manager and positive support coordinator had 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 positive feedback. One such comment about their family member's support read, "The level of care and commitment he receives at Cornview is amazing. Despite requiring a very high level of care, all the staff are committed to ensuring he receives the best quality of care.

Shift leaders had weekly meetings with their respective teams, which informed the weekly senior staff meetings held by the home manager and positive support coordinator. Matters discussed in these meetings were recorded and where required actions were raised in relation to new ideas or suggested improvements. Staff told us that the management team encouraged them to identify ways to improve the quality of care people received. One staff member said, "The managers always ask for our ideas and thoughts about things, which makes you feel that your input matters, which in turn inspires you to continually think about what could be done to improve things." One staff member told us how one person was declining opportunities to access the community due to increased anxiety. Staff continually discussed how to encourage and build the person's confidence to go out more. There were also discussions about how to provide stimulating activities within the home environment. These discussions led to the provision of a safe greenhouse, bird feeding table and rocking chair. We reviewed documents which detailed how this person had been supported by staff to complete gardening activities such as watering plants, growing and picking strawberries. This person also enjoyed rocking in their chair and watching birds feeding. Staff told us meetings were inclusive and generated a lot of good ideas to improve the quality of people's lives.

The provider had established an effective system to assess and monitor the quality of care people received and to ensure people's positive lifestyles were maintained and improved. The home manager and designated staff completed audits of medicine administration, health and safety, fire and infection control. The provider's satisfaction questionnaires were completed annually and service user audits were completed quarterly. The quality of care people received was continually assessed to ensure it was maintained and where required improved.

The provider visited the service weekly and discussed any improvements or issues with the home manager and senior staff team. We reviewed some of the provider's weekly quality assurance reports, which detailed observation of staff practice and discussions with staff. For example staff were observed supporting a person with increased anxieties preparing meals. The provider reinforced best practice and the positive support given to people by staff and provided advice and guidance where required. During weekly conversations with staff the provider asked them to identify their top three priorities to improve the service. During the most recent provider's quality assurance visit a staff member thought management of people's anxiety levels during periods of staff transition could be improved. We noted that action had been taken to address this by advance completion of the staff photo boards and early communication with people to inform them of impending changes.

The home manager and positive support coordinator produced a weekly report for the provider identifying all significant issues and action taken by staff at the home. 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. Records demonstrated that the previous registered manager and provider had completed quarterly night time checks and fire evacuation drills. The home manager had provisionally scheduled such future visits in their diary.

During our inspection we observed the home manager and positive support coordinator engage with staff and positively manage them. For example during a group walk in the community the positive support coordinator provided clear leadership and guidance to ensure people were supported safely, whilst promoting their independence. On the day of our inspection one person was being supported with an escalating health issue and staff required guidance regarding the administration of prescribed medicine. We observed the manager provide clear instructions to staff in relation to the administration of the persons prescribed medicines, which they then implemented.

Staff immediately logged all accidents and incidents onto an electronic system, which was reviewed daily by the manager, positive support coordinator and provider. This ensured the provider identified trends and managed actions to reduce the risk of repeated incidents. Systems and processes supported reviews and monitoring of action taken to ensure identified and required improvements to people's care were implemented effectively.

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.

Records accurately reflected people's needs and were up to date. 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 but remained accessible to authorised staff. Processes were in place to protect staff and people's confidential information.