

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

Cornfields provides accommodation and personal care to a maximum of three people who live with a learning disability, autism and/or associated health needs, who may experience behaviours that challenge staff. At the time of inspection three people were living at the home.

The service is located in a residential home that has been developed and adapted in line with values that underpin the Registering the Right Support and other best guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can lead as ordinary life as any citizen.

The service did not have a registered manager. A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run. The previous registered manager moved to another role within the care group in November 2017 and their vacancy had been filled by another manager, who was completing the process to become the registered manager.

This comprehensive inspection took place on 16 and 20 March 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from all types of bullying, harassment, avoidable harm, neglect, abuse and discrimination by staff who understood their responsibilities to safeguard people. Staff and relatives who raised concerns received sympathetic support from the manager and provider. Risks to people were assessed and plans were devised to minimise potential risks, whilst promoting people's independence. Medicines were administered safely, as prescribed and in a manner individuals preferred. Prospective staff underwent robust pre-employment checks to ensure they were suitable to work with the people who lived with autism or a learning disability. There were always enough staff with the right experience and skills mix, to provide care and support to meet people's needs.

Staff were enabled to develop and maintain the necessary skills to meet people's needs. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Where people were subject to restrictions to reassure and keep them safe, these were minimised to promote their freedom and the least restrictive option(s) possible.

The manager had developed effective partnerships with relevant professionals and quickly referred people

to external services such as GPs, neurologists, dieticians, urologists, opticians and dentists, when required to maintain their health. People supported staff to maintain high standards of cleanliness and hygiene in the home, which reduced the risk of infection. Staff followed required standards of food safety and hygiene, when preparing or handling food. People were supported to have a healthy balanced diet and had access to the food and drink of their choice, when they wanted it. The physical environment was personalised to meet people's individual needs.

People's needs were assessed regularly, reviewed and updated. People had detailed care plans which were enhanced by positive behaviour and communication support plans, which promoted their independence and opportunities to maximise their potential.

People were supported by regular staff who were kind and caring. There was a warm and positive atmosphere within the service where people were relaxed and reassured by the presence of staff. The manager designed rotas which ensured people's preferred staff were readily available.

Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. People were encouraged and enabled to be involved as much as possible in making decisions about how their support needs were met.

Staff demonstrated a real empathy for the people they cared for and one another. Staff spoke passionately about people, recognising their talents and achievements, which demonstrated how they valued them as individuals.

The service was responsive and involved people and their relatives in developing their support plans, which were detailed and personalised to ensure their individual preferences were known. Staff consistently demonstrated in their day to day support of people that respect for privacy and dignity was at the heart of the home's culture and values.

People were supported to take part in activities that they enjoyed. Staff supported people to maintain relationships with their families and those that mattered to them, which protected them from the risk of social isolation.

The manager regularly sought the views of people and their relatives and used these to drive improvement of the home. There had been no complaints since the last inspection. Relatives were confident that the manager and staff would listen to them if required and take the necessary action.

The service was well led. The vision, values and culture of the service were understood by all staff, which they demonstrated when supporting people. The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement of the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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, looked at the overall quality of the service, and provided 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 unannounced inspection of Cornfields took place on 16 and 20 March, 2018. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. As a result this inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with three people living at the home, some of whom 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 three people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during internal and external activities and when medicines were administered. We spoke with the management team including the registered manager, the previous registered manager, who was now a training manager, the deputy manager, the positive support coordinator (PCS) and the provider's Director of Care. We spoke with two shift leaders, two senior staff and five staff, including three night staff and two agency staff. During the inspection the training manager held a training session at Cornfields about the use of positive behaviour support strategies. We spoke with four staff who had completed this training.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at eight staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering February and March 2018, 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.

Following the visit we spoke with the four relatives of the three people and two 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 the commissioners of people's care.

## Is the service safe?

### Our findings

People continued to experience care that met their needs and made them feel safe. One relative told us, "We never have to worry about whether [their loved one] is safe because the staff are so dedicated that they do treat them like their own family". Another relative told us, "Staff go out of their way to make sure [their family member] is safe and feels safe wherever they are."

People were consistently protected from avoidable harm, neglect, abuse and discrimination. For example, the Director of Care was the safeguarding lead and oversaw all safeguarding allegations. Staff had completed the required training to understand their role and responsibilities to safeguard people from abuse. When concerns had been raised, the management team carried out thorough investigations in partnership with local safeguarding bodies.

There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged. Staff performance relating to unsafe care was recognised and responded to quickly. For example, an incident where a person was exposed to the risk of choking was appropriately reported and recorded. Lessons learned from this incident were shared and put into practice immediately to protect the person from further risks.

People were protected from harm because staff understood the provider's safety systems, policies and procedures. For example, all staff had refreshed training in relation to fire safety and emergency evacuation procedures, which they had practiced.

There were always enough staff deployed with the right mix of skills to make sure that care and support was delivered safely and to respond to any unforeseen events. For example, the manager ensured that people's preferred staff were available. Staff underwent relevant pre-employment checks to ensure their suitability to support people living with a learning disability.

Staff managed medicines consistently and safely, and involved people and their families where appropriate in regular medicines reviews and risk assessments.

Staff understood the causes of behaviour that distressed people or put them at risk of harm. Where people were subject to restrictions to reassure and keep them safe, these were minimised to promote people's freedom. For example, supporting people to access the community safely.

People supported staff to maintain high standards of cleanliness and hygiene in the home, which reduced the risk of infection. Staff followed required standards of food safety and hygiene, when preparing or handling food.

## Is the service effective?

### Our findings

People continued to receive support which achieved their desired outcomes and promoted a good quality of life, based on the best available evidence. Relatives consistently praised the skill and expertise of the staff in meeting people's complex and emotional needs.

Each person had an individual health action plan which detailed the completion of important monthly health checks. The manager consistently applied processes for referring people to external services such as GPs, neurologists, dieticians, urologists, opticians and dentists, which helped to maintain their health. The registered manager had developed effective partnerships with relevant professionals, for example the community learning disability team.

Professionals told us that prompt referrals had been made to make sure that people's changing needs were met and consistently reported that staff effectively implemented their guidance.

People's needs were assessed regularly, reviewed and updated. People had detailed care plans which were enhanced by positive behaviour and communication support plans, which promoted their independence and opportunities to maximise their potential. These had been developed with people and their families where appropriate, on evidence based guidance and recognised best practice.

All staff had completed a comprehensive induction and did not work unsupervised until they were confident and had been assessed as competent to do so by the manager. Staff had received effective training and supervision to maintain and develop their skills and knowledge, which enabled them to support people and meet their needs effectively.

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by attentive staff. Mealtimes were unhurried and arranged to suit individual needs and preferences. Staff understood the different strategies to encourage and support people to eat a healthy diet. Relatives consistently told us that staff perseverance and willingness to try new ideas had a positive impact on their loved one's diet. For example one person who had preferred to eat alone was now happy to eat with other people and staff.

People were involved in decisions about the decoration of their personal rooms, which met their personal and cultural needs and preferences. The premises had been adapted to meet people's needs, for example the provision of a safe haven for a person when they felt anxious.

Staff applied the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards in their day to day care practise. For example, people, and where appropriate their representatives, were involved in decisions about their care to ensure their human and legal rights were protected.

The manager and staff encouraged people and their relatives where appropriate to make choices, in line with best interest decision-making. For example, people had been supported to make decisions in relation

to major dental and other surgery. Staff made appropriate and timely referrals to relevant professionals and services, and acted swiftly on their recommendations. For example, staff provided effective support to one person who experienced a sequence of multiple seizures.

## Is the service caring?

### Our findings

Staff were highly motivated and demonstrated a real passion to care for the people living in the home. Relatives told us that staff consistently cared for their loved ones in a way that exceeded their expectations. One relative told us, "Some staff have been there a long time and will do anything and everything to make sure [family member] is happy." Another relative told us, "Last year their [staff] support was amazing when she was in hospital. They provided 24 hour cover round the clock to make sure she wasn't frightened and there was always the smiling face of someone who loved her there to reassure her."

Staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. This included designing appropriate routines, rotas, training, and supervision. For example, people had preferred members of staff who were introduced to support and reassure them at times of high anxiety. The manager designed rotas which ensured such staff were available at all times.

One relative told us, "For years some of the staff have gone above and beyond because they will drop what they are doing and come in if people are upset or distressed." People had as much choice and control as possible in their lives, including the choice of staff who provide their personal care and support.

Staff demonstrated a real empathy for the people they cared for and one another. For example, during a recent period of adverse weather one off duty member of staff who lived locally went into the home to support people until other staff could arrive. At the time of inspection one preferred staff member had taken urgent compassionate leave, which had the potential to cause one person to become anxious and distressed. Throughout the period of the staff member's absence the person's other preferred staff had volunteered to come in to support the person at relevant times.

Staff spoke about people with passion and fondness, recognising people's talents and achievements, which demonstrated how they valued them as individuals. One person had chosen a print they liked to hang in the lounge, which had the following words on it, "Be the reason someone smiles today." A staff member told us, "We couldn't believe she chose it because that's why we come to work to make people smile."

People and where appropriate their relatives were involved in their care planning, which took into account their wishes, needs and preferences. Relatives consistently told us that the manager and staff made them feel their feelings and opinion mattered. Family members praised the management team for keeping them updated and involving them in important decisions.

Staff consistently demonstrated in their day to day support of people that respect for privacy and dignity was at the heart of the home's culture and values. People's care records included an assessment of their needs in relation to equality and diversity. Staff understood their role to ensure people's diverse needs and right to equality were met, through care which respected their privacy and dignity, whilst protecting their human rights.

Staff consistently interacted with people in a calm and sensitive manner and used a variety of tools to

communicate with people according to their needs.

## Is the service responsive?

### Our findings

People continued to experience care that was flexible and responsive to their individual needs and preferences. Care plans and risk assessments had been updated regularly and had been recently subject to an annual review. People's positive support plans were reviewed monthly and monitored the progress against the short, medium and long term goals.

People's changing needs were quickly identified and referred to relevant health and social care professionals where required, for example neurologists, urologists and dieticians. We observed staff effectively discuss changes to people's needs at staff shift handovers, which meant staff were responding to people's current care and support needs.

Professionals consistently reported that staff were focused on providing person-centred care and were responsive to their advice and guidance which achieved good results. For example, the substantial reduction in one person's identified stress levels had a significant impact on adverse physical health symptoms.

Staff understood the needs of each person and delivered care and support in a way that met these needs and promoted equality. Staff identified, recorded and shared relevant information about the communication needs of people living with a disability or sensory loss.

Staff supported people to maintain relationships with their families and those that mattered to them. For example, people had developed friendships with other people who lived at homes within the provider's care group. People regularly visited friends to have a cup of tea and enjoyed other social gatherings, including birthday parties and barbeques.

The provider had implemented an electronic care recording system. The system was accessible to relatives and enabled them to monitor care recordings in real time. One person used this secure system as a personal media facility and regularly shared photos of their activities and achievements. The provider created monthly newsletters about each individual which families consistently told us they looked forward to reading. Staff encouraged social contact and companionship, which protected people from the risk of social isolation and loneliness.

People and their relatives were given the opportunity to give feedback on the service during care reviews, meetings and feedback surveys. Feedback we reviewed was consistently positive, with many complimentary comments about the support provided.

Relatives consistently praised the imagination and tenacity of staff to try new and innovative ideas to improve the quality of their loved one's life. One relative told us, "The manager and team are always looking to improve. They never rest on their laurels and never think we've got that nailed, they are continually evolving."

People had been provided with a copy of the complaints process in a format which met their needs. There had been no complaints since our last inspection. Relatives were confident that the manager and staff would listen to them if required and take the necessary action.

People were supported to make decisions about their preferences for end of life care and were given the opportunity to review these regularly.

## Is the service well-led?

### Our findings

The home continued to be consistently well-managed and well-led by the manager who led by example and provided clear and direct leadership.

The provider and management team had created an open, inclusive, person-centred culture, which achieved good outcomes for people, based on the provider's values. These values had been created by the provider's own staff members and included being open, positive and empowering. We observed staff demonstrating these values during their day to day support of people. The manager consistently monitored the support provided against these values to ensure they were embedded in staff practice.

People, relatives and professionals told us the manager and staff had created a real family atmosphere in the home, where people and staff cared for one another. For example, when a person had to be admitted to hospital for treatment this had a significant impact on other people, who were worried about their friend. We reviewed positive support plans which provided clear guidance about how to compassionately support and reassure people at this time.

Staff consistently told us the manager and other leaders within the home made them feel respected, valued and well supported. Staff told us the management team listened to their ideas and suggestions and gave them constructive feedback, which motivated them to provide the best quality care for people. For example, the positive support coordinator encouraged feedback and adopted staff suggestions to improve strategies to support people.

The manager and provider readily recognised good work and staff achievements, for example; several staff had been nominated in the provider's annual awards, with one winning the carer of the year award and another for service in the community. Staff were proud of their achievement, winning the award for best teamwork.

Relatives and professionals spoke positively about the effective management of the home, particularly how staff were developed to support people's learning disabilities and other complex needs.

Staff were encouraged to question poor care practice and were supported to raise concerns, which was illustrated in a whistleblowing referral. This led to staff training and competency being reviewed in relation to supporting one individual in accordance with their support plan.

Equality and diversity were actively promoted by the provider who identified the causes of any workforce inequality and took action. Staff told us they were treated equitably. For example, the provider has published Gender Pay Gap Reports since 2016.

The provider has joined the Stomp Campaign, which is an NHS initiative to stop the over use of medicines to manage people's behaviour. Positive support strategies devised by the PCS, implemented under the guidance of the manager had successfully led to reductions in the administration of such medicines.

The staff had developed good links in the local community and the manager had established effective partnerships with professional services that reflected people's needs and preferences. For example, the community learning disability team commended the manager for their willingness to learn and how they led by example implementing their guidance. Professionals told us they experienced good communication with the management team and staff.

The manager operated effective quality assurance systems to monitor the quality of service being delivered including a series of audits including care files, medicines management, health and safety, fire management and maintenance. For example; the manager had ensured improvements had been made in relation to a recent fire safety audit.