

Liaise Loddon Limited

# Cornview

## 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

The inspection took place on 30 October and 1 November 2018 and was unannounced.

Cornview is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Care and support was provided 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

At our last inspection in January 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing 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.

The provider had policies and procedures in place designed to protect people from abuse and staff had received safeguarding training. Risk assessments identified when people were at risk and action was taken to minimise the risks. People's needs were met by suitable numbers of staff who knew people's needs well. Medicines were stored safely and people received their medicines as prescribed.

People were supported by staff who had received relevant induction and training to enable them to support people they worked with. Staff supported people to eat and drink enough and to maintain a balanced diet. The environment met people's needs. People had access to healthcare services when necessary. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who cared about and valued them. People were supported to express their views and be involved in making daily decisions about their care and support. Staff spoke respectfully about people, were mindful of people's rights to make choices and were aware of people's need for privacy and dignity.

People were supported in ways which met their individual needs. People had support plans in place which covered many different aspects of their lives. People undertook a range of activities of their choosing. The provider had a complaints procedure in place.

The registered manager had a clear vision to run the home for the benefit of people living there. People, their relatives and staff were engaged and involved in how the home was run. The quality of care people received was continually assessed to ensure it was maintained. The service worked in partnership with other professional agencies.

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?

The service remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# 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 was planned to check 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.

The inspection took place on 30 October and 1 November 2018. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events, which the service is required to send us by law. The registered manager 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.

During the inspection, we spoke with five relatives who were visiting the home, two staff and the registered manager. 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 using the service. We pathway tracked the care and support for two people. We also looked at a range of records, including two care plans, two staff recruitment files and safety audits. After the inspection we also received written feedback from a further two relatives. This meant we received feedback from relatives for each person living at Cornview. We also received feedback from two healthcare professionals who worked regularly with the staff team.

## Is the service safe?

### Our findings

The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse.

Risk assessments identified potential hazards for people and actions taken to minimise identified risks. Individual risk assessments covered a diverse range of risks so that people could undertake activities they liked to do, safely. Arrangements were in place to ensure people's safety in the building. Staff had received fire safety training. Regular safety checks were completed, for example, regarding gas and electrical items.

People's needs were met by suitable numbers of staff who knew people's needs well. A relative told us that a person had made progress in their life and that, "Changes have occurred because of stability, consistency and trust. [The registered manager] does try to match and plan staffing to [person's name], someone he trusts. He is better with someone he has a bond with. Over so many years we have got to know so many [staff] so well and they are all good people."

Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were stored safely and accurate records were kept showing people received their medicines as prescribed. People were supported with their medicines by staff who were trained and competent to do so. Some people were prescribed medicines "when required". There were care plans in place for these medicines which included what the medicine was for and when it could be used. The registered manager ensured people's medicines were kept under review with health professionals and where possible, reduced, if this could be achieved safely.

People were protected by the prevention and control of infection using risk assessments and maintaining the cleanliness of the home. The Food Standards Agency had visited the kitchen and had awarded Cornview a grade five, which is the highest possible rating.

Lessons were learned and improvements made when things went wrong. The registered manager gave an example regarding the need to communicate in a different way with family members to ensure everyone had access to necessary information.

## Is the service effective?

### Our findings

People had lived at Cornview for many years but their changing needs were recognised and assessed. Where necessary, professional advice was sought which ensured staff could continue to meet people's assessed needs.

People were supported by staff who had received relevant induction and training to enable them to carry out their roles effectively. New staff also studied for the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

Staff supported people to eat and drink enough and to maintain a balanced diet. A relative told us that the cook provided the main meal but that people, "Can choose a takeaway or a pizza. There are no hard and fast rules, it is flexible. All the food is home cooked, fresh, the cook has been here a long time." Support plans detailed people's individual needs with regards to mealtimes.

People had access to healthcare services when necessary, including GPs, dentists and speech and language therapists. One person had needed treatment for a period of time and their relative told us, "The staff from Cornview supported [person's name] so well. They really did go well beyond 'the call of duty.'" A healthcare professional told us, "[Cornview] is an incredibly effective service. It is reassuring working with the whole staff team. They are very positive, they want what is best for service users and support any [health] interventions. [The staff team] observe and document changes to inform our reviews."

The home had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The provider and registered manager ensured that the environment met people's individual needs. Cornview is a bungalow and the layout had changed over the years in response to individual's needs changing. A previous bedroom had been made into a lounge and a conservatory had been added which was used as a dining room. Cornview used to be registered for four people but in line with current good practice regarding smaller services, Cornview was now home to three people. People's bedrooms reflected their needs and choices. A relative told us their view which was that, "It is a lovely bungalow in a residential area. [Person's name] loves where his room is."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 understood the importance of ensuring people's rights were upheld.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the

MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements and Deprivation of Liberty Safeguards authorisations had been applied for or approved with the relevant local authority, when necessary.

## Is the service caring?

### Our findings

People were supported by staff who cared about and valued them. One relative told us, "I love it [here], it is home from home, it is [person's name] home, it is our extended family. We know staff really well. [Person's name] is affected by changes and the staff are very good, they are empathetic, they recognise subtle changes [in his behaviour] and they understand him. Staff know when it's best to give him time and space. He responds better to choices rather than being told he has to do something." Another relative told us, "[Person's name] has always been looked after incredibly well in a caring and loving environment. [We] simply cannot speak more highly of all the staff who are so conscientious. The care and the staff at Cornview are exemplary and [person's name's] life is 'as good as it gets!'"

People were supported to express their views and be involved in making daily decisions about their care and support. The registered manager told us that people were involved in making decisions and that staff used people's preferred methods of communication to ensure they could make their wishes known.

When staff spoke to us about how they supported people, they spoke respectfully, were mindful of people's rights to make choices and were aware of people's need for privacy and dignity. One staff member said, "[People] always choose their breakfast and their clothes." They gave us an example that although one person did not make a direct choice about what to wear that day, they did let staff know what they did not want to wear if something was suggested to them. Another staff member said when they support people with their personal care, they encouraged people to do what they could do independently. The staff member was mindful of giving people space and privacy and wanted to, "make sure they always look clean and nice" to maintain their dignity.

New staff shadowed experienced staff when supporting people with their personal care needs. This meant people received consistent personal care support. Staff supported people to maintain their dignity appropriately when walking around the home.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability.

## Is the service responsive?

### Our findings

People were supported in ways which met their individual needs. One relative told us, "Staff are receptive in responding to how he is feeling. He is given lots of opportunities and choices. He is doing things now we never thought he would do. [Person's name] is affected by changes, anything can be a trigger. The staff are very good, empathetic to subtle changes. They understand him."

People had support plans in place which covered many different aspects of their lives. Support plans gave staff detailed guidance about how to support people to go out and enjoy activities and how to support them with their personal care and other aspects of everyday life. Staff told us if people's needs changed, support plans would be updated, for example, if a strategy was found not to be useful any more it would not be used.

People had individual communication plans which informed staff how people communicated and their level of understanding, for example, Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Staff had received training in this and used "Intensive Interaction" with people they supported. The registered manager told us the training involved learning the language used by individual people living at Cornview, entering their world and letting people teach staff about what is important to them. This meant people could lead staff into their own world, breaking down barriers and developing trusting relationships. There was also a programme in place called "Towards Independence" which provided a framework of activities through which personal, social and independence skills can be developed. Each person had a folder focused on one independence skill, such as preparing a meal. The task was divided into smaller, more manageable aspects of the task which could be used to build the whole skill. Staff were committed to supporting people using this approach and folders included photographs celebrating people's achievements. The registered manager told us these approaches were benefiting people, for example, staff had reported that one person had a, "Happier mood and is more open to communicating with staff."

Staff were aware of how people communicated what they would like to happen during the day, for example, one person would indicate that they would like to go out for a drive by putting on their coat and going to the front door. The registered manager said they ensured there was a driver on each shift.

People undertook a range of activities of their choosing. People went out with staff support to local coffee shops, walking in the woods and shopping for food. People were supported to go away for a night or two, if this is what they wanted to do. People also undertook daily activities such as cooking, doing their laundry and keeping their bedroom clean. One person liked to grow things so a greenhouse had been bought and the person had grown fruit and vegetables during the summer. The greenhouse project had also enabled the person to build relationships further with staff and other people living there. The registered manager told us how one person used to spend a lot of time in their room and did not go out. They were concerned that the person would be bored and staff worked really hard to improve their activity levels, such as listening to music together. People's birthdays were celebrated by hosting a party.

The provider had a complaints procedure in place. A relative confirmed, "There is a procedure, but we have never had a reason to complain. We have regular reviews, annually, but we are always given opportunity to discuss anything, we wouldn't wait for a year." The registered manager told us it had been one of their main goals when they came to the job, to increase the contact with relatives. This meant that relatives spoke with the registered manager and staff on a regular basis.

No-one was being supported with end of life care at Cornview. The registered manager told us that the provider was in the process of writing a policy around end of life care, should it be needed. The registered manager was also aware of the need to start discussions with family members for future reference.

## Is the service well-led?

### Our findings

The registered manager had a clear vision for the home to be run for the benefit of people living there. A relative told us, "We feel comfortable and relaxed [in the home]. We don't feel like visitors, we feel like part of the home, which is really lovely, as it is our son's home. We can be ourselves." Another relative said, "I trust [the registered manager], I think she is doing a lovely job." Staff echoed these views. One staff member said, "I feel comfortable communicating with [the registered manager], she is always nice with me, and supportive. I feel respected and any ideas I have are taken into account." Another staff member said, "[The home] is managed well and I feel supported." A healthcare professional told us, "The registered manager is very positive, she works with the staff team, she is really involved."

The provider and registered manager's values were that the home was open, positive and empowering to both people living there and the staff. Their ethos was that staff would, "Be able to fulfil people's potential, to support them to be as independent as possible and provide them with experiences. We all try to be positive, support people to the best of our ability and go the extra mile." A system was in place whereby a shift leader would observe interactions between a staff member and the person they were supporting.

People, their relatives and staff were engaged and involved in how the home was run. The registered manager regularly sought the views of relatives, both verbally and in writing. Relatives were sent a questionnaire and we saw the results were positive. One comment made on a questionnaire stated, "We could not be more pleased with the love, care and attention [name of person] receives. He is lucky to have such dedicated staff looking after him and organising so many activities to make his life as enjoyable as possible." The registered manager had enabled relatives to access training about the intensive interaction approach staff used when supporting people with limited or no speech.

The provider held a 'Service User's Day' at head office, which people could attend if they wished. We were told that one person had been supported to attend the most recent one and had received a certificate of achievement. People attended 'house meetings' and the registered manager said they spoke openly to families about how the service could be improved and ensured that any new ideas were tried.

The quality of care people received was continually assessed to ensure it was maintained. There was a system of audits to monitor the quality of the service provided. A 'Director's Visit' was completed on a monthly basis which identified any areas of improvement. The registered manager addressed any issues and followed up to ensure everything was completed. A 'service review' was also completed monthly by senior staff which checked whether records were up to date and the home was clean, for example. Any maintenance issues were reported and fixed as soon as possible.

The service worked in partnership with other professional agencies. Examples included the local learning disability team, clinical psychologist, music therapist and advocacy service. These working relationships also enabled the home to continuously learn and improve the quality of the service.