Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Cornfields

Roman Road, Winklebury, Basingstoke, RG23 8HD

Tel: 01256844603

Date of Inspection: 23 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Liaise Loddon Limited
Registered Manager	Mr. Philip Tala
Overview of the service	Cornfields is a care home which provides personal care and accommodation for three young adults who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

When we visited there were three young adults living at Cornfields. Parents we spoke with praised the level of involvement they were encouraged to take in the regular reviews of their son's or daughter's care. One parent said, "They always treat her with respect and dignity".

Care plans and risk assessments were person centred and clearly detailed the support needs of people. We spoke with the parents of people who told us they were very happy with the variety and suitability of activities available. One told us, "I know he is really happy there because he always has a smile on his face. Another said, "The level of care is first class."

Medicines were administered safely and no medication errors had been reported. Staff had a good knowledge of the different medicines taken by people, including rescue medication when supporting people on visits away from the home.

Parents told us that the staff provided excellent care, which gave them confidence in the quality of their training. Their desire to help the people they supported shone through. There was a scheme for rewarding achievements by people using the service and for those caring for them.

There was an effective complaints system in place, although there had been no complaints since the last inspection in September, 2011. People said they were confident that if they needed to complain they would be listened to and their grievance would be acted on swiftly.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

When we visited there were three young adults living at Cornfields. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People using the service were not able to communicate verbally with us. However we were able to find out about their experiences of living at the home by observing care and talking to parents and care staff.

The provider had systems to ensure care plans and risk assessments were reviewed and reflected people's needs and consent. The care records were reviewed with parents, in-house specialists, including psychologists, the care staff and management from the home. We saw care plans and risk assessments were reviewed every three months and an external review meeting was held yearly with the person's relatives, care manager and other professionals.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We read how staff had considered people's capacity to consent in developing care plans and risk assessments. Staff we spoke with showed they had a clear understanding of people's needs and human rights. The manager told us that there were no current deprivation of liberty safeguarding applications. We were shown a recent application that had been correctly submitted for consideration, although this was deemed to be a restriction and not a deprivation of liberty. The manager showed us records where all restrictions of rights had been identified and mental capacity act assessments had been properly completed. Where necessary these had been the subject of best interest meetings.

Parents we spoke with praised the level of involvement they were encouraged to take in the reviews of their son's or daughter's care. They were particularly impressed by the way their views were actively sought by the manager and health professionals. One parent

said, "They always treat her with respect and dignity. We have regular reviews where our views are always wanted and listened to. We all work closely together like a good team".

We saw how staff interacted with people, who had multiple needs and limited communication, with genuine warmth and affection. Staff were able to anticipate the person's needs and choices by clearly knowing the person, through observation and using good communication skills. People were encouraged to learn and develop life skills and work towards their independence. Their achievements were recognised through the use of an award scheme.

We observed staff who engaged positively with people using the service and used a range of techniques to encourage them to communicate their consent, wishes and choices. Staff gave good examples of how they sought consent in relation to activities using symbols, pictures, photographs, makaton and objects of reference.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

On the day of our inspection we spoke with the manager, night staff manager, the director of care, a specialism leader and five care staff. All showed an in depth knowledge of the people using the service and their needs.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care plans and risk assessments were person centred and clearly detailed the support needs of people. They provided a lot of information about the wishes of the individual, how they communicated, their likes, dislikes and routines. There was a lot of detail about how to provide the identified support, working with the person and what they were able to do for themselves.

The manager said that he conducted a daily needs analysis, which accounted for any increase in challenging behaviour. If more staff were needed to meet the complex needs of people they were normally recruited from within the Liaise Loddon care group. If this was not possible then other staff previously known to people were used.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Each person had a daily support folder which contained a communication support plan, an environmental support plan, a sensory support plan and a behaviour support plan. People had risk assessments for physical interventions listed in the behaviour support plans and for each activity. These risk assessments stood out, printed on red paper. The main document within these folders was called, "What's important to" and detailed all of the things that were important to the person. These were reviewed monthly by their keyworker.

Keyworkers identified learning objectives which were listed in people's daily support folder and daily diary. Learning objective sheets clearly explained why the person was working on the objective and how staff had to support them. We saw that all learning objectives had to be completed or attempted to be completed within seven days.

An effective monitoring system showed that care plans and risk assessments were updated every six months or whenever required. The system also demonstrated that staff read them as soon as they could, if they had been changed.

Each person had a health folder which contained a health action plan. We saw these were reviewed by the manager and person using the service every six months. People had a monthly health check conducted by the manager and a review by their general practitioner or other external person every year.

The daily activity plan was clearly visible in the hall and the manager's office on large wall planners. These plans showed that people were supported to participate in many varied activities within the home and in the community. The plans were colour coded to show who was doing what, when and who was supporting them. We saw that comprehensive risk assessments had been completed to make these activities as safe as possible.

On the day of the inspection we saw one person had made a photo collage showing all of the care staff who were going to support them that day. Later, people were actively involved in cleaning the dinner table, arranging laundry and playing tambourines with appropriate support from the staff. We saw one person overjoyed at the completion of a jigsaw puzzle on their computer, whilst others were happy playing with specially adapted Ipads.

One parent said, "I know he is really happy there because he always has a smile on his face. They always keep me informed. The whole organisation from top to bottom is a credit. They do a splendid job and have a genuine interest in his care, safety and development. They go two extra miles".

Another told us how people using the service showed that they cared for one another and also said, "We are very happy with the care and we know she is very happy. The staff are very helpful and always know how she is".

We were told about various measures to improve safety, for example a shatterproof computer cabinet and unbreakable Ipad holders.

Parents said they were always kept informed by the manager or his staff and could always give them an update if they phoned up. They told us their views were always asked for at reviews but also provided a written feedback form every three months. We looked at these and all had positive comments. One comment read, "fantastic progress, much calmer and settled, happy and smiling".

Staff were taught a recognised system for supporting people to manage challenging behaviour, where this was necessary. All incidents were recorded, monitored and analysed for each person by the psychology team and management, to enable review and planning. Staff were praised by parents for their relationships with their children and gave examples of good practice, where staff had remained calm and placid, whilst reinforcing positive behaviour.

We found an effective auditing system for monitoring and assessing the quality and safety of care being provided. This included three monthly internal reviews of people's care plans by the registered manager and at least one of the staff. The manager said they completed monthly reviews of their home but also visited other homes within the group to conduct reviews. This arrangement was reciprocated by the other managers. These reviews were recorded and filed in the office. We also saw that there were visit reports every two weeks by senior managers of the care group.

There were arrangements to deal with foreseeable emergencies. The manager showed us

contingency plans and health and safety assessments, which were completed every three months. We saw the staff prepare the people using the service before the fire alarm was tested to minimise any anxiety caused. We saw effective recording of fire risks, drills, checking of fire fighting equipment, emergency lighting, water temperatures, display screens checks and vehicle equipment.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. We saw the home had a protocol in place with a local pharmacy detailing how medicines should be obtained and returned where necessary. We were shown an effective system for the advance ordering of prescriptions and their receipt, including copies of all prescriptions ordered.

We found the medicines were kept safely. The manager had a key for the medicine cabinets, which were bolted to the kitchen walls. In the managers' absence other staff had access to duplicate keys, which were kept in a code protected key safe box. On the day of our inspection we saw the medicines were kept at the right temperature, which had been accurately recorded.

All of the prescribed medicines were pre packed in colour coordinated containers relevant to each person. The medicines for each person were stored in separate compartments so they could not be mixed up accidentally.
We saw that controlled drugs were properly and securely stored in a safe.

Medicines were safely administered. The manager said that people had their medicine given to them one at a time. The medicines were always administered by two trained staff, in the kitchen on the ground floor. Other people using the service would be engaged with other staff elsewhere in the home, to ensure people were not disturbed whilst taking their medicine.

There were arrangements to ensure any medicine administered was properly recorded. We examined records which showed the two staff present had signed to record what they had administered to whom and when. Records showed that people were given the medicines prescribed for them. Systems were in place for staff to check that medicines had been given as recorded.

Medicines were disposed of safely. We observed that any damaged pre packed containers or unused medicines were correctly stored in another locked cabinet before return to the pharmacy.

Parents said they had seen staff giving their children medicine in an appropriate and friendly manner.

Staff had a good knowledge of the different medicines taken by peoples including rescue medication. Staff told us there were individual risk assessments about the use and secure transport of medicines when supporting people on visits away from the home.

There were no recorded medication errors or near misses.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate development. We examined four staff files and found that all staff received a comprehensive induction relevant to their workplace and role. This meant they were able to deliver care and treatment to service users safely and to the required standard.

The provider had safeguarded high standards of care by creating an environment where clinical excellence could do well. The provider had a system for rewarding achievement by people using the service and by those caring for them. One of the staff spoke with real pride about being awarded the pink ribbon for delivering quality service. We spoke with a specialism leader who told us the awards were aimed at driving dedicated, person centred, innovative care.

Parents told us that the staff provided excellent care, which gave them confidence in the quality of their training. They said the staff were well trained but it was their desire to help the people they supported that shone through.

There was an effective training scheme for staff, which programmed required courses for the whole year. We saw that most of the staff were up to date with their training and those that needed to be refreshed were scheduled on the programme.

One of the staff we spoke with was engaged on their twelve week induction process, which ran parallel to work experience in the home. We were shown a comprehensive development portfolio which itemised specific learning and topic areas. This portfolio also contained the supervisions held with the manager during the process.

Staff we spoke with said their training and support was good. They told us they were encouraged to broaden their skills and supported by the manager if they wished to complete specialised training. This meant they were enabled from time to time to obtain further qualifications appropriate to the work they perform.

They said that trainers were knowledgeable and that the staff team was also a good source for advice and guidance, with regular visits to the home by specialism leaders.

Staff also told us that they had regular individual supervisions with their manager, which were documented, and their learning and development was monitored.

Team meetings were considered useful events for sharing knowledge and experiences. Staff also said that appraisals were held annually and that support for people working at the home was good. We saw that the manager maintained a schedule for supervisions, which were held six weekly or offered more frequently if needed. This showed the provider analysed what training the staff needed to ensure they were up to date.

The manager told us about initiatives which had lead to the service providing new equipment based on health and safety risk assessments. This showed staff were supported to do their work in a safe working environment, where the risk of violence was minimised.

Staff said the manager and senior managers were approachable and listened to their concerns. Staff gave good examples about the sensitive handling of personal issues by the manager, which allowed them to produce their best for the people they support.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

Reasons for our judgement

There was an effective complaints system in place. although there had been no complaints since the last inspection in September, 2011.

The manager said that all people using the service and their parents had a copy of the complaints procedure. The manager told us about the homes complaints policy and procedure. This clearly demonstrated a commitment to recording, investigating and resolving complaints to the satisfaction of the person who complained.

The manager said that once a complaint was made, either verbally or in writing, it would be recorded on a complaints form and routed immediately to the Director of Care. Other board members would be informed of all complaints and proposed courses of action. The policy stated that every effort would be made to resolve complaints and to provide a full written response within 28 days.

Parents we spoke with confirmed they had not made a complaint but were aware how to and understood the process. People said they were confident that if they needed to complain they would be listened to and their grievance would be acted on swiftly. They told us that they had no fear of discrimination if they had to make a complaint and were sure they would be supported by the provider.

Staff we spoke with knew about the complaints system and how to support people through it but said they had had no cause to use it.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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