

Perpetual (Bolton) Limited

# Higher Cockham Farm

## 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

### About the service

Higher Cockham Farm provides accommodation and nursing care for up to six people with mental ill health. The home is set in its own grounds in a rural position off a main road. Accommodation is provided in six single rooms. Shared space including a dining kitchen and living room is available on the ground floor. At the time of the inspection, there were four people living in the home.

### People's experience of using this service and what we found

People told us they felt comfortable and safe living in the home. The registered manager and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an effective recruitment procedure to ensure prospective staff were suitable to work for the service. The staff carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection. People received their medicines safely. The provider had arrangements in place for the maintenance and upkeep of the building.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. People's needs were assessed prior to them using the service. The provider had appropriate arrangements to ensure staff received training relevant to their role. New staff completed an induction training programme. Staff felt supported by the registered manager.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff spoke with people in a friendly manner. People were involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. People were supported and encouraged to participate in a range of activities. People had access to a clear complaint's procedure.

The registered manager carried out a number of audits to check the quality of the service. The registered manager provided leadership and took into account the views of people, their relatives, staff and visiting professional staff about the quality of care provided. The registered manager and staff used the feedback to make improvements to the service.

### Rating at last inspection

The last rating for this service was good (published 23 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Higher Cockham Farm

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Higher Cockham Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, the provider completed a Provider Information Return. 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. This information helps support our inspections. We also reviewed other information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who lived in the home, four members of staff and the registered manager. We looked at the care records of two people who used the service and looked around the premises. We

observed staff interaction with people. We reviewed a range of records. This included four people's medication records, one staff file in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager and staff carried out risk assessments to promote people's safety, independence and social inclusion. The risk assessments included information about how to manage and reduce risk as much as possible, whilst not restricting people's freedom and independence.
- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space. The premises were well maintained. The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. All safety certificates were complete and up to date.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances, such as bad weather.
- The registered manager had developed systems to learn lessons and improve the service when things went wrong. We saw there were appropriate forms to record any accidents and incidents. The registered manager had carried out investigations as necessary following any incidents and had discussed the learning with the staff team.

Systems and processes to safeguard people from the risk of abuse

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. This included access to appropriate policies and procedures. People told us they felt safe and were happy with the care and support they received. One person told us, "I like it here. The staff are nice and kind."
- The registered manager and staff understood safeguarding matters and were clear about when to report incidents and safeguarding concerns to other agencies. All staff had received training in safeguarding vulnerable adults and refreshed their knowledge and skills on a regular basis.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet the assessed needs of people in a person-centred and timely way. Staff confirmed they had time to spend with people using the service. We observed staff going out on activities and chatting with people during the inspection.
- The provider followed safe recruitment systems and processes to protect people from the employment of unsuitable staff. We looked at one staff recruitment file and found appropriate checks were carried out prior to employment.

Using medicines safely

- Staff followed safe processes for the management of people's medicines and had access to a full set of medicines policies and procedures. Staff had completed appropriate training, which was refreshed at regular intervals. There were written protocols to guide staff on the administration of medicines prescribed

'as and when required'.

- Staff completed the medicines records accurately and regular checks were made of the balance of stocks.

#### Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and to protect people against the risk of infection. Staff had received training in this area and were provided with appropriate protective clothing, such as disposable gloves and aprons. The registered manager conducted infection control audits and checked the service was clean and tidy. We saw all areas of the home had a satisfactory standard of cleanliness.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- The registered manager and staff had completed training and demonstrated an understanding of the principles of the MCA. Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- At the time of the inspection, the registered manager had submitted one application for a DoLS authorisation to the local authority for consideration. One person had an authorised DoLS. The registered manager ensured the attached conditions were met.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager ensured people received a well-balanced diet, which met their needs and dietary preferences. People told us they were satisfied with the food. One person said, "The food is fine, very nice."
- We observed staff and people sat round the kitchen table eating their meals together. This meant the mealtime was a pleasant social occasion.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. We saw staff adhered to guidance given by a Speech and Language Therapist and had ready access to the person's eating and drinking plan.

Adapting service, design, decoration to meet people's needs

- The design and decoration of the service met people's needs. People's bedrooms were personalised and decorated with items meaningful to them. The communal areas were accessible and there was outside

space for people to spend time outdoors if they chose.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and clinical lead carried out detailed assessments of people's needs, before they received a service. This ensured the staff team had the resources and training to meet individual needs before people moved into Higher Cockham Farm. The assessment was used to form a written plan of care which was updated as the staff learnt more about the person.
- Staff considered people's protected characteristics such as culture, age, and belief. Policies and the initial care assessment supported the principles of equality and diversity.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- However, we noted there were no specific oral healthcare plans. The registered manager assured us oral care plans would be completed for people, to reduce risks associated with poor mouth care.
- A registered mental health nurse visited the service at least twice a week and had oversight of people's care and treatment.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. They shared appropriate information when people moved between services. In this way, people's needs were known, and care was provided consistently.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People felt staff were competent and well trained. One person said, "The staff are very good at their jobs" and another person commented, "The staff know what they are doing and really help me."
- New staff were supported through an induction programme and the provider's mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The registered manager monitored staff training to ensure staff completed the training in a timely manner.
- Staff were provided with one to one supervision with the registered manager. This facilitated discussions around work performance, training needs and areas of good practice. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff promoted people's rights and delivered person-centred care. All people expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "The staff are kind and helpful. I get on with them."
- The registered manager promoted and encouraged inclusion. The management team and staff focussed on building and maintaining open and honest relationships with people living in the home. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. Staff responded to people in a warm, kind, caring and friendly manner. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities. Staff told us they were proud of the work they did and believed people received personalised care and support.
- People's equality, diversity and human rights were respected and recorded as part of the care planning process. We observed good relationships between staff and people in the home. People were happy, comfortable and relaxed in the company of the staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions and consulted them in individual and meaningful ways. People had regular meetings with their keyworker and were involved in the development and review of the care plan.
- People were encouraged to make choices about their day to day routines, in line with their personal preferences and were encouraged to express their views. People said they were listened to and staff responded to any requests promptly.
- People had regular opportunities to express their views at their care plan reviews and at residents' and keyworker meetings.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to develop their independence and self-esteem to enable them to make choices and express their preferences. Staff offered people opportunities to increase their independence and to have freedom and control over their lives.
- Staff respected people's privacy, dignity and independence. Staff called people by their preferred name and spoke to people with respect. One person said, "I can be on my own in my room, whenever I want."

- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. One person told us, "The staff help me all the time."
- The registered manager and the clinical lead for the service developed person-centred care plans, which provided the staff with clear guidance about people's needs and how best to meet their needs. Each person's care plan was based on the "Mental Health Recovery Star." This is a tool that measures change and supports recovery by providing a map of people's progress. It focused on ten areas of life which were seen as critical to recovery. People completed the star with the support of the staff and used it as a way of plotting their progress and planning actions.
- The care plans were detailed and showed people's preferences and interests had been taken into consideration. The registered manager and staff reviewed the plans at regular intervals and any changes in needs had been recorded.
- Staff used an electronic system for recording daily care notes. The system also alerted staff to important aspects of people's care. The registered manager had access to a centralised electronic record of all people's care and records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests, and to take part in activities they enjoyed. People participated in a range of activities both within the home and the wider community. All people had a weekly structure plan which set out planned activities for the forthcoming week.
- People spent individual time, known as 'My time', with their key worker on a weekly basis. People used this time to pursue individual activities and pastimes. One person told us, "I really enjoy going shopping and look forward to 'My time' with my keyworker. We go out all over the place."
- Staff actively supported people to develop and maintain relationships. We observed one person was supported to meet a family member during the inspection.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager informed us that if required they would work closely with people, their relatives and other professionals. The registered manager agreed to explore, and record people's end of life wishes, as appropriate.

Improving care quality in response to complaints or concerns

- People were confident any complaints they made would be listened to and acted upon in an open and transparent way. People were aware of how to make a complaint and had access to a complaints' procedure. None of the people spoken with had any concerns about the service.
- The provider's complaints policy detailed how people could raise a concern if they were dissatisfied with the service they received and the process for dealing with it. The registered manager confirmed there had been one complaint raised since the last inspection. We saw the complaint had been thoroughly investigated and resolved.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs had been identified and met. We saw staff members openly engaging with people during the inspection, which enabled meaningful conversation and helped to avoid isolation.
- The provider was aware of their responsibility to meet the AIS. They provided people with information regarding the service in different formats where necessary, to meet people's diverse needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. Staff morale was good, and they felt valued and supported.
- The registered manager had established systems to monitor the quality of the service. They undertook audits and had drawn up action plans to address any shortfalls. The registered manager reviewed the plans to ensure appropriate action had been taken and the necessary improvements had been made.
- People and staff spoke positively about the way the service was managed and the registered manager's leadership style. One person told us, "I like [registered manager], he is good with everyone."
- The registered manager utilised staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. People told us the registered manager and staff were open and honest. Good relationships had been developed between the registered manager, staff and people living in the home.
- The registered manager told us they would speak with people when things went wrong. Any incidents would be fully discussed with staff during meetings or in one to one support sessions.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. Incidents that had occurred had been managed correctly in consultation with other agencies whenever this was necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff promoted the provision of person-centred care to achieve the best outcomes for people. We observed a positive and welcoming culture within the home. Staff confirmed everyone was well supported and they all told us how much they enjoyed their work.
- The registered manager knew people well and was knowledgeable about their needs and preferences. They often worked alongside staff providing people with care and support. This meant they had a good understanding of the complexity of people's needs and the pressures placed on staff in challenging

situations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff involved and engaged people in the service and gave consideration to their equality characteristics. The registered manager encouraged people to voice their opinions through different forums to ensure their views were considered.

- The registered manager invited people, their relatives, staff and visiting professional staff to complete an annual customer satisfaction questionnaire. The last survey was conducted in July 2019. We looked at a sample of the returned questionnaires and noted all respondents were satisfied with the service. People had also provided positive feedback about the service. For instance, one person had written, "I love all the staff" and a visiting professional had commented, "Willingness to support in the best possible manner."

- The registered manager and staff worked in partnership with external agencies to learn and share knowledge that promoted continued service development.