

Cornerstones (UK) Ltd

The Old Dairy

Inspection report

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Wiltshire
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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

The Old Dairy is a residential care home providing personal care to people with learning disabilities and/or autism. The service can support up to four people. At the time of the inspection three people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the team leader at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

People told us they were happy, felt safe. Relatives said that staff had a good understanding of their loved one's needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Mental capacity assessments and best interest paperwork was in place for areas such as personal care, medicines and finance. Consent for care and treatment had been sought from people. Where people were not able to give consent assessments and meetings had been held to ensure care was delivered in their best interests. Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere

of the home as relaxed and engaging.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

Care plans were personalised and updated in response to people's changing needs. Staff listened to what people wanted and acted quickly to support them. Staff looked to offer people solutions to aid their independence and develop their skills.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, team leader and staff team worked together in a positive way to support people to achieve their own goals and to be safe.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 June 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.

The Old Dairy

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

This inspection was completed by one inspector.

Service and service type

The Old Dairy 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.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and it was important people knew we were coming to visit their home in advance.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service.

During the inspection

We met with two people who used the service. We spoke with the registered manager, team leader and two support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety and quality audits.

We walked around the home and observed care practice and interactions between support staff and people.

After the inspection

We looked at training data, feedback questionnaires, and policies. We contacted two professionals who had experience of the service and one friend of a person who lived there.

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.

Systems and processes to safeguard people from the risk of abuse including recruitment

- People, relatives, professionals and staff were confident people were safe. Comments included; "I feel safe. Staff help me feel safe. They help me stay nice and calm" and, "People are definitely safe at this home".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations, logged outcomes and learning. A professional said, "They [staff] will raise any safeguarding concerns to the relevant persons and work to reduce any risks and keep the residents safe".
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.

Assessing risk, safety monitoring and management;

- Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm. Assessments covered areas such as; epilepsy, using the internet and accessing the community. A professional told us, "Risk assessments are regularly updated and we are asked to be involved to support multi-disciplinary decisions".
- We found positive behaviour support plans were in place. These were up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge others or the service.
- Staff took part in debrief meetings with management following behavioural incidents. The meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning.
- Regular fire and health and safety checks were completed by the staff and registered manager. These were up to date and accurate.
- The local fire service had recently visited the home and provided people and staff with an awareness session. People had also completed fire questionnaires which gave them confidence to know what to do in the event of a fire.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances.
- People had Personal Emergency Evacuation Plans which guided staff on how to help people to safety in an emergency.

Staffing levels; Learning lessons when things go wrong

- There were enough staff on duty to meet people's needs. We asked one person if there were enough staff. They said, "Yeah, there are enough staff". A staff member commented, "There are enough staff. We have two all day and one sleep in".
- A professional told us, "Whenever I have visited announced or unannounced there appears to be enough staff to provide required care needs and keep the residents safe".
- The registered manager and team leader said they monitored the amount of staff needed based on people's needs and their activities and appointments.
- Additional staff were used where necessary and shifts were flexible. For example, we were told that one person wanted to watch a performance which was late at night. The staff had been allocated to start their shift later and finish later to accommodate the persons wishes.
- The management team responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity.
- Learning was shared with staff during supervisions and staff meetings. A staff member told us, "We are all open to learning. If we weren't then we wouldn't be open to change or improvement".

Using medicines safely

- The service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- Medicine Administration Records were completed and audited appropriately.
- The service had safe arrangements for the ordering and disposal of medicines. Medicines were stored securely. Daily temperature checks were completed, and records were up to date.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- The inside of the home was visibly clean and odour free. People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised. Staff had received infection control training and understood their responsibilities in this area. A staff member told us, "We have a cleaning rota, wash our hands, use appropriate chopping boards and knives. We check fridges and dates on food".
- There were hand washing facilities throughout the home and staff had access to personal protective equipment such as disposable gloves and aprons.

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at The Old Dairy were living with a learning disability or autism, which affected some people's ability to make decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for those who required them. These covered areas such as personal care, medicines and finance. Consent for care and treatment had been sought from people. Where people were not able to give consent assessments and meetings had been held to ensure care was delivered in their best interests. Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- One person had an authorised DoLS in place and two further applications had been made to the relevant local authorities. No conditions were attached to the authorised DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- People's needs, and choices were assessed, and care, treatment and support were provided to achieve effective outcomes. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "We do a lot of training. This is a mix of on-line and classroom. It certainly helps us do our jobs well".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- The registered manager told us staff received annual appraisals and regular 1:1 meeting. The service had just introduced 360 appraisals where feedback was sought from people and others. This was then fed back to the staff in their appraisals and helped celebrate success, acknowledge good work and identify learning opportunities.

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

- People told us they enjoyed the food at The Old Dairy and some liked cooking and baking. One person told us, "Food is awesome. I can prepare food but prefer staff to. I can also choose meals and what to eat".
- Staff understood people's dietary needs and ensured that these were met. Where nutritional needs had been assessed clear guidelines were in place.
- People took part in choosing meals. The menu was displayed in the kitchen area.
- Staff and the registered manager told us alternative dishes were made available should people prefer something different on the day.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services as and when needed. Health professional visits were recorded in people's health files which detailed the reason for the visit and outcome. Recent health visits included; GP, behaviour nurses and dentist.
- A professional said, "They [the home] will contact us whenever they feel specialist support is required and work in collaboration with positive behaviour support".
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals. Documents used included; hospital passports and health action plans.

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

- People told us they liked their home and felt comfortable living at The Old Dairy. People had the opportunity to choose their room colours and furniture. One person said, "I like the house and my bedroom. I have my own things. I have a painting of an air ambulance on my bedroom wall which I like".
- People and professionals told us that the home felt homely. There was an open plan dining and kitchen area, separate living room and activities area.
- We were told that the home was planning some redecoration and repairs to the ground floor wet room. The registered manager told us that the provider was had acknowledged this and was providing resources.

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

- People, professionals and relatives told us staff were kind and caring. A person said, "All staff are kind and caring. I like them all". A professional said, "Staff always appear kind and caring towards people".
- We asked a friend of a person how staff are kind and caring in their approach. They fed back saying, "Lots of individual small acts from the staff indicate that [name] is thought of and that they [staff] know what is important to [the person]".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Staff received training in equality. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People were able to express their needs and choices and staff understood their way of communicating.
- People told us they were supported to make choices and decisions for themselves. A person said, "I can make my own choices and decisions. Staff help me and give me options and information which helps me".
- The registered manager told us that decisions making and offering choices was important. A staff member said, "We always ask people what they want to do. We all know them well and promote what they like".
- People and relatives were pleased with the care delivered at The Old Dairy. A person said, "I'm happy with my support. Staff are good".
- Where needed, the home sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- People's right to privacy was supported. A staff member said, "We close doors and curtains during personal care".
- Promoting independence was important to staff who supported people to live fulfilled lives. We observed people being supported to do tasks for themselves. For example, making drinks and collecting items from the local shop.

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 had started to lead their own person-centred review meetings.. For example, one person had designed and written their own invitations and chosen to have a cheese and wine theme at their review. Another person had put their own computer presentation together and made some cakes. People's achievements were celebrated, and new aspirations identified.
- Care plans were personalised and updated in response to people's changing needs. Long- and short-term goals were clear, and achievements captured. For example, one person had a strong interest in the local air ambulance. Goal's included fundraising events and visits to the base. The person said, "I am currently collecting crisp packets which will be exchanged for funding towards the air ambulance. This is important to me".
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and treatment. A staff member said, "We have regular 1:1 chat with people and discuss their care. We look at planning goals and setting actions".

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

- People were supported to access the community and participate in activities which matched their hobbies and interests. These were reflected in individual support plans.
- Throughout the inspection we observed people being supported to access the community. For example, one person went to day a centre, whilst another person was supported into a local city and another was at their family home.
- A professional fed back saying, "The staff team appear committed in providing an holistic service meeting not only their care needs but emotional needs to. They take the residents on holiday and invite the residents whom do not have family into their homes to share special occasions like Christmas".
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- Staff were creative in their approach when supporting people to make decisions about activities they wished to participate in.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home.

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 communication needs were identified, recorded and highlighted in care plans. People had profiles in place. These reflected people's needs and were shared appropriately with others, for example, if someone was admitted into hospital.
- People's identified information and communication needs were met.
- Copies of information and procedures were also available in easy read format. For example, safeguarding and complaints.

Improving care quality in response to complaints or concerns

- The Old Dairy welcomed complaints. The registered manager told us, "These give us an opportunity to learn and develop".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- People and relatives told us they knew how to raise concerns and make complaints. One person said, "If I wasn't happy I would speak to staff they are good and listen to us". A friend told us, "When I have had a concern I have spoken to the staff team manager or senior manager and both have always listened and done what ever has been agreed to be done at the time".

End of life care and support

- Since the last inspection one person had passed away. The service had used this as a learning opportunity and provided support to the family and each other.
- The family of the person who had passed away were complimentary about the staff's approach and family members of the former person kept in touch with the service.
- The registered manager told us since the person had sadly passed away discussions had taken place with families which included preferences and wishes.
- The registered manager understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur.

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 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.

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

- The registered manager and team leader promoted an open, person-centred culture and had a passion for inclusion and making a difference to people. A friend said, "[Team leader name] has so much respect for people generally and placing the service users right at the centre, their staff team seem to follow".
- The registered manager spent between two and three days at The Old Dairy and the remaining time at another home they managed. The team leader was based full time at The Old Dairy. Staff told us this worked well.
- Staff, people, relatives and professionals were positive about the management of the home. Comments included; "I like the registered manager. They have a good attitude and good sense of humour", "In my experience yes the staff I have spoken to speak highly of the management team with no obvious hierarchy the staff's wellbeing is a priority, they are supervised and meet on a regular basis to promote a person-centred culture within the team" and, "[Team leader name] is an exceptional manager leading by example with their 'nothing is too much trouble to sort' attitude".
- Staff comments included, "The registered manager is fine. A good manager and approachable. [Team leaders name] is amazing she can and does everything. They know people well and will bend over backwards. Great. Brilliant and fair" and, "[Registered managers name] is really good. Very person centred and allows us to try new things".

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 the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had ensured they had communicated all relevant incidents to CQC as required by law.
- The management and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.

- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "Management listen to us. There is no them and us. We are all involved which is important to us [staff]. It makes us feel valued and gives us job satisfaction".
- The management team demonstrated a commitment to ensuring the service was safe and of high quality. Regular checks were completed by the registered manager and team leader to make sure people were safe and that they were happy with the service they received.
- Regular areas audited included; care files, health and safety, medicines and infection control. The provider had also invited an external quality checker to come in and audit the home. The auditor had rated the service as good and identified some small actions which the management were working through.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. Reflective learning took place in these meetings.

Working in partnership with others

- The Old Dairy worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the learning disability team.
- Professionals fed back positively about partnership working with the home. The registered manager attended registered manager forums. A professional told us, "The team have always had a good relationship with the team. They are commutative and transparent sharing information, concerns and risks".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. A professional fed back saying; "In my opinion this organisation and in particular this staff team is one of the best providers in Wiltshire".