

G Hill Limited

Cornmill Nursing and Residential Care Home

Inspection report

Cornmill Nursing Home
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Preston
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Tel: 01995606446

Website: www.cornmill.com

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21 October 2016

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30 November 2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 18 and 21 October 2016. The first day of the inspection was unannounced.

Cornmill Nursing and Residential Care Home is a family run business which is located in the centre of Garstang, near to all community amenities. The home has been built within an adapted corn mill and is situated on the bank of the river Wyre. The home is registered for 52 adults, who require support with nursing and personal care needs. At the time of the inspection visit 51 people were residing at the home.

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.

The service was last inspected in June 2013. We identified no concerns and found the service was meeting all standards we assessed.

At this inspection visit carried out in October 2016 people spoke extremely positively about the quality of service provided. People repeatedly told us staffing levels met their needs and staff went the extra mile to help people. Staff were constantly referred to as 'kind' and 'caring.'

People who used the service, relatives and health professionals consistently commended staff knowledge and competence. Relatives repeatedly told us they were confident and assured that people who used the service were supported by competent staff that went the extra mile.

There was great emphasis on creating positive health outcomes for people who used the service. Health care needs were proactively met. Good practice guidelines were constantly referred to when providing care and treatment. People told us their wellbeing had improved since they started living at the home. Relatives praised the ways in which people's quality of life had increased since their family members moved into the home.

The service worked in partnership with other care professionals to meet needs. Health professionals we spoke with repeatedly praised the standard of care provided and described the service as professional and reliable.

There was a strong emphasis on ensuring people's dietary needs were consistently met. A health professional with an interest in diet and nutrition spoke confidently about the skills of the staff and their ability to meet people's dietary requirements. They told us the service worked innovatively and consistently to meet people's nutritional needs within a person centred way. The service had taken part in a Tele-swallowing project to reduce hospital admissions and to promote safe swallowing. Staff knowledge was praised in regards to meeting people's dietary needs.

People who lived at the home were supported to attend activities of their choosing. People were enthusiastic about the activities and the opportunities made available to them and repeatedly said there was plenty to do. There were active links with the local community and people were encouraged to be citizens in their own community.

There was a welcoming, homely atmosphere within the home where visitors were encouraged. Links with family members were promoted and nurtured.

The service championed equality and diversity. Staff had received training to enable them to be champions who promoted equality and diversity. Staff were understanding of the needs and committed to promoting people's individuality.

There was an emphasis on developing staff potential within a positive learning environment to create a high quality service. Staff were encouraged to become champions in their field of interest. There were multiple champions in post at the time of the inspection visit, including champions for dignity, safeguarding, tissue viability, end of life care, moving and handling and equality and diversity. Champions had received additional training and skills in their specific areas. Skills were then shared within the staff team to create more positive outcomes for people who used the service.

Training was provided for staff to enable them to carry out their tasks proficiently. Staff training was monitored and training was provided when training needs were identified. Staff praised the training on offer and said they were encouraged to develop their own interests within the workplace. Staff were eager to learn and improve their knowledge in order to provide more effective care. Staff had clear knowledge of roles and responsibilities and knew how to seek advice and guidance if they required support and guidance.

Staff were consistently positive about ways in which the service was managed and the support received from the management team. Staff praised the positive presence of the senior management team at the home and repeatedly described the management team as, "Excellent." And, "On the ball."

Staff described a positive working environment with high levels of job satisfaction. Staff spoke highly about the good teamwork which took place within the home and said this contributed to positive outcomes for people who lived at the home.

Communication within the service was described as 'good.' Staff told us regular team meetings took place to discuss concerns and improvements. Staff said they were able to contribute to making suggestions to improve service delivery and felt their opinions were listened to.

Leadership within the organisation was exceptionally strong. Managers had a clear vision of what was required of a quality service and this spread throughout the organisation. All staff were respectful of management and demonstrated a commitment to working towards the shared values of the organisation.

The service worked proactively with other organisations to ensure they were implementing and following best practice guidelines. Information was willingly shared with other providers to assist improvements within other services.

The service had received beacon status within the gold standards framework for end of life care. This demonstrated the service worked innovatively to provide outstanding end of life care so people could experience a pain free and dignified death.

The registered manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. Audits were carried out by different members of staff within the organisation by staff who had specific knowledge and skills. This was overseen by a member of the senior management team and the registered manager.

There was an open and transparent culture within the home. Feedback was continuously gained from all parties as a means to develop and improve the service. People who lived at the home and relatives told us they were consulted with on a regular basis.

People told us staff responded to their needs in a timely manner. Staff told us staffing levels were flexible and responsive to need. Call bell data was analysed and reviewed and changes to staffing were made as a result of call bell analysis.

People were protected from risk of abuse. People told us they felt safe and secure. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. Suitable recruitment procedures meant staff were correctly vetted before starting employment.

Care plans strongly emphasised the importance of promoting independence and empowering people. Staff promoted a person centred approach to risk. This enabled people to take calculated risks which enhanced their well-being.

Suitable arrangements were in place for managing and administering medicines. Regular medicines audits were carried out to ensure medicines were administered appropriately to promote safe and effective care.

Staff retention was good and people said they benefited from staff who knew them well. Agency staff were rarely used as it was recognised this could have a negative impact upon people who received the service. When agency staff were used they were checked prior to employment and were supported by a more senior member of staff.

The home was maintained to a high standard. People who lived at the home praised the environment and the high standards maintained. The registered provider had worked hard to refurbish the home to the required standard following significant storm damage.

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.

People who used the service and relatives told us people were safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures to assess the suitability of staff.

Suitable arrangements were in place for management of all medicines.

The service ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Outstanding ☆

The service was very effective.

Relatives told us the service provided exceptional care and treatment.

The service worked proactively to promote health and wellbeing. Staff were extremely experienced in meeting people's needs to reduce hospital admissions. They established strong links with healthcare professionals to maintain high standards of care. This contributed to positive outcomes for people.

The service identified champions within the workforce to make sure positive outcomes were created using best practice guidelines. This promoted people's health and well-being.

The service was committed to promoting an open culture of learning. Staff were encouraged to develop their strengths and

interests as a means to promote effective care and to develop a highly proficient organisation.

There was a strong emphasis on ensuring people's nutritional needs were met. The service worked innovatively in partnership with other professionals to meet need and guidance was actively followed by staff. The service demonstrated person centred ways of meeting people's nutritional needs.

Staff had an excellent understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work.

Is the service caring?

Outstanding 

The service was very caring.

People and their relatives told us staff were exceptionally caring and sensitive to their requirements. We found, without exception, staff went the extra mile to ensure people were safe and happy within their lives.

The registered manager ensured individuals were at the heart of their care. We found in depth care planning and staff approaches underpinned this.

The service understood the importance of encouraging people to maintain their independence. They worked flexibly and innovatively to ensure independence could be achieved and maintained.

The home worked innovatively to empower people to experience a dignified, person centred and pain free death. External agencies reported the provider exceeded standards, showed innovation and established excellent practice in end of life care.

Is the service responsive?

Good 

The service was responsive.

People consistently told us the service provided was good.

There was an array of social activities available for people who lived at the home. People who used the service were encouraged to develop and maintain links with outside agencies and groups.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Outstanding 

The service was exceptionally well led.

People who lived at the home, relatives and professionals commended the skills of management and their strong leadership style. The management team had excellent working relationships with the staff.

Regular communication took place between management, staff and people who used the service as a means to promote high quality and effective care. Staff were clear of roles and responsibilities. Support was mutually offered between team members.

The management team sought continuous feedback from relevant parties to improve service delivery. Best practice guidelines were consulted with and consistently implemented within the service.

Cornmill Nursing and Residential Care Home

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.

This inspection took place on 18 and 21 October 2016 and the first day was unannounced.

On the first day of the inspection two adult social care inspectors visited the home. One inspector returned to the home on the second day to complete the inspection.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the service relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We also contacted the commissioning bodies at the local authority to find out their views on the service provided. We received positive feedback.

Before the inspection visit, 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. We reviewed this document to inform our inspection planning. This information helped us plan the inspection effectively.

During the inspection visit we spoke with nine people who lived at the home and five relatives who were visiting the home. We did this to gain an insight into people's experiences of living at Cornmill Nursing and Residential Care Home.

We spoke with thirteen members of staff. This included the three members of the senior management team,

the matron who was also the registered manager, a senior support worker, four registered nurses, the chef, two members of staff who provided direct care and one person who provided ancillary support.

We spoke with four health professionals and two visitors who provided recreational activities in the home to seek their opinions as to how the service was managed.

To gather information, we looked at a variety of records. This included care plan files relating to four people who used the service and recruitment files belonging to three staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification, training records and auditing records.

Is the service safe?

Our findings

People who used the service told us they felt safe. Feedback included, "There is no reason why I wouldn't feel safe." And, "It's secure here." And, "They (staff) help me feel safe."

Relatives we spoke with told us they were reassured people who lived at the home were safe. Feedback included, "[My relative] is safe and content here. It's a weight off my mind knowing they are ok." And, "I cried when I first put my [relative] here as I was so afraid. Now I know I can go away and know they are looked after. [My relative] is comfortable and content."

People who used the service and relatives told us they received support from familiar staff who knew them well. One relative said, "I can speak to any member of staff about my [relative.] If they can't give me an answer. They will find someone who can."

Staff told us staff retention within the service was good and staff rarely left the company once recruited. Staff said people only left the service to progress their career. This promoted continuity of care as people were supported by staff who knew them well.

We looked at how risks were managed and addressed within the service. We did this to ensure processes were in place to keep people safe. People who lived at the home and relatives we spoke with said they were consulted with at the pre-assessment stage when developing care plans and risk assessments. They told us both the owner and registered manager carried out a joint pre-admission assessment to identify people's needs.

We saw a variety of risk assessments were in place to manage risk these included manual handling assessments, safe swallowing assessments, management of behaviours which may challenge the service and management of falls. Risk assessments were reviewed on a monthly basis or when needs changed to ensure they were up to date and accurate to meet people's needs.

Staff were aware of the importance of keeping people safe. They told us they had particular responsibilities as part of the care plan to promote people's safety. Staff were able to recall people's health care needs and actions they had to take to keep people safe. For example, one person who lived at the home had a health condition which meant the person had to restrict how much fluid they consumed on a daily basis. Staff were able to relay this information to us and describe why this had to be adhered to. Staff told us they could consult with people's health care records if they were in doubt. They said they could also speak with the registered nurse on duty or registered manager if they had any concerns about a person's care needs.

We looked at the system for reporting accidents and incidents. Records were detailed, concise and up to date. The registered manager said they reviewed incidents to check for themes and trends so improvements could be made to service delivery.

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were

protected from any harm. One of the members of the senior management team told us they were an active member of the Local Authority Safeguarding Adults Boards. This allowed them to keep up to date with current practice and local policy.

Staff told us they received regular safeguarding training to keep abreast of safeguarding matters. They were able to describe different forms of abuse and were confident if they reported any concerns to management it would be dealt with immediately. Feedback included, "I would go immediately to the nurse on duty (to report any concerns.) If I got nowhere with that I would go to Matron or [The owners.] If that got me nowhere I would go to the Care Quality Commission (CQC) and make a complaint." And, "My job is to protect people. If Matron was not in work I would ring the number at the front of the diary to report it and discuss what we had found."

We looked at records maintained by the service. We saw evidence that on one occasion concerns were reported to the registered manager and swift action was taken to address these. The registered manager communicated the concerns with all relevant people to enable the person to be protected from further harm.

We looked at how the service managed medicines. People who lived at the home said they were consulted with about their medicines. One person told us they were offered the opportunity to manage their own medicines but they had declined. They said it was a 'weight off their mind' knowing someone else would do it for them.

For people who could not manage their own medicines, staff provided support to do this. Care plans gave clear instruction as to how to administer medicines and when. When people required support the service provided a MAR (medicines administration record) for each person. Staff signed the record after administering medicines to show medicines had been given. Each MAR sheet was audited monthly by the registered nurse to ensure people had received their medicines correctly.

The service had suitable processes in place for storing prescribed medicines. Secure storage of medicines prevents mishandling and misuse. Where appropriate, each person's medicines were stored within a locked cupboard within their room. This reduced any risk of the person being administered another person's medicine. Keys to medicines cabinets were retained by each nurse on each unit. A full audit trail was kept in regards to who had access to keys on each shift. Controlled drugs were stored within a secure cabinet within the treatment room. Good practice guidelines were followed when administering controlled drugs.

We observed medicines being administered to two people. Medicines were administered using good practice guidelines and staff were respectful of people's needs when administering them.

Whilst observing medicines being administered we carried out a stock check of one person's medicines. Stocks held did not match stocks recorded on the person's MAR record. We asked the person to whom the medicines belonged to if they had any concerns in regards to receiving their medicines. They told us they always got their medicines on time and if they ever thought a staff member had forgot they would remind them. We discussed the discrepancy with the registered manager. They looked into this straight away and noted there was a recording error when medicines were being booked in. They said this would have normally been picked up at the next audit. They agreed to remedy this straight away.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. People who lived at the home told us they did not have to wait long periods of time to be attended to. Feedback included, "There are always plenty of staff about to help." And, "I'm sometimes bewildered at the

number of staff available." One person said if they ever did have to wait, staff would always come and apologise beforehand and explain why they were busy.

On the days of the inspection visit we heard call bells being answered by staff in a timely manner. A member of the senior management team told us all call bell answering times were monitored and any call bells ringing for more than a ten minute period would be alerted to a senior manager.

A member of the senior management team said call bell response times were considered alongside a staffing dependency calculator to determine staffing levels within the home. The registered manager said they had reviewed call bell rates and noted people needed more support in the mornings as they were waking up. This prompted a change in staffing rotas, with extra staff being placed onto the staffing rota at peak times. This demonstrated the service worked proactively to meet people's needs in a timely manner.

Staff told us job roles were designated by a senior member of staff using an allocation sheet. Staff were given key tasks within certain areas of the home to carry out. Staff said this was flexible however and staff would work across roles if people had specific needs or there was an emergency.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three staff files. Full employment checks had been carried out prior to staff starting work. The service kept records of the interview process for each person employed. Two references had been sought and stored on file prior to the staff member commencing work, one of which was the last employer. Gaps in employment history had been explored with each applicant.

The service requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing personal care supporting vulnerable people. Staff confirmed they were unable to commence work without the suitable checks being in place.

Is the service effective?

Our findings

People who used the service and relatives consistently praised the effectiveness of the staff. Feedback included, "Staff always know what they are doing." And, "Staff are very competent." And, "They look after us to the best of their ability."

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. New members of staff were expected to complete an induction at the start of their employment regardless of previous experience. One staff member who had recently been employed told us they completed a period of induction prior to working unsupported. As part of the induction they were expected to complete training and were supported by a more senior member of staff. They said they were happy with the training and support provided at the outset of their employment.

There was an emphasis on developing a learning culture based upon good practice within the service. A member of the senior management team regularly reviewed the training needs of staff and ensured ongoing support was provided. Training was provided through a variety of means including e-learning, in house training and in conjunction with other organisations. This allowed staff to develop and provide a better standard of care. The registered manager responded to the needs of the people who used the service. When people had certain health conditions, extra training was provided to equip staff with additional knowledge.

We saw evidence of working in partnership with other organisations to train staff. Staff with specific interests were encouraged to become champions in their field of interest. At the time of the inspection visit the service had a number of champions including champions for safeguarding of vulnerable adults, end of life care, infection control, tissue viability, equality and diversity and moving and handling. Champions took on responsibility for attending additional training and then shared their knowledge within the staff team. Staff told us if they had any concerns regarding care and treatment for people they could access up to date knowledge from the staff champions. This promoted more effective care and positive outcomes for people who used the service.

We asked staff to give us examples when the knowledge of champions had contributed to improved experiences for people who lived at the home. The registered manager was able to describe a situation in regards to a person nearing the end of life. Staff coordinated the person's care with the doctor and liaised with the family to allow the person to have a comfortable and dignified death. We saw evidence from family feedback this had occurred. Another champion spoke about how a person who lived at the home was in a personal relationship with a partner which the family did not feel comfortable with. The equality and diversity champion worked proactively to enable the person to have all the people they loved and cared for around them at the end of their life.

As part of the inspection visit we looked at how the service managed people's healthcare needs. We did this to check if people received appropriate care and treatment. People who lived at the home praised the way their health care needs were met. One person said, "I couldn't walk when I came in. Staff help me walk with

my Zimmer frame now." Another person said, "I get all the help I need."

Relatives repeatedly told us they had seen improvements to their family member's health since they had moved into the home. They commended the ways in which healthcare needs were met. Feedback included, "[My relative] came here very poorly, I thought it was going to be the end of [them]. Two years on they are better than when they came in." And, "[my relative's] quality of life has improved greatly."

People who lived at the home told us health professionals were consulted when concerns were identified to ensure health needs were met in a timely manner. One person said, "If I tell them I am unwell, they will call my doctor for me."

Individual care records showed health care needs were constantly monitored and action was taken in a timely manner to ensure a person's health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were regularly reviewed and changes in assessed needs were accurately recorded within the care plan. These measures enabled staff to provide care that was fluid and adaptive. People who lived at the home and relatives described staff as competent and knowledgeable. One relative said, "They know my [relative] more than I do now."

We saw evidence of partnership working with other agencies to increase positive outcomes. The service had developed excellent links with the local health centre and had agreed a system to fax over requests for doctor appointments. The nurse on duty documented the information of concern onto a form and sent it direct to the doctor's surgery for review. The registered manager said this allowed for people to be seen in a timely manner and equipped the GP with all the presenting information before they attended the home. Having this information made appointments more time effective for the doctor as information was already at hand.

The registered manager said they were actively involved in an NHS initiative called 'Better Care Together.' This initiative is aimed at reviewing current healthcare services and looking at ways of increasing efficiency within health care, partnership working and reducing hospital admissions. The registered manager said that as a result of being involved in this work they have been able to reduce the number of hospital admissions from the home. Communication between the hospitals, health professionals and GP's had increased and allowed for more proactive work to be undertaken at the home, rather than in hospital. We spoke with a health professional based at the hospital who supported the home with this initiative. The health professional praised the services' commitment to working towards this initiative and said the registered manager actively contributed to the group, making suggestions for improvements. The health professional praised the knowledge and efficiency of the registered manager in regards to meeting people's health needs.

The registered manager had fostered a partnership with a modern matron at a nearby hospital. The registered manager said this relationship enabled people to receive better access to hospital health care and prevented unsafe discharge from hospital. They said prior to a person being discharged from the hospital they were able to visit the hospital and look at nursing notes to see what care and treatment a person had received. They were also able to provide communication to the hospital if a person was being admitted. They said this promoted continuity of care and ensured better health outcomes for people. The registered manager said they valued this relationship as it had enabled increased communication between the hospital and the home. The registered manager had also worked collaboratively with another hospital to secure direct access to a ward for one person. This prevented the person having to be admitted to hospital via accident and emergency and enabled the person to receive required health care treatment in a timely manner.

We saw evidence of the service working innovatively and efficiently to meet people's healthcare needs. The home had been involved in a pilot for tele-swallowing. Tele-swallowing is a way of using technology to cut down on resources and increase efficiency within a limited NHS budget to assess a person for possible swallowing difficulties. The service had worked collaboratively with the Speech and Language Team (SALT) and had trained members of staff to use modern technology so referrals to the speech and language team could be made from the home direct to the SALT team. The registered manager said this enabled people with a potential unsafe swallow being referred and diagnosed within a short period of time and reduced the need for a hospital admission. They said, "We could have a tele conference in the morning and have a care plan in place for the person by lunch-time. It prevents the need for a hospital admission which can have a negative effect upon a person's health and well-being."

The service recognised the importance of people eating and drinking well and emphasised the importance of this throughout the service. People who required support with meals had detailed and comprehensive instructions within their care plan. These documents enabled staff to deliver effective care which helped promote physical health and well-being. For example, one person required a thickening agent to be added to their drink. The care plan detailed the fluid consistency required to make the drink suitable for the person. This ensured the person's preferences and health needs were met.

We saw evidence action was taken when people were at risk of malnutrition. We spoke with one person who told us prior to moving into the service they were in hospital for a long period of time. This had resulted in them losing a significant amount of weight. When they moved into the home they received their meals through a feeding tube into their abdomen. They told us with the support from staff and in consultation with the SALT team they were now eating a normal diet. The relative of the person said, "Life is so much nearer normal now."

People who lived at the home and relatives consistently praised the variety of food on offer. Feedback included, "The cook does a very nice prawn sandwich." And, "The food is good." And, "The food is excellent. There's a wonderful choice." And, "[my relative] is well nourished here."

We observed a lunch time meal being served. The dining area was pleasantly decorated to enhance the experience of eating and drinking. There was a relaxed atmosphere in the dining area and people were not rushed. People were offered a choice of foods and people had different portion sizes according to their preference. This showed us staff understood people's individual needs and preferences well.

We spoke with the cook who told us they prepared a three week rota in advance. For people with special diets the chef prepared an individualised separate three week rota. We saw a copy of the menus and noted there was always a choice of hot and cold foods available. A member of the senior management team told us menus changed on special occasions. We saw evidence of special meals being served to celebrate Mother's day, Chinese New Year, Bonfire Night and St. George's day.

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.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with staff to assess their working knowledge of the MCA. Staff told us they had received training and were aware of the need to consider capacity and what to do when people lacked capacity. Care records viewed demonstrated capacity was assessed and considered. When a person lacked capacity there were clear instructions within care records as to how to support the person. For people who were being restricted of their liberty, correct procedures had been applied to ensure it was lawfully carried out.

We spoke with staff about supervision. They confirmed they received regular supervision. Supervisions are one to one meetings between a member of staff and their line manager which are held to discuss any concerns they may have. Staff consistently said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions.

Is the service caring?

Our findings

People who used the service were extremely complimentary about staff providing care and their experiences. Feedback included, "The care I have received is exemplary." And, "They are all very, very, good. Very caring." And, "They treat residents wonderfully. They often go beyond what we expect."

Relatives of people who lived at the home and professionals praised the standard of care received at the home. We were consistently told staff went the extra mile when providing care and support. Feedback from relatives included, "They have high standards of care here and are very caring." And, "Even when [my relative] had only been here a few months they were smiling. I knew then they were happy and cared for" And, "Staff routinely go above and beyond the call of duty." And, "I feel they all genuinely care." A health professional we spoke with also said the registered manager went the extra mile to ensure people were suitably cared for.

One relative told us they had recently celebrated a wedding anniversary. The service prepared a surprise celebration for the two people. The staff prepared one of the dining rooms for them to eat a meal together in privacy. The chef cooked them a meal and acted as a waiter for the occasion. They received a menu card detailing the three course meal that had been prepared in honour of their celebration. The person who lived at the home had the menu on display in their bedroom to remind them of the occasion. The relative spoke fondly of the experience and said, "They go above and beyond what is requested." And, "It seemed so normal and so right."

There was a strong person centred culture within the home. We spoke with staff about people who lived at the home. We did this to ensure staff had a good knowledge of people. We found staff had an excellent knowledge of people and were able to tell us about people and their life history. Staff could tell us people's likes, dislikes and preferences. A senior member of the management team said they had worked hard in the past year to work towards a more personalised agenda. This had included reviewing care plans to make them more person centred. Within records there was an emphasis on staff getting to know people as an individual not just a person who was using the service. One person had commented in their care plan, "I like to focus on what I can do, not what I can't. I am not defined by my [medical condition]."

We observed staff working proactively to encourage people to take part in activities. Staff demonstrated a 'can do' approach and worked enthusiastically to support people. This approach motivated and empowered people.

People who lived at the home constantly praised the attitude of staff and the way in which they were committed to providing outstanding care. One person said ""The attention we receive is outstanding."

The service had signed up to a Dignity in Care Charter. People who lived at the home were introduced to this within a service user guide. There was also a poster in the reception area detailing the standards. Care records for people repeatedly referred to maintaining people's dignity and respect. There was evidence this was considered when delivering care to people. People who lived at the home consistently praised the way

in which privacy and dignity was promoted and maintained by staff. Feedback included, "They do everything to promote dignity, close curtains, doors, put blinds around [my relative] and knock on doors." And, "They use a special chair to maintain my dignity," And, "They definitely respect my privacy."

Provisions were made within the home to meet people's cultural needs. On the day of the inspection visit there were foods in the conservatory laid upon a table. The activities coordinator explained they had just had a local school visit and they had celebrated the harvest festival. The registered manager said people who lived at the home had access to weekly communion if they wished. They said they also had good links with church to ensure people who required the last rites received them in a timely manner.

During the inspection visit we identified staff wearing 'Older and Out,' badges. We asked staff what these badges were. One staff member explained they signified they had received training in equality and diversity and they were a champion which meant people who lived at the home could come to them to talk to about their sexuality. We found these staff were passionate about providing a non-discriminatory service. One staff member said, "I am aware that people are different. The training we had has made me stop and think. We need to know how to respect people's beliefs and feelings and how to approach them positively." This showed us the service valued people's human rights, as set out in the Human Rights Act 1998.

As part of the inspection process we looked at compliments which had been received by the service. People constantly referred to receiving care which was exemplary. Feedback included, 'The care given was exemplary. You were a beacon of professionalism.' And, 'You made their last days very happy due to the exemplary care they received.'

During our inspection visit we observed positive interactions taking place between staff and people who lived at the home. Staff responded when people were in need. We saw staff offering comfort to people who were upset. One person was sat in a lounge feeling lonely. They told a member of staff they were feeling isolated and alone. Staff took immediate action to remedy this and supported the person to find one of their companions in the home. When the two people sat together the person smiled and said, "Oh we are like the golden girls."

People who used the service had access to advocacy services if they required. The registered manager said at present no one was accessing the service but they were aware of advocacy services and the advantages of using them to allow people to be supported to make decisions for themselves. This demonstrated that people were supported to be independent and be involved in making their own life choices.

During the inspection visit we discussed Cornmill Nursing and Residential Home's accredited beacon status as a Gold Standards Framework (GSF) home. The home had been reaccredited in 2015 as a beacon status. The Gold Standards Framework gives outstanding training to all those providing end of life care to ensure better lives for people and recognised standards of care. To receive beacon status a home must show innovative and established good practice across at least 12 of the standards. These standards were explored in team and managers' meetings, discussed with relatives and included in service auditing systems. The GSF scheduled annual appraisals to check the 'Beacon' status was maintained.

In 2015, the home was a finalist at the Care Home of the Year Awards, being nominated for sustaining their GSF accreditation for twelve consecutive years. The registered manager said they were extremely proud of this status as it was so difficult to achieve.

Within the home there was a GSF End of Life champion. They told us they had recently visited the House of Commons along with other GSF ambassadors to speak to MP's about end of life care for people. The GSF

ambassador spoke passionately about their role and how this impacted upon people who lived at the home. They said, "Everyone in the home is aware of the standard, including things that need to be implemented to make the process better. We have doctors on board as well. Everything together makes the process work." The GSF ambassador spoke about a recent bereavement at the home. They spoke about systems implemented to make the death dignified and pain free as well as support they offered to the person's family members. They said, "They had a good death."

We looked at some feedback which had been received from one family following the death of their family member. The relative had written, "Thank you for your understanding shown to [relative] and ourselves in their final hours. We really appreciated the calm, caring and sensitive manner displayed at a difficult time for our family." This demonstrated the service provided outstanding care at the end of life for people whilst at the same time extending the support to the family.

Is the service responsive?

Our findings

We received consistent positive feedback from people who lived at Cornmill Nursing and Residential Care Home. Feedback included, "It's wonderful here. It's like coming home." And, "They are very nice people. I couldn't think of anything they could do better." And, "They will do anything for you. They always ask if there is anything you want"

Relatives also spoke highly about service provision. Comments included, "[My relative] always gives me glowing reports about the staff." And, "There have been periods where I have sat intensively with my [relative] and I have never heard anything that would be a cause for concern. Hand on heart I can say I have no concerns about care given."

We looked at care records belonging to four people who lived at the home. We saw evidence pre-assessment checks took place prior to a service being provided. People and relatives told us they were involved at the pre-assessment stage in developing care plans. One person said, "I had a say in my care plan." Peoples consent was sought throughout the care planning process. When people could not consent good practice guidance was followed to ensure decisions made were in the best interests of the person. Care records were personalised and highlighted key points of their likes, dislikes and important factors to consider when supporting them.

Separate daily notes were completed by qualified staff and support staff for each person in relation to care provided. This helped promote continuity of care as information in regards to delivered care and required needs were clearly detailed.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relatives involved wherever appropriate, within the care plan. Care plans were reviewed monthly or as needs changed to ensure they were accurate and relevant to meet peoples identified needs.

The service encouraged and supported people to be active. The service employed an activities coordinator to develop and implement activities for people. People who lived at the home told us they were happy with the activities on offer. Comments included, "They keep me busy." And, "We get plenty of opportunities to go out."

We observed activities taking place on both days of our inspection visit. On the first day, people were taking part in an exercise class. On the second day of our visit we observed an art class taking place. The art class was run by an artist from the local community. The activity was well received. Activities were age appropriate and meaningful to the people partaking in the activity. One person said, "I am so excited by this class."

The registered manager said a person had recently moved into the home who was an artist. They were hoping to use this person's skill in the near future to run an additional art group. This would benefit both the person and people attending the group. This demonstrated people's skills and talents were utilised in an innovative way to enhance people's quality of life.

We saw other work, which the people who lived at the home had created. We were shown bean bags they had sewn for the activity class and planters they had planted bulbs in.

Links with the community were developed with the local church and school visiting. We looked at a photo showing an interaction between a school child and a person who lived at the home. Both people were beaming with joy on the photo. We spoke with the headmistress of the school. They confirmed they visited the home annually and had been doing so for twelve years. They said the experience was mutually beneficial to both parties. The headmistress said they shared a harvest festival with the children and participated in other activities such as word searches with people. They told us one person who lived in the home used to be a dance teacher. At the last visit, children danced for the person, which brought great happiness to the person. The headmistress said, "It brings great joy, both for the people who live at the home and the children."

We noted there were board games available in lounges for people to play. We spoke with the registered manager about this. They told us they encouraged staff to play games with people who lived at the home. They said, "It's amazing what conversations can be generated across a scrabble board."

The service recognised not all people enjoyed taking part in group activities. For people who chose to not take part in group activities people were offered the opportunity of having one to one time with staff. The registered manager said the home regularly organised quizzes for people. This was paper based and people could complete them in their rooms. Staff also sat with people in their rooms, reading newspapers to people or keeping them company.

The service had a variety of communal areas for activities to take place. Refurbishment was being undertaken at the home to reinstate a cinema room and a hairdressing room. These had been flooded following a serious storm. A member of the senior management team said they had just made plans for a nail bar to be fitted in the hairdressing salon so people could visit and have their nails painted.

The service recognised the importance of preventing isolation and maintaining relationships. The home had purchased smart TV's which had internet access and cameras in the system. This enabled one person to skype their family in Australia. We were told another person liked receiving emails from family who lived abroad. Staff would read the email to the person and would then type a response back on behalf of the person.

People were encouraged to be active participants within their community. The registered manager said every year people who live at the home made Christmas cards and accessories for Christmas. The goods were then sold to raise funds for other charities. The service had also recently had a food bank collection for a local homeless charity. A senior manager said the appeal had resulted in some of the people who lived at the home going shopping for food items to donate.

People we spoke with repeatedly said they had no complaints about the service. Feedback included, "I have never had cause to complain, but I know I could." And, "I have never had to make a complaint." And, "I've never complained and I am not backwards at coming forwards. I would speak up if something wasn't right. I am confident they would take my concerns on board."

The service provided each person who lived at the home with a service user guide when they moved into the home. The service user guide contained information detailing how to complain and highlighted the right to complain. This demonstrated the service worked proactively to address complaints.

Relatives praised the way in which the home responded to concerns. Feedback included, "I don't think I have ever had to complain. I have never had cause to. I can't fault the place" And, "I have never had to complain. I am known for being blunt and would say if something needed sorting but I have never seen anything that would cause me concern."

We spoke to the registered manager about complaints. They confirmed they had not received any formal complaints. They said this was due to the efficiency of the senior management team and their continued presence within the home. They said the owner of the home visited each person who lived at the home on a monthly basis to ensure they were happy with the service. The registered manager said they also reviewed care record audits each month to ensure there were no concerns identified within the records. They said any concerns would be dealt with immediately so concerns did not escalate into a complaint.

Is the service well-led?

Our findings

People who used the service and relatives told us there was exceptional leadership at the home. Feedback included, "The care is excellent." "The whole package makes it outstanding." And, "It should be rated five stars, excellent."

The senior management team was described as "first class," "professional," "conscientious" and "faultless." One relative said, "You get what you pay for and its luxury here."

Prior to the inspection visit we asked health and social care professionals for their opinions on how the home was managed. Two professionals commented on the high standards of the home and the quality of service provision. Both referred to the home as one of the better services they dealt with. Another health and social care professional commended the knowledge of the manager and the efficiency in the way the home was managed.

The service was accredited through the Gold Standards Framework. The GSF scheduled annual appraisals to check the 'Beacon' status was maintained. The service had achieved this high level status for eight years. This showed us the service sustained outstanding practice. The registered manager said some of their documentation had been used within GSF literature as examples of best practice to encourage and inspire others.

There was a strong emphasis upon striving for continuous improvement and excellence. The registered manager said staff were actively encouraged to become champions within areas of expertise so staff could become skilled within areas. Champions attended additional training and networking events. This networking gave staff the opportunity to review best practice guidance and provided staff with the opportunity of meeting with other people to share knowledge and best practice. For example, the registered manager attended better care together events where they considered NICE guidelines and initiatives for managing pressure sores with other health and social care professionals. This demonstrated good practice guidelines were consistently referred to when providing care and support to people. This improved health and well-being outcomes for people who lived at the home.

Staff consistently praised the management team and their professionalism. They described the registered manager as 'a good leader,' and, 'professional.'

Staff praised the presence of the senior management team and their willingness to help staff when they had concerns or queries. Feedback from staff included, "[Senior Manager] is so supportive of us." And, "Nothing is too much trouble for them. They are genuinely nice people." And, "They are very forward thinking in their approach to managing the business. They are on the ball."

Staff were empowered to carry out their roles proficiently. Staff consistently praised teamwork within the service, describing the team as one unit and said there was no differentiation between managers and staff. Staff repeatedly commented upon the positive working atmosphere and caring nature of staff. One staff

member said, "They are extremely good to work for."

Staff who worked at the home and relatives repeatedly commented on the family-led ethos of the home. One relative said, "It's a family unit run by the family. They are exceptional."

Staff described an open and transparent culture where they could make suggestions and were listened to. They told us they were able to contribute to team meetings and make suggestions for improvement. One staff member said, "Of course we are listened to. It's a lovely place to work. They take pride in their business." This showed the service was committed to listening to relevant parties as a means to make improvements within service delivery.

The registered manager said they were supported in their role by a modern matron at a nearby hospital. They said this partnership working was beneficial to both parties as it increased efficiency, reducing hospital admissions but also provided both parties with an increased knowledge of each other's roles within health and social care. This demonstrated the service actively sought the views of other professionals to increase efficiency and improve health outcomes for people.

The registered manager said they welcomed nursing students into the home and provided them with placements. The registered manager acknowledged these placements benefitted the staff at the home. They said having students on placement allowed up to date practice and research to be shared with nursing staff and kept nurses up to date and motivated. This demonstrated the service was continually striving to improve using up to date practice guidance.

We saw evidence of partnership working. Members of the senior management team attended various forums and boards where information could be shared with other providers. The registered manager said they were continually trialling new initiatives offered through these forums. For example, they had trialled an initiative for avoiding hospital admissions. Consequently the service had supported people to remain at the home as their preferred place of care at the end of life. This had resulted in only one person dying in hospital in eighteen months. The service had also trialled a piece of work in relation to pressure sore management. The registered manager spoke enthusiastically about their commitments to improving service delivery through best practice.

The senior management team also provided support and guidance to other homes. The registered manager said some of their documentation had been used within GSF literature as examples of best practice to encourage and inspire others. The registered manager said they had recently supported a nearby nursing home that was going through the Gold Standards Framework accreditation process. This showed the provider worked with other organisations in the continuous development of excellence in care and leadership.

We spoke with the senior management team about assessing people's experience of using the service. A member of the senior management team said they assessed people's experiences over three stages, at the start of a service, during the service and at the end of a service. This allowed them to track people's journey throughout their whole experience. We looked at feedback provided from relatives following their bereavement. Relative's consistently praised the exceptional care provided at the end of life. One relative said, "You must gain great satisfaction from directing such a well-run, caring, nursing home of the highest calibre."

During the course of inspection we saw feedback was continually sought from people and relatives. Feedback was received informally at people's care reviews and through annual surveys. We viewed results

from a survey carried out in June 2016, 40% of people who lived at the home rated the facilities at the home as outstanding. 100% of all respondents said they would recommend the home to other people.

Communication with staff occurred through a variety of channels. Staff told us they had regular team meetings and supervisions. Staff said the registered manager would make themselves available if they required any advice or guidance. They said they felt comfortable in visiting the office if they needed support. There was a positive culture in the service where staff were encouraged to raise any concerns. Staff were confident any concerns raised would be dealt with immediately.

Staff described communication as good. They had the opportunity to talk with other staff and the management team at regular team meetings.

The registered manager had a sound knowledge of their roles and responsibilities in regards to managing regulated activity. We saw evidence statutory notifications were submitted, in a timely manner, when required.

The service had a range of quality assurance systems. These included health and safety, medication and documentation audits. Audits were carried out by both qualified nurses and auxiliary nurses. Staff were provided with training to enable them to competently carry out audits. We spoke with one auxiliary nurse who told us they reviewed care notes maintained by carers on a weekly basis. If they noted any concerns within the notes they would refer back to matron or seek further advice and guidance from the champion with the specialist knowledge.

The senior management team supervised the work of the registered manager through regular supervisions and managers meetings. The registered manager said they saw a member of the senior management team on a daily basis. This allowed them to share information and discuss areas for improvement. One of the senior management team commended the relationship they had with the registered manager. They said they worked well in partnership together and this had improved outcomes for people who lived at the home.

The senior management team had a clear vision for the home. People who lived at the home told us they were at the centre of all service delivery. The senior management team said they strived for high quality, person centred care. This motivation had originated from their own historical experience of receiving poor care for a relative within a service setting. Staff told us the senior management team met with new staff at induction and discussed the required values and behaviours expected from staff. We saw these positive values being routinely implemented by staff at the inspection visit.

Positive behaviours were role modelled, encouraged and nurtured by all staff.

The service was committed to developing people and staff as a means to promote effective care. The service was currently undertaking an ISO 9001 review. This is a certified quality management system for organisations who want to prove their ability to consistently provide products and services that meet the needs of their customers and other relevant stakeholders. This demonstrated the service was committed to providing a high quality service.

The home was significantly damaged by flooding and storms at the end of 2015. People who lived at the home and relatives praised the way in which the management team managed the crisis. One relative said, "They had a business continuity plan. They put it into action straight away and it worked. Within twenty four hours they had a portable kitchen on site and people were not affected. That says a lot about how the home

is managed."