

Jiva Healthcare Limited

Cornfield House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cornfield House is a residential care home providing accommodation, personal care and support for up to 19 people with mental health needs in an adapted building. People using the service require minimal support and supervision to live safely in the community and may also have a learning disability. Cornfield House is located in a residential area within walking distance of Seaford town centre, provides single room accommodation, and en suite facilities to 3 rooms. At the time of our inspection there were 16 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection the service supported one person with a learning disability, but people's main need was mental health. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

Cornfield House is registered for 19 people which is larger than recommended, however the service was run in a way that met people's needs and our guidance. The model of care and environment maximised people's choice, control and independence. There were separate communal areas and outside space that supported choice for people and provided space to spend time as they wanted. For example, quiet time away from other people.

Staff supported people to do as much as possible for themselves and to build their self-confidence. Promotion of independence was seen as important for everyone within individual abilities. One person has been supported to become independent enough to move to a flat. They were looking forward to their move. People were supported to be busy and to have fulfilling lives that included life activities and social events. Two people had been supported to take their first holiday abroad.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to ensure they received their medicines in line with prescription guidelines. People's health needs were monitored, and they were supported to access to health care when needed.

Right Care:

People received kind and compassionate care. Their privacy and dignity was respected.

A visiting professional described how staff ensured they saw people privately. A relative described how staff had supported a person to make a will with their solicitor in the service.

Staff knew people well and responded to their individual needs. Each person had a key worker who had positive relationships with them. They worked as advocates, for example staff supported 1 person to see their solicitor privately in the home. A relative told us, "Staff are always there to support them." Choices were provided to people in relation to how they spent their time and how they wanted to be supported.

Staff were aware of their responsibility to protect people from potential abuse and concerns were reported and dealt with in line with good practice and local guidelines. Staff understood people's mental health needs and how best to support people to maintain their health.

Right Culture:

The registered manager was providing effective hands-on leadership. Staff felt part of a team and people felt comfortable to approach staff, and the provider.

The registered manager worked hard at promoting a positive and inclusive environment where people and staff were valued and respected. Staff spoke positively about the registered manager and their 'hands on approach'. People were comfortable with staff and the registered manager and sought them out for company and conversation.

Staff spoke positively about people's achievements and encouraged them to have full and varied lives, that they were in control of. A staff member said, "We never forget that this is their home." A relative told us, "I know they are very happy at the home. They always ask when they are going home. That gives me great peace of mind."

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 22 March 2023).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cornfield House

Detailed findings

Background to this 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cornfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cornfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We

looked at the notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service, 2 staff members the registered manager, and the operations manager. We also spoke to a visiting relative and an appointed advocate who was meeting with a person in the service. We spent time with people in areas throughout the service and observed interaction between people and staff. We reviewed a range of records. This included people's care records and medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were viewed, including health and safety records, maintenance checks and quality audits. We contacted and received feedback from 3 visiting professional and a further relative.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Staff received regular training on safeguarding and protecting people and were aware of the correct procedures to follow if any concerns were raised.
- Staff knew to raise any concerns quickly and were confident in recognising different types of abuse and discrimination, taking account of people's specific vulnerability. One staff member said, "We have regular training on safeguarding, all types of safeguarding and possible abuse are covered."
- People told us they felt safe. One said, "I am safe here, it's a safe place to be." Relatives and visiting health and social care professionals were confident that people's safety was well supported. A relative said, "They are safer here, they are content here, they know they can't live on their own now."
- People were comfortable and relaxed around staff, staff listened to people in an active way and encouraged them to share any concerns.
- Safeguarding concerns were dealt with effectively by the registered manager. This included reporting to the police and taking effective action to keep people safe pending any clarification or investigation if required.

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

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Systems were in place to identify, assess and manage individual risks to people.
- There were generic and individual risk assessments according to people's needs, safety, health and lifestyle. Each person had a personal emergency evacuation plan that provided guidance on how to support

people to evacuate the service safely. Environmental risks were assessed and responded to. A fire risk assessment had been completed and areas highlighted had either been addressed or had been scheduled for action. For example, an external fire escape is being replaced as a priority.

- Assessments addressed people's individual health and emotional needs. For example, risks associated with a swallowing difficulty had been responded to with any advice from a Speech and Language Therapist (SALT) put into place. People who suffered with anxiety had risk assessments with guidance for staff to follow to support people to keep them and others safe.
- Staff recorded people's weights as this indicated some people's level of well-being. For 1 person weight loss related to their mental health. This was then responded to with additional support and health professional input if necessary.
- Incidents and accidents were recorded, information within these were reviewed by the registered manager and used to identify any learning and any action to reduce risks. Systems to formalise this practice are being implemented.

Staffing and recruitment

- There were enough staff to meet people's needs at the time of the inspection. However, staff and relatives told us staffing arrangements in the past had not ensured people had all their support needs attended to. This had been exacerbated by one person's specific support needs. This person has since moved to another service relieving staffing pressures.
- The provider had recognised the staffing arrangements were not always suitable to provide the level of support needed including social activity. A dependency tool was to be used to assess and review the staffing levels and skill mix as a priority to ensure safe and suitable staffing at all times.
- Current staffing included 3 staff members working and supporting people over the day with 1 waking staff member at night. There was an on-call arrangement for a senior staff member to attend the service in the event of an emergency at night.
- Recently staff deployed allowed for staff to attend social activities with people along with health care appointments.
- The registered manager was responsible for the recruitment practice followed. All staff had completed a Disclosure and Barring Service (DBS) The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Staff records confirmed staff were held to account for conduct and disciplinary procedures were followed to support safe employment practice.

Using medicines safely

- Medicines were handled safely. Staff administered medicines in an individual way taking account of when and how people wanted to receive their medicines. For example, medicines were either taken to people wherever they were, or people came to the medicine storage area.
- Only staff who had received medicine training and had been assessed as competent gave medicines. Staff followed best practice; staff only signed the medicines records once people had taken their medicines safely.
- Where people had been prescribed 'as required' (PRN) medicines, such as those for anxiety, guidelines were in place on when they would be used. Records on the outcome of such medicines were not recorded. The registered manager immediately addressed this matter and provided a suitable record.
- The use of any PRN medicines for anxiety were minimal and staff worked in accordance with STOMP (Stopping the over medication of people with a learning disability, autism or both).
- Medicines were stored safely, and the registered manager confirmed suitable storage would be provided if any controlled drugs were needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting was seen as important and was promoted. Staff supported visiting in a safe way taking account of government guidelines.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a registered manager who provided a consistent and stable management for the service. They had a good understanding of their legal responsibilities and worked closely with staff to provide effective support to the team. They were visible and approachable and part of the staff team, leading by example.
- The registered manager fostered an open and supportive culture in the service. They encouraged staff and people to share their views and responded positively to any information. A team spirit was strong along with a willingness to support each other. For example, staff covered any extra staffing needs between them. This was vital to promote people's well-being.
- The provider had recognised the need for a stronger management structure to support the registered manager. They had recently appointed an operations manager. This appointment was to provide a stronger organisational oversight and quality assurance system. The provider had also reinstated the deputy manager role which was being recruited to.
- Although there were quality review and monitoring systems in place these were being strengthened and developed by the operations manager. For example, systems to monitor accident and incidents and to review themes and any trends were being established.
- People using the service clearly had a trusting relationship with the registered manager who had regular contact with them and staff. A relative told us, "I know they care about them, and they love the manager."
- Staff were confident with the registered manager their management style, and inclusive approach to supporting people and staff. One staff member said, "The manager is very good always there and listens to you."
- People, relatives and professionals knew who the registered manager was and complimented her management style. A visiting professional said, "The manager works hard to uphold the well-being of people."

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; Continuous learning and improving care

- The registered manager was aware of their responsibilities of being open and honest under duty of candour. They maintained an open approach and shared relevant information with appropriate people and authorities when needed. A relative told us, 'I am always contacted, and they let you know if anything

happens, and I am involved in any discussions.'

- Statutory notifications to the CQC, which are required by law, were appropriately submitted in a timely manner.
- The registered manager was open, honest and transparent during the inspection process.
- They used discussions during the inspection to develop best practice. For example, documentation was developed to improve the recording of as 'required medicines' and to monitor their effectiveness more thoroughly.
- Any inspection findings were responded to positively and quickly. For example, a central record held for the emergency services for the evacuation of people was updated to ensure information was accurate and available immediately.

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

- People were involved in the decisions about the service and individual development and support whenever possible and were central to any decision made. For example, social events and meals were discussed, along with proposed changes to the service. One person was supported to navigate an online platform to choose and purchase an exercise bike.
- Effective communication and enabling people to share their views was very important and well supported. For example, staff facilitated contact with allocated advocates, arranging suitable meeting venues, times, and staff availability if needed.
- Residents meeting were used to gain people's views within a group setting. These had been re-instated following COVID-19. Meetings were recorded and shared with people in the service.
- Staff told us they felt they were listened to and had the opportunity to share their views regularly. Staff team meetings were held, and supervision and appraisals allowed for individual discussions.
- Staff worked closely with a variety of health and social care professionals. Visiting professionals were positive about the contact and joint working completed. One was positive about the registered managers proactive approach and support to one person. "She persisted and supported the person, keeping them safe, in what was a very challenging set of circumstances until they were moved. Cornfield worked, in my view, in a very person-centred way and supported the person to visit other homes to help give them a voice and, in turn, empower them.'