G Hill Limited

Cornmill Nursing and Residential Care Home

Inspection report

Cornmill Nursing Home
Bonds Lane, Garstang
Preston
Lancashire
PR3 1RA

Tel: 01995606446
Website: www.cornmill.com

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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

About the service:
Cornmill Nursing and Residential Home is a family run care home, near the centre of Garstang, where all amenities are available. The home is registered for 52 adults, who require support with nursing and personal care needs. At the time of the inspection visit 47 people lived at the home.

People's experience of using this service:
The service was praised by people they supported and by visiting professionals. People spoke extremely positively about the ways in which the quality of their life had improved and how well they were supported. We were repeatedly told staff made a 'fantastic' difference and promoted an exceptional quality of life for people with their outstanding caring attitude.

People's care and support had been very well planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered.

People consistently told us staff continued to be extremely polite, reliable, caring and professional in their approach to their work.

The service continued aim centred on promoting people's individual and cultural needs. This included outstanding training to support staff in person-centred care and diversity and understanding so staff were aware of what high standards looked like.

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

The service worked extremely well in partnership with other organisations to ensure they followed the best practice. The registered manager took a person-centred and holistic approach to meet the health and nursing needs of people who they cared for. This had resulted in exceptionally positive outcomes for people. Risk was managed well to keep people safe from harm.

Meal times were relaxed and organised around people's individual daily routines. People who required help to eat their meals were supported by caring, attentive and patient staff.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek people's views about the service provided. The service continued to seek the views of people and family members through satisfaction surveys, care plan reviews and meetings. Surveys had been returned with 100% extremely positive comments from people.

The service continued to be accredited through the 'Gold Standards Framework.' The GSF had annual appraisals to ensure the 'Platinum' standard was maintained. They had maintained this achievement for

nine years and continued to involve people for their opinions to maintain the award.

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

Rating at last inspection:
At the last inspection the service was rated outstanding (published 30th November 2016).

Why we inspected:
This was a planned inspection of the service.

Follow up:
The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe Details are in our Safe findings below.	**Good**
Is the service effective? The service remained exceptionally effective Details are in our Effective findings below.	**Outstanding** ☆
Is the service caring? The service remained exceptionally caring Details are in our Caring findings below.	**Outstanding** ☆
Is the service responsive? The service remained responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service remained exceptionally well-led Details are in our Well-Led findings below.	**Outstanding** ☆

Cornmill Nursing and Residential Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector, a specialist professional advisor (SPA) and an Expert by Experience. The SPA had clinical experience of supporting people with nursing needs. The expert-by-experience was a person who had personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Cornmill Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the 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:
This inspection visit was unannounced.

What we did:
Before our inspection we completed our planning document and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health,

safety and welfare of people supported by the service and previous inspection reports.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Returns. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with five care staff, two nurses, the provider and the registered manager. In addition, we spoke with an activities coordinator, two cooks and two senior carers. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We looked at care records of three people, staff recruitment, training, supervision records and arrangements for meal provision. We also looked at records relating to the management of the home and the medicines records of three people. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse. Staff were able to explain what to look for and how to react if they felt people were being mistreated or abused.
- The management team had effective safeguarding systems to support people. Staff we spoke with had a good understanding of what to do and who to report concerns to. This helped ensure people were protected from harm or abuse.
- People told us they felt safe in their care. Comments included, "A great place and we feel [relative] is safe and cared for." Another person said," We live miles away but feel secure in the knowledge [relative] is so well looked after and safe."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe and reduce risk of incidents.
- Staff understood where people required support to reduce the risk of avoidable harm. Staff thoroughly assessed and regularly reviewed risks to people to keep them safe from avoidable harm.
- People were supported to take positive risks to aid their independence. For example, people were encouraged and supported to go out in the local community independently. One person said, "A fantastic home with no restrictions which I like. They do encourage me to do things on my own. I feel that has made me better."
- The provider ensured the environment and equipment had been assessed for safety. This was confirmed by documentation we looked at.

Staffing and recruitment

- Staff continued to be recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service checks from records we looked at.
- The service was staffed sufficiently. The management team continued to provide staff with different skills to support people. Extra staff were deployed when people required specific support such as on a one to one basis. Staff confirmed levels of personnel were sufficient to ensure people had a good quality of life.

Using medicines safely

- The service continued to have suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Medicines were managed safely and people received their medication when they should. Medicines were

clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for 'when required' medicines had been introduced to guide staff in supporting people with their medicines.

● Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by people we spoke with.

Preventing and controlling infection

● Risks were reduced from potential infection when staff supported people with personal care and undertaking cleaning duties. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. We walked around the building and found it was clean, tidy and maintained.

● Staff had completed infection control training and followed good infection control practices. To enhance staff knowledge of infection control systems and procedures the service had a designated 'infection control champion'. This person attended training courses and kept up to date with new guidance. The information was passed on to staff to ensure they were kept up to date and improve knowledge of infection control procedures.

Learning lessons when things go wrong

● The provider had systems to record and review accidents and incidents. Accidents and incidents were investigated and actions put in place to minimise future risks. Any accident or 'near miss' would be reviewed and discussed with staff to see if lessons could be learnt and to reduce the risk of similar incidents.

Outstanding ☆

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

People's outcomes were consistently better than expected compared to similar services.
People's feedback described it as exceptional and distinctive.

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

● People experienced outstanding effective, safe and appropriate healthcare support which met their needs. People praised the ways in which the service had improved their quality of their life. One person said, "I couldn't ask for better than this. I was not well but the support from other health professionals they got for me made me better quickly."

● A visiting healthcare professional told us the service worked extremely well with them and people's needs were met. They told us they responded quickly and appropriately to ensure people in their care received the right level of support.

● Staff continued to work effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the service worked closely and continued to have excellent links with health care services including GPs, speech and language therapists, physio and occupational therapists. For example, they continued to develop a partnership with health professionals at the local hospital. This enabled better access to hospital care for people. It also prevented unsafe discharge from hospital. Prior to discharge, staff from Cornmill Nursing Home visited the hospital to check nursing notes and discuss with matron any issues. They continued to promote excellent links, continuity of care and improve support for the person returning to the home. A staff member said, "It works fantastic for everyone."

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

● Assessments staff completed continued to be comprehensive to ensure people's needs could be met. Following the assessment, the service had provided a holistic approach towards providing person-centred care and enabled people to meet their aspirations and goals. We found examples of people assessed with poor mobility and weight loss had their lives greatly improved by care planning that supported them to improve their lifestyle. This was achieved by one to one support, accessing the right professional help and constant care for the individual. One person said, "I was very disorientated when I came here. They assessed my walking ability and were confident they could help. With their care I got back to a normal life and happiness." Another person said, "I only reach my goals because of the excellent staff."

● The management team was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.

● Care and support continued to be regularly reviewed and updated where people's needs had changed. This ensured people received the level of care and support they required. For example, one person developed balance problems that led to a series of falls. The service identified the issue and reviewed the care plan. This was updated to ensure staff were aware of the action taken and treatment to give to help

reduce the falls and provide the support required.

Staff support: induction, training, skills and experience

● Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt staff were well trained and had skills that supported them at the home. One person said, "They certainly know what they are doing, they are fantastic and very knowledgeable. A relative said, "I talk with staff and they say the training is absolutely exceptional, you can see that in the confident way they go about their work." A staff member said, "No training is as good as this place. They provide in house trainers, on-line and training events. Nothing is too much for the management."

● The management team continued to encourage staff to be 'champions' for their specific interest, such as safeguarding, infection control and equality and diversity. Champions had responsibility to engage with staff and support with training and share guidance in their chosen field. The service went out of their way to ensure staff received the best training for a 'champion' role, so they could pass on their knowledge to other employees. One staff member said, "It works fantastic, the knowledge and training to be a champion gives me more confidence in my role and gives me a contact to see if I need assurance." Staff gave examples of when knowledge from a champion had an impact on people that improved their lives. One person struggled when required to need support with moving and handling. Staff requested the help and guidance from the champion in moving techniques to ensure the person was supported correctly. The person said, "I did not feel confident with staff moving me, but they got it spot on and now do it with confidence. The change has been amazing I feel confident they do it correctly."

● Staff told us they continued to be well supported, received regular supervision and appraisal of their work and had access to management team when they needed them.

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

● The service managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required. People spoke positively about the quality of food. Comments included, "The food is excellent with plenty of choice." Also, "The food is lovely, very tasty and plenty of variety."

● Lunchtime was organised and managed well with extra staff around to support people. We saw a relaxed and social occasion for people to enjoy their mealtime.

● Where concerns had been identified regarding people's food and fluid intake, appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at nutritional risk. One person said, "I have lost weight because I had no appetite. This person received a special diet devised by staff and themselves to gain weight and eat healthy. They also received one to one staff support to ensure they were monitored their health improved. The person continued to say, "They have been brilliant I now feel much stronger and better. They have been fantastic and changed my life." Another person said, "The chefs came and just tempted me with little tastes of food until I could manage a full meal. The food here is excellent and I now really enjoy my food."

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

● Accommodation was accessible, safe, homely and suitable for people's needs. Communal space comprised of a lounge and dining room located on the ground floor. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities.

● Bathing and toilet facilities were available and accessible to meet people's needs and enable them to maintain their privacy and dignity.

●The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends.

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 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. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

● People had signed care records to consent to their care being provided by the service. We saw evidence throughout care records people had agreed and given consent to the treatment and care they received.

Outstanding ☆

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- People we spoke with told us they continued to experience exceptionally high standards of care and were treated really well by staff and the management team. Comments included, "The staff are excellent and so caring." Also, "I could not ask for better than this."
- People were supported by exceptionally caring and respectful staff who treated them with dignity and respect. Comments were extremely positive. One person said, "I was very poorly. With their expert attention and support I got better."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. The registered manager told us they had systems to ensure people's human rights were upheld.
- Care records continued to detail important information in relation to people's dignity and privacy. It was clear the attitude of staff was to ensure support given to people who lived at Cornmill was personalised and respected. To confirm this one relative said, "The respect and dignity shown to [relative] is absolutely brilliant. No where is better. [Relative] has so much improved because of the attitude staff have shown them."

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

- People continued to be consulted about care and support and contributed to how their care would be delivered. A relative said, "They make sure they keep me informed the support is fantastic, we have excellent communication with the home." People told us they were encouraged to attend reviews and visit anytime. Any query or issues and the registered manager contacted them. Another person said, "It is a fantastic home, and it is like a five-star hotel. The care was outstanding, both to my [relative] and to me."
- People who required aids to express their views were supported to ensure they were consulted and contributed to any decisions made. For example, staff organised hearing aids and went out of their way to ensure the person received the best treatment. A relative told us, "it completely changed their life." They now had much more confidence and contributed to their being more independent which they thought was not possible.
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

● People continued to be treated with respect and their dignity was upheld. People told us staff worked hard to support them to retain their independence. We found many examples of how staff supported people to improve their independence and confidence. One person said, "I was very distressed when I came here. I had a bad experience at the previous home. The care and patience is fantastic, my stress was alleviated and now have more confidence."

● Staff had an excellent understanding about the principles of dignity in care. The service continued to be signed up to the 'Dignity in Care Charter'. Staff told us learning all about the standards had given them an excellent insight how people should be treated. One staff member said, "I have learned so much about caring for people and the principles around that."

● There were many examples of staff encouraging people to be more independent, that was above their normal duties to provide care. Extra staff supported a person on a one to one basis with their independence because when they moved in they could not walk or mix with people. Now there had been a vast improvement since they moved in to the home. They said, "I have achieved things here that I have never done in life before. It has made me more independent."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People told us they continued to receive a service that was personalised to their needs and promoted their wellbeing and independence in the home. We saw this in people's care planning. They were person centred and designed to promote independence. One person said, "Although I live in a care home they are great at keeping me on my toes and let me do things for myself. That is why my general health as improved."

● We saw care plans were developed which reflected people's individual needs across a range of areas such as health and social care needs. These were reviewed with the person/relative on a regular basis or in response to changing needs. This ensured they remained up to date and accurate. Plans also contained each person's history and preferences so that staff had information that would support them to provide quality care.

End of life care and support

● The service demonstrated a compassionate awareness and understanding to end of life care. They continued to follow their principles to improve their end of life support for people. The service continued to achieve 'platinum' status as a Gold Standards Framework Home. This means they provide outstanding care in recognition of end of life care.

● When people were receiving end of life treatment specific care plans were developed and they had evolved from the last inspection. This was to ensure people were made comfortable and received the right care and attention and the service kept up to date with end of life guidance and practices.

● Staff confirmed to us they received training in end of life care training programmes we looked at identified this. This demonstrated the registered manager understood the importance of providing end of life support and how this should be delivered.

Improving care quality in response to complaints or concerns

● People told us they would be confident to speak to the registered manager or staff if they were not happy or had issues. One minor issue had been reported to the registered manager since the previous inspection. This had been dealt with appropriately and recorded actions in place to ensure the person was satisfied with the outcome.

● There were processes in place to ensure all complaints would be dealt with appropriately. The registered manager told us they used issues, complaints or concerns as a positive experience and learning opportunity to improve the service.

Outstanding ☆

Is the service well-led?

Our findings

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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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● At the last inspection the service was rated as outstanding in well-led. The culture of the service continued to be exceptionally caring, compassionate and empowering which reflected the values of the service. There was a strong recognition that people were treated as individuals by the management team. This was evidenced by comments from people and observations made during the visit. An example of the registered manager's outstanding approach was training sessions related to equality, diversity and human rights. The training provided information and learning in person-centred care, respect and dignity. Staff told us how this helped them have a better understanding to support and treat people.

●The management team continued to plan and deliver very effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed.

● People told us the registered manager and their staff team were exceptionally supportive, caring and led the service extremely well. Without exception everyone we spoke with could not praise highly enough management team and organisation of the home. A visiting health professional said, "This is fantastic so well organised and run for the benefit of the people."

● The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. For instance, a staff member said, "Great leadership and totally committed to provide the best individual care for people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●The management team and nursing staff had a considerable depth of clinical knowledge and capabilities. We observed a respect for staff in senior positions from the care staff. For example, they willingly supported with general practical tasks as a carer and as management. Staff said, "What a place the [registered manager] and team are hands on, so willing and amazing to work for." And, "This place is fantastic with great management this is where I would definitely stay if needed to." Also, "No place like this, absolutely amazing."

● The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People spoke positively about how the service was managed and organised.

● The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People and relatives were extremely positive about the quality of service they

received. One person said, "The attention to detail is what makes this home special."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The service continued to strive to provide an open culture and encouraged people to express their views about how the service was run. The service sought the views of people and family members through satisfaction surveys, care plan reviews and meetings. Surveys had been returned with 100% extremely positive comments from people. One person said, "Excellent service in all areas."

● The service had retained the 'Gold Standards Framework' (GSF) accreditation. The GSF appraise standards annually to ensure the 'Platinum' standard was upheld. They had retained this achievement for nine years and continued to involve people for their opinions. A relative said, "I am not surprised this is a fantastic caring home and they always consider opinions to improve things."

Continuous learning and improving care

● Staff told us that through continued excellent leadership, organisation and training, they had the resources and personnel to care for people extremely well and provide a very high standard of care. A staff member said, "We are continuously encouraged to learn and test our skills. The owners are fantastic in making sure we always are up to date with learning and training no matter what the cost."

● There was a very effective incident reporting system that recognised which serious incidents required escalation and reporting. For example, to CQC, safeguarding teams or social services. This ensured care continued to improve for people as the service was aware of incidents and how to report and react to them.

● Detailed business continuity plans were in place in the event of adverse weather or other major disruption to the home. These plans were evolved and improved to ensure the service could continue to deliver an outstanding standard. This was evident following a previous flood at the home and lessons they learnt from that. For example, no expense has been spared to organise more stringent flood defences to vastly reduce the risk adverse weather conditions could have on delivering a service and keeping people safe.

Working in partnership with others

● The service continued to work in partnership with other organisations and the local community to make sure they provided a high-quality service and followed current practice. The service was an important part of the local community. For example, they had regular visits from children from local schools' which people told us they were 'fantastic' and made a, real impact on them in terms of enjoyment and happiness. One person told us, "Fantastic and really lifted their spirits when they were in the home."

● The service continued to work extremely closely with health and social care professionals to deliver support which met people's needs. This was confirmed by comments made by health professionals. One said, "The best home around, we work so well together."