

Mrs Catherine Anne Brockie

Corran Dean at Smokey Farm

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 22 September 2016 and was announced. We gave the provider 48 hours' notice as this was a small respite service and we wanted to make sure people were in.

Corran Dean at Smokey Farm is a small respite service providing short breaks for a maximum of three adults with additional support needs, such as learning disabilities and autistic spectrum conditions. The registered provider manages the service with care provided by a small team of staff. There was one person using the service on the day of the inspection and because of this and the fact that we want to protect this person's rights to a private life, the report will provide an overview rather than specific examples.

People were protected from harm as staff knew how to protect them from abuse. Relatives told us that people were supported when required and they were happy with the support people received. Detailed pre admission assessments were carried out to ensure that the registered provider was aware of all care and safety needs of people who used the service.

People received their medicines in a way that kept them safe. Staff had received medication training and there were arrangements in place for managing people's medication.

Staff had been recruited following the appropriate checks on their suitability to support people. Staff were available to meet people's needs promptly and they demonstrated good knowledge about people using the service. Staff received training to provide appropriate knowledge to support people and staff felt supported by the registered provider.

People were consulted about their care, and before each visit to the service the provider spoke to people and their relatives to plan the respite stay. People chose how they spent their days and what they wanted to do and were encouraged to engage the activities they enjoyed.

People were supported to eat and drink a healthy diet and any special dietary considerations were catered for. Menus were planned and based on the preferences of people who used the service. Staff had knowledge of special dietary requirements and foods to avoid in certain health conditions.

There was access to healthcare services if required, but this was not usually necessary during a respite stay. Staff showed knowledge of people's health needs and their relatives were informed of any changes in their family members' health and support.

We saw that people got on well with the registered provider and staff supporting them. Relatives told us people liked the staff who cared for them and enjoyed staying at the home. Relatives told us they felt staff were caring and that they knew how to look after the people receiving support. Staff showed us that they knew the interests, likes and dislikes of people. We saw that staff ensured that they were respectful of people's choices and decisions. Where people were unable to make specific decisions about their care these

were made on their behalf in their best interests.

Relatives of people receiving respite care knew how to make complaints and told us they would speak to the registered provider about any concerns. All relatives we spoke with were confident any concerns would be dealt with. The registered provider advised that as a small service any concerns were picked up and dealt with immediately.

We received positive feedback about the service provided from relatives. They all told us that the registered provider was very caring and very supportive. They particularly liked the one to one attention their family member's received from the staff. The provider demonstrated clear leadership and staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

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 were supported by staff who knew how to keep them safe from abuse and harm.

There were sufficient staff to support people and staff were safely recruited to provide care and support to people.

People were supported to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained in their needs, were well supported and understood the need to seek people's consent to care

People were supported to eat a nutritional and balanced diet, in keeping with their needs and preferences.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that took account of people's individual preferences and was respectful of their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported to be involved in activities of their choice.

Staff were knowledgeable about people's care needs, their interests and preferences in order to provide a personalised service.

Relatives knew how to make complaints and were confident that any concerns would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

Relatives and care staff were complimentary about the overall service. There was open communication within the staff team and the registered provider regularly checked the quality of the service provided.

Corran Dean at Smokey Farm

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.

The inspection took place on 22 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a small respite service and we needed to be sure that someone would be in.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The provider completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

The service was inspected by one inspector. We saw one person who used the service at the time of the inspection and used different methods to gather their experiences of respite care at Corran Dean. We also spoke with the registered provider and two members of care staff. We contacted four relatives by telephone following the inspection to gather their views about the service.

We looked at records relating to the management of the service such as the care records of three people, daily records, medicine management and three staff recruitment files.

Is the service safe?

Our findings

People showed us that they felt safe receiving care; they were relaxed and smiled in response to staff supporting them, which indicated they felt comfortable with staff. We spoke with four relatives who told us they felt their family member was safe when at the home. One relative said, "It's great; the beauty of it is the facilities. It's a safe environment where [family member] can enjoy new activities."

Staff we spoke with confirmed they had attended safeguarding training and had a good understanding of the different types of abuse. Staff told us that they had not had reason to raise concerns but were able to do so with the registered provider if they needed to. They said they were assured that action would be taken as a result. They were also aware of external agencies, such as the local authority, they could report concerns to if they needed.

On the day of the inspection there were sufficient staff on duty to meet people's needs in a timely way. We saw staff spent time with people and they responded promptly to people's choices and care needs. The registered provider told us and staff confirmed that if there was an increase in the amount of support needed then the staffing would be changed to respond to this. Two relatives told us they appreciated the one-to-one support their relative received from staff.

A pre-admission assessment was carried out by the registered provider. This involved a visit to the person's home, where information was gathered about their health and safety needs, including health risks and any equipment that might be needed. Staff told us records were kept up-to-date and reflected any changes in the support people required.

People were supported to participate in the activities of their choosing. This included activities outside of the home and on the surrounding farm. Staff we spoke with were able to identify the level of risk and what support was needed. For example, making an assessment before starting activities. The registered provider told us how they supported people with activities that they were interested in for example feeding the animals and animal activities on the surrounding farm. All activities were assessed to ensure that people could enjoy them safely.

We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed and that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. Staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks helped the provider make sure people staying at the home were not placed at risk through their recruitment process.

People were supported by trained staff to take their medicines. All four relatives we spoke with told they were happy with the medicine support given to their family member. One relative told us, "I have every confidence in the staff, they manage it all well." Another relative told us, "I've seen first-hand that they lock medicine securely away." Staff confirmed they had received medication training and this was monitored

and checked. People's medicines were counted upon arrival for a period of respite and then again before they returned to their own home. A record was signed by staff and the person's relative to confirm the amount of medicine. One relative said of the medicine support, "It's always done fine; they [staff] count it [medicine] in and count it out. No problems."

Records were kept of medicines administered and staff showed us they understood the circumstances about when to give people medicine to meet their needs and that they followed written guidance. Medicines were stored securely and guidance was in place if a person required medicines 'when required'; for example, to relieve pain. The registered provider made checks to ensure that medicines had been given as required

Is the service effective?

Our findings

All four relatives we spoke with felt staff had the knowledge to support people with their needs. They explained to us how they felt staff were well trained which meant they knew how to support people well. One relative told us, "Staff have the right skills. They have the training to support [family member's name] in the best way possible." The conversations we had with staff showed they had a good understanding of the people they supported. For example, enabling them to follow the routines that were important to them.

Staff told us they felt training helped them meet the specific needs of the people they supported. Staff said training had been centred around people using the respite service. For example, one member of staff said training on a medicine needed by one person, helped give them the confidence to provide the right support. Staff were also attending on-going training on a communication technique designed to help communicate with adults with learning disabilities or autism. One relative said, "I appreciate this because this is what we use at home." Staff told us they felt training supported them in their work and that the registered provider was responsive to training requests.

Staff told us when they received induction training when they first worked for the service. One member of staff said, "It's right for the role. You can always ask other staff or [registered provider's name]. Everyone is really helpful and supportive."

The registered provider told us how the staff reflected the needs of the people using the respite service. For example, they advised it was a requirement of the support needed that it was only a small team of regular staff and the service had maintained this so that people could settle quickly into the respite care. One relative told us they appreciated the consistent staff because this suited their family member.

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 checked whether the service was working within the principles of the MCA. Staff told us people were able to give their consent for day to day care. Staff knew the different ways people would indicate their choice. For example, staff told us about one person who was not able to verbalise their consent to support or an activity who would show their decisions in other ways, including identified behaviour.

We saw that people choose how to spend their day and which day to day activities they participated in. We saw that people's choice was respected and when one person chose to stop an activity this was accepted by staff who then supported them in the next activity of their choice.

Best interests decisions had been made for some people involving relatives and people who knew them well. A relative explained how they were involved in important decisions where this was necessary. Staff were able to explain to us when a best interests decision meetings should be considered. The registered provider was aware of their responsibilities under the act and had previously approached the local authority to discuss whether a DOL was needed for each respite placement. They were currently in the process of reviewing each placement and making the relevant application.

One relative told us staff encouraged their family member with healthy meal choices and that, "[Relative's name] goes into the garden and picks their own home grown vegetables for their meal." We saw one person choose their mid-day meal using picture cards to aid their choice. Staff told us what foods people liked and disliked and we saw this information was also included in the care records completed by people prior to any respite stay. We saw that one person required softened foods to minimise the risk of choking. This was recorded in the person's care plan and also known by both staff members we spoke with.

We asked about access to healthcare. One relative told us staff recognised when their family member was unwell. They said, "They [staff] called the doctor and got the help [family member's name] needed." The registered provider told us that they had good links with healthcare providers in the community, but that routine health appointments normally happened outside respite periods. We saw that during respite stays one person had been visited by a GP and had also been supported to attend an emergency dental appointment.

Is the service caring?

Our findings

We saw that people got on well with the registered provider and staff supporting them. Relatives told us people liked the staff who cared for them and they enjoyed staying at the home. We heard and saw some positive examples of communication throughout our inspection. We saw that people were relaxed around the staff supporting them. We saw staffing joking with people who responded positively. One relative told us that in their view staff were very caring and said, "They genuinely care about what's best for [family member's name]."

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the service. One member of staff said, "It's a good team, everyone works well and does what's best for the people who come here." Staff commented that the support they gave benefited from being from a small team. They said this allowed them to really get to know people. One member of staff told us, "People can change between stays, but we have built up good relationships and we recognise the changes."

Staff gave reassurance when people became anxious. For example, a member of staff gave reassurance to a person by sitting with them and talking calmly. We saw that the person became more relaxed and settled. We also saw staff showed the warmth of touch which was important to people.

Staff were knowledgeable about the care and support people required and gave choices in a way that people could understand. Picture cards were available to help some people make choices and we saw items in the kitchen had pictures on to help give people direction. For example, a picture of cutlery on the front of the cupboard drawer so people understood what was in the drawer. We saw that staff understood the different ways that people expressed how they felt. For example when one person's body language changed, this was immediately recognised by staff who were able to provide support. One relative told us staff were, "All tuned into," their relative's needs.

Throughout our inspection we saw that staff asked a person's permission before supporting them. All relatives we spoke with told us that people were treated with respect. One relative said, "They most definitely keep things private." Another relative said, "It's a high level of information you have to share with the staff but they keep things very private and within the staff team." Another relative said, "I trust them implicitly." The privacy and dignity of people was supported by the approach of staff and we saw staff supporting people in a discreet and respectful way.

Relative's we spoke with told us people were encouraged to be involved in a range of activities to maintain their independence. One relative told us, "They [staff] encourage [family member's name] to be involved in preparing their meals." Another relative told us staff went shopping with their family member and encouraged them to select ingredients for their meals. Two relatives we spoke to told us they appreciated the support staff gave in supporting their family member's independence as this helped in other areas of their lives.

Is the service responsive?

Our findings

Relatives at we spoke with told us people got the care and support they wanted. One relative praised the approach of staff and how they responded to their family member. They said, "They [staff] read him as a person and not as a condition." Another relative told us, "It's an excellent service because they adapt to the individual needs of people."

Staff told us the organisation of the individual respite stays meant people got individual care. One member of staff said, "I love it here; its individual care, you can give each person that comes here all of your time."

All care staff we spoke with knew each person well and understood the exact care and support they needed. For example, if people had a particular illness they knew how it affected the person and what actions to take if something changed. Staff told us that as a small service they were able to get to know people and their families well. Staff were able to describe in detail people's preferences and how they liked to be supported. They spoke warmly of the people they supported. One member of staff told us, "It's really good to see people enjoy the activities and the environment. Everyone is different and you learn so much from them."

All relatives said they were kept informed about their family member and their care. One relative said, "Communication is very good, I need to know how [family members name] is for peace of mind and the staff understand that." Another relative said, "Staff always update me. It's reassuring to know what they've done and that they are enjoying their stay."

One relative told us that the registered provider made sure they knew people's likes and dislikes before they went into the service. They also told us their family member took familiar items from home. They said, "[Family member] takes items that are important to them to keep things consistent."

The registered provider took time to introduce people to the service. People visited several times during the day to familiarise them with the service and the setting, before they stayed overnight. One family member had also stayed overnight in the accommodation at the home, to ensure their relative settled. They appreciated this and the person had found it reassuring. They had subsequently settled well.

Relatives told us people enjoyed spending time on the farm and seeing the farm animals. One relative told us, "[Relative's name] loves feeding the animals." Relatives told us staff were very flexible about supporting people to do what they enjoyed.

All relatives told us although they had not needed to, they knew how to raise concerns about the care provided. They told us if they had a concern they would happily speak to registered provider directly. The registered provider advised us that no complaints had been received. They said as a smaller service, with only one person using the service at any time; any issues could be picked up and dealt with immediately.

Staff told us that they would talk with the registered provider if they had any concerns and they were confident that action would be taken in response. They told us they had not had reason to raise concerns.

Is the service well-led?

Our findings

All relatives we spoke with were positive about the care people received. We asked relatives about the quality of the service and one relative said, "It's very good, I couldn't ask for any better." Another relative told us, "I searched for a long time to find a service this good." They went on to tell us as their family member stayed more often, "It's got more comfortable. It's like going home in a way." All relatives told us that they appreciated that the service meant their family member could enjoy time away without worrying about them.

Staff we spoke with said the service was well run for the people received respite. One relative told us, "[Registered provider] is very knowledgeable. She has a great relationship with [family member] they really respond to her which is so nice to see." One member of staff said, "[Registered provider] is a good manager. She really cares for people; they are at the centre of everything we do here."

Staff spoke positively about the management of the home and the support they received. Staff we spoke with told us they had regular supervisions and meetings with the registered provider. A member of staff told us the meetings provided a good opportunity to discuss any issues or changes. They told us 'We can raise concerns or talk through anything but you don't have to wait until supervision you can always ask questions at any time. [Registered provider's name] always gives advice and an answer.' Staff told us the registered provider frequently popped in to check on things and lend support. One member of staff said, "It's reassuring to know she is always onsite and available." All staff told us they felt listened to and supported by management.

One member of staff told us they had been supported to progress. They said, "[Registered manager] has believed in me. They have listened to my ideas and given me chance to try things. I've never been given the chance to progress before I came here."

The registered provider felt that all staff worked well as a team and provided the structured support that was required. Staff confirmed this and one member of staff said, "It's a good staff team."

People's confidential information was held securely and staff knew where information was kept and how to access it. We saw that processes were in place to record accidents and incidents. No accidents had taken place but the registered provider told us if an accident occurred a record would be made of any actions taken and they would also look to assess if there were any trends that could be determined.

The registered provider had systems in place to check and review the service provided. The premises were checked by the provider who also advised that daily checks during any respite stay meant any issues were picked up immediately. The registered provider was aware of the requirement to notify Care Quality Commission (CQC) of certain events, but it had not been necessary to do so.

The views of people who used the service and their relatives were constantly sought verbally before, during and after each visit. Relatives we spoke with said they were happy with the way their views and opinions

were sought in person and they felt listened to.

The registered provider spoke positively about the service. They said, "I welcome open feedback from the families and working with them to provide the best service we can." She explained that the main aim of the service was to provide care that replicated care at home whilst supporting people to participate in new activities.