Jiva Healthcare Limited

Cornfield House

Inspection report

3 Cornfield Road
Seaford
East Sussex
BN25 1SW
Tel: 01323 892973
Website:

Date of inspection visit: 9 and 12 October 2015
Date of publication: 24/12/2015

Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Cornfield House is registered to provide accommodation for up to 19 adults living with or recovering from mental health illness. The service caters for people with low physical dependency and need minimal support and supervision to live safely in the community. Cornfield is located in residential area within walking distance of Seaford town centre. People living in the service were older adults who had lived with mental health illness for most of their lives.

At the time of this inspection 17 people were living at the service.

This inspection took place on 9 and 12 October 2015 and was unannounced.

The service had 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.

Summary of findings

Despite having positive feedback from people on the safety of the service. We found areas that could impact on people's safety.

The recruitment practice was not thorough and did not ensure required checks had been completed before staff worked in the service. The provider had not assured himself that people were suitable to work in the service. Some systems for the administration of medicines did not ensure consistent and safe administration. For example records were not accurate and guidelines for staff to follow were not complete. Risks associated with hot water and the risk of legionella's disease had not been measured and responded to on a regular basis to ensure peoples safety.

Staffing levels were set and there was no formalised system to review the staffing numbers to ensure a suitable number of staff were deployed for people's safety and well-being during the day and night.

Staff had not received training on how to support and care for people with mental health illness or with behaviours that may challenge people on a regular basis. This lack of suitable training could mean people were not supported appropriately.

Care documentation was not full in all areas and did not provide full and up to date information for staff to reference in order to provide a person centred approach to care. For example, One plan had not been updated since 2013 and did not refer to specific behavioural patterns.

Systems for effective management had not been fully established in all areas. Up to date policies and procedures were not readily available to provide clear guidelines for staff to follow.

Feedback received from people their relatives and visiting health professionals through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. One relative said, "I would award this home five stars or a gold star."

People told us they felt they were safe and well cared and had their choices respected. Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. People had access to health care professionals when needed.

Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships.

Staff enjoyed working in the service and were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and able to raise any issue with the registered manager and provider.

People were very complementary about the food and the choices available. People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

There was an open culture at the home and this was promoted by the staff and management arrangements. People were encouraged to share their views though 'residents meetings' and satisfaction surveys.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

The provider had not ensured all environmental risks had been identified and responded to appropriately.

Recruitment practice followed was not consistent and did not ensure required checks had been completed before staff worked unsupervised.

Some records relating to medicines were poorly completed and did not support safe practice. Medicine storage was appropriate.

There was no system established to review the staffing numbers to ensure a suitable number of staff were deployed for people's safety and well-being during the day and night. .

Staff were able to recognise different types of abuse and understood the procedures to be followed to report any allegation or suspicion of abuse to protect people.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff did not receive thorough and suitable training to deliver care in a way that responded to people's changing needs.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff ensured people had access to external healthcare professionals, such as the GP and community mental health team as necessary.

People were consulted with about their food preferences and were given choices to select from.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well and treated them as individuals.

People and relatives were positive about the care and support provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Summary of findings

Is the service responsive?

Requires improvement

The service was not always responsive.

People received care and support that was responsive to their needs because staff knew them well. However, some records were missing and not up to date. This meant there was no guidance for staff to ensure consistency or demonstrate that people's care needs were being identified and met.

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in activity that staff supported people to participate in if they wanted to.

A complaints policy was in place and people said that they would make a complaint if they needed to.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Up to date policies and procedures were not readily available to provide clear guidelines for staff to follow.

There were systems to monitor the quality of the service and were used to respond to how people wanted the service to run. However they did not identify shortfalls within the service including those within record keeping and recruitment.

The registered manager and deputy manager were seen as approachable and supportive. The provider also took an active role in the service and took account of staff views.

Staff, people and visiting health professionals spoke positively on the way the service was managed and the style of management.

Cornfield House

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 was an unannounced inspection on 9 and 12 October 2015. It was undertaken by an inspector.

Before our inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

Before the inspection the provider 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 also spoke to a commissioner of care from the local authority before the inspection.

During the inspection five people told us about the care they received and we were able to talk with one relative a close friend and a visiting health care professional. We spoke with five members of staff which included the registered manager, deputy manager and care staff.

Following the inspection we received feedback from a further health care professional and two social care professionals.

We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining areas. Some people did not want to share their views with us verbally but were happy for the inspector to spend time with them in communal areas.

We reviewed a variety of documents which included four people's care plans, two staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the service. We observed two midday meals and the administration of medicines throughout the day and listened to a staff handover.

We 'pathway tracked' two people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe in the home and with the care and support provided by staff. People said that staff were available and attended to them when they needed anything. One person said, "I feel very safe living here, everything is taken care of I have no worries." Another told us, "Staff are about to check things are ok and dealt with." A relative told us how pleased they were with how the staff ensured her relative felt safe. They felt the staff were attentive and did everything they could to keep people safe and well cared for.

Despite this positive feedback we found some areas which could impact on people's safety.

We found that the recruitment practice was not thorough and did not ensure the provider had completed a number of checks to assure themselves that staff were suitable to work with people who may be at risk from abuse. For example, one staff recruitment file did not contain evidence to confirm this person's identity and only one reference was obtained as part of the recruitment process. Files however contained an application form and evidence that each member of staff had a disclosure and barring checks (DBS) completed. These checks identify if prospective staff had a criminal record or were barred from working with children or adults.

Some systems for the administration of medicines did not ensure safe and effective practice.

We found that some medicines prescribed 'as required (PRN) medicines did not have individual guidelines for staff to follow when deciding if to administer the. PRN medicines are only taken if needed for example, if people were experiencing pain. Individual guidelines should record why, when and how the medicine should be administered. The lack of clear guidelines for staff to follow meant medicines may not be given in a consistent way. For example, some people were prescribed medicine to be used in response to people's agitation but there was no rationale for the use of the medicine. In addition when these medicines are used staff should record the effect to ensure the most suitable dose and medicine is used. This lack of consistency could mean that people may not receive medicines as they need them.

Some records relating to medicine administration were not accurate. For example, the Medicine Administration Record (MAR) chart was signed incorrectly. We found two charts where medicines given had not been signed for and one chart when medicines had been signed for on two proceeding days incorrectly. In addition we found three records used for stock control were not accurate and did not account for where all medicines had been used. This did not ensure that staff were administering medicines in a safe way.

Environmental risk assessments were undertaken on a monthly basis and ensured environmental safety in most areas. However we found that the hot water supply accessible to people was not being checked to ensure this was supplied at a safe temperature so that people did not run the risk of scalding themselves. We also found procedures had not been fully established to safeguard people against the risk of legionella disease in the service.

The staffing levels were set and included three care staff in the morning, two in the afternoon and one at night. Care staff undertook all catering and domestic duties. We were told that the manager and deputy manager worked additional hours if required to cover increasing needs or specific appointments with people. However there was no formalised system to review the staffing numbers to ensure a suitable number of staff were deployed for people's safety and well-being during the day and night. This was identified as an area for review.

These issues relating to recruitment, medicine administration, staffing and the premises were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they got their medicines when they needed them and we observed staff administer medicines on an individual basis and completing the medicines administration records (MAR) chart once the medicine had been administered safely. Medicines were stored safely within the office in a designated trolley, the keys to this trolley were held by the staff who had undertaken additional training to administer medicines. Checks were maintained on the temperature of areas where medicines were stored.

Cornfield House was clean and well decorated. The provider had systems to deal with foreseeable emergencies that included fire. Staff had access to relevant contact

Requires improvement

Is the service safe?

numbers in the event of an emergency. People had individual evacuation plans and the deputy manager told us she would ensure a copy of these were centrally available for evacuation staff.

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis and this gave staff the opportunity to discuss abuse and how it was recognised. Staff were able to describe different types of abuse that they may come across and referred to people's individual rights. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by any of the staff team. Staff knew how to raise concerns with the police or the social services directly as necessary and the local safeguarding procedures along with appropriate telephone numbers were displayed in the office.

Requires improvement

Is the service effective?

Our findings

People told us staff knew how to look after them and were well trained. One person said "The staff are all very good they understand what we need well and are well trained." They told us they were not restricted and able to do much as they wanted. They felt they were well cared for and had any health care need responded to quickly and effectively. A relative said, "Staff are know people well and have the right skills to look after people as people." Visiting professionals were positive about the skills of staff and how they responded to people's individual needs.

Records confirmed that a programme of on-going training had been established and staff had undertaken essential training throughout the year. This training included health and safety, Mental Capacity Act 2005 (MCA) and DOLs, infection control, safe moving and handling and safeguarding. However staff had not received training on how to support and care for people with mental health illness or with behaviours that may challenge others on a regular basis. Discussion with staff confirmed that some people presented with verbal and physical aggression at times. This lack of suitable training could mean people were not supported appropriately. This was identified as an area for improvement.

The staff group at Cornfield House was stable with minimal staff changes. New staff in the past had completed an induction checklist and staff told us any induction included a shadowing period alongside an allocated senior staff member. The registered manager told us a new training programme was to be implemented. This was the 'care certificate framework' based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

Systems were in place to support and develop staff. Staff told us the training was thorough and supported them and with their own development. Staff told us they could ask for training on areas of interest and were often asked if they wanted to undertake further training. This included recognised health and social care courses. One staff member told us they had started a diploma in health and social care. Staff told us that they felt very well supported by the registered manager, deputy manager and the provider. Staff told us they received supervision and were able to raise any issue or concern at any time. Supervision sessions were held regularly and gave staff the opportunity to discuss individual training needs and development.

Staff had received training in the(MCA) and Deprivation of Liberty Safeguards (DoLS). There were relevant guidelines in the office for staff to follow. This Act protects people who lack capacity to make certain decisions because of illness or disability. Staff had an understanding of mental capacity and informed us how they asked for consent from people about daily care needs.

When specific decisions were being considered for people who lacked capacity staff involved relatives, health and social care professionals to support this process. Suitable best interest meetings were held to ensure people's rights were fully considered. For example when one person's safety was at risk when leaving the home on their own, the possible deprivation of their liberty was also considered. The registered manager had an understanding of DoLS and had applied for these on an individual basis in the past. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority, to protect the person from harm. This meant as far as possible that people's rights were taken into account when care and treatment was planned.

All feedback about the food from people, relatives and staff was very positive. People told us they enjoyed their food and they were able to eat a diet that they wanted. One person said, "The food is lovely it's always good we had steak pie yesterday and we always have a roast on Sunday." We observed the midday meal on two days, the food was well presented and well received by people.

People mostly ate their meals in the dining room and people responded to the social interaction this promoted. The care staff prepared the food but had close discussion with people to ensure the food was what people wanted and enjoyed. Choices were available and this responded to individual preferences and needs. For example, one person was a vegetarian and staff told us how this was need was met.

People were encouraged and supported to make their own snacks and drinks between meals this promoted independent planning and preparing of food for those able to do so. Meal times were relaxed and unrushed and

Requires improvement

Is the service effective?

people ate their meals without assistance. Staff were available to monitor if people were not eating or drinking as expected and to support people who needed their food cut and to monitor any problems with swallowing in a discreet way.

Records and staff confirmed that people's weight was monitored and any problems people were having with eating. When any concern was identified appropriate referrals were made via the GP for additional support and advice from the Dietician and Speech and language Therapist. Advice received was recorded and followed by staff to ensure people benefited from suitable foods to meet their nutritional needs.

People were supported to maintain good health and received on-going healthcare support. Staff enabled people to maintain close and effective links with a wide variety of health care professionals who were accessed regularly. For example, a staff member reminded one person of their appointment at the local GP practice and accompanied them to ensure they attended at the correct time. Another person was visited by a community psychiatric nurse. As they were not in the service a staff member telephoned them and picked them up in a car to ensure they did not miss this important contact. One visiting professional told us staff were effective in supporting people with their mental health to avoid admission to hospital. A Podiatrist was also attending a group of people who lived in the service to ensure their feet were healthy. One person told us "You are able to see the GP and Psychiatrist whenever you need to."

Good

Is the service caring?

Our findings

People were treated with kindness in their day-to-day care by people who knew them well.

People and relatives spoke highly of the care and support provided by staff at Cornfield House. People said the staff were thoughtful, caring and approachable. Comments from people included, "I love it here we are well looked after I am spoilt," "We are more than looked after here they care about us," "They respect you and allow you to be a free person," and "Staff are so very nice and kind to you."

Visitors were also very positive about the staff approach and care they provided. One relative said, "I am very pleased she is here. Staff are very nice to her and the caring is good. Staff treat people as individuals instead of a group of people." Health and social care professionals were also positive about the care and approach of staff. They confirmed an individual, caring approach within a homely friendly service which provided an ideal environment for people who lived at Cornfield House. This enabled people to feel safe, live as independently as possible and control their own life style and interests. For example, during our inspection a person received a telephone call via the office about health promotion. This person declined the call with a decision to make their own contact at a later date.

Observed interactions between staff and people were positive. Staff showed a genuine concern for people's welfare and approached them with a pleasant manner. Staff gave people time to chat and shared a joke with them. People were given space and time to do things for themselves with staff in the background ready to talk and provide support if required. Staff had confidence in each other to maintain a caring supportive approach. One staff member told us, "We treat people as we would want to be treated It feels like a home here people here are lovely people. That includes the staff and residents".

All staff had a good knowledge and understanding of the people they supported and cared for. They were able to tell us about people's choices, personal histories and interests. People were called by their preferred name and this was recorded within individual care records. Staff were aware how important it was for people to maintain links with families and friends and promoted these links. This meant people maintained their roles within family and social groups and contributed to these in a positive way. One person gave an example, "The other day when I wanted to ring my sons staff helped me get the right numbers." Another person had regular contact with her children and staff talked about providing private time for them.

People's bedrooms were seen as their own personal area and staff respected this, only entering with permission. People's rooms were individual and contained items that made the room homely to the individual person. This included items of furniture, pictures and photographs. People said they liked their rooms and the communal facilities in the service. People talked about the service as their own home and used it as such. A relative told us how she was pleased that her daughter referred to the service as her 'home' and always wanted to return.

People told us they could make their own decisions and were treated with dignity and respect. One person said, "Oh yes I am respected for who I am." Visitors were also complimentary about the approach of staff and told us, "Staff treat people as individuals who have different needs and staff respect these." Staff understood the importance of an individual and caring approach and understood the key principles that underpinned dignity. They talked about people's rights and importance of individual choice. Visiting professionals felt staff were willing to put themselves out to ensure people were treated correctly and had their individual needs attended to. For example, staff often ensured people had relevant creams as recommended by the Podiatrist and supported people to purchase and apply these appropriately.

Visitors felt they could visit at any time and were always made to feel welcome. One said, "The staff are always lovely and give you time to talk and discuss anything you need to." Visitors attending the home during the inspection process were warmly welcomed and staff took time to ask how they were.

Requires improvement

Is the service responsive?

Our findings

People told us the care and support they received was focussed on them and reflected their choices and preferences. Everyone was treated as an individual and support was personalised to their needs and wishes. People said that they appreciated this individual approach that recognised their different personalities and interests. People were able to choose how they spent their day and were encouraged and supported to make decisions about what they did during the day. One person chose to get up later in the morning and had their breakfast and medicines at a time that suited and their own timetable. Staff were knowledgeable about her preferences and said "She likes to have lie in."

Following the admission of people individual care plans were written and contained personal information about people, such as their preferred daily routines, what people could do for themselves and the support they needed from staff. However, the information was not full in all areas and did not provide full and up to date information for staff to reference in order to provide a person centred approach to care. For example, One plan had not been updated since 2013 and did not refer to specific behavioural patterns another did not risk assess or confirm actions relating to a risk of falling from bed. Life histories were not recorded and there was no evidence that any goals for people had been discussed. These were identified to the registered manager as an area for improvement. Records confirmed that people were involved in the planning of their care and people were asked to sign to confirm this discussion and agreement.

Staff were updated about people's changing needs and choices at the daily handover. The handover session attended confirmed that staff had a deep understanding of people's needs and personal preferences. A communication diary and book was also used to ensure key messages that included appointments were not missed.

The focus of the Cornfield House was to provide a home to people and for people to treat the service as a home. Staff knew people well and the admission process started with an assessment of need by the registered manager. The person was then introduced to the service and other people living in the home. It was important that any new people wanted to move to the home and was compatible with other people living in the service. Staff were careful to assess and monitor this process. People told us they got on with everyone in the service and they felt relaxed and at home. One person said, "I have no problems here I get on with everyone."

Most people went out of the service on their own as they wished using public transport and walking to local shops and cafes. Two people were accompanied and both had agreed this was appropriate for them. When staff were available they supported people to get out and about. For example during the inspection one person was accompanied to a health appointment and then out for a coffee and a piece of cake. Within the home people were able to follow their own interests and contribute to the household chores. For example, one person liked to watch the horse racing and people were also taking their turn in doing the washing up. People said they had plenty of things to do and did not get bored and enjoyed celebrations held in the home that included a 'fun Christmas'. Some group activities including outings were scheduled and this included a trip to a local Zoo. The registered manager was aware that further activity and entertainment would benefit people and was looking at options to facilitate this and would include extra staffing.

People felt they would have no problem in raising issues or complaints with staff at Cornfield House. They said they believed they would be listened to and their issues wold be dealt with appropriately. One person said, "I have never had a complaint I would go to the manager if I had any concern about anything. Another said, "I have no problems, everything is all fine they sort out everything". We were told that the service had not received any formal complaints over the past year. An issue raised by person using the service was raised via the CQC and was resolved appropriately. Visitors told us any small issues raised were responded to quickly. One relative said, "Any concern is raised and staff are extremely helpful in getting things sorted." This demonstrated that the provider listened and used complaints and concerns to improve the service.

Requires improvement

Is the service well-led?

Our findings

People told us they were happy living at Cornfield House and felt the home was well managed. People said they were listened to and could talk to all the staff and the registered manager was always available. Visitors told us the service was well run and they had confidence in the management. Visiting health and social professional told us they believed the service was well managed and the registered manager provided a stable leadership for staff and people using the service.

However we found systems to establish effective management had not been established in all areas. We found the policies and procedures displayed and the manual which was available for staff to use was not up to date. For example, we found procedures which referred to the previous registering authority and the complaints procedure did not include reference to the social ombudsman or contact with the local authority. This meant staff and people did not have relevant and up to date information and guidance to base their practice on. In addition the quality auditing systems had not identified shortfalls in recruitment, and record keeping. For example an audit of medicines had not identified a lack of accurate records relating to stock control or a lack of PRN guidelines.

The registered manager told us she was resigning from her post and a new manager had been appointed. They said they had recognised the need for a new approach that will develop the service along with recent changes in the regulation of services. She planned to continue working in the home to provide further time for person centred activity. The new appointed manager started work in the home on the second day of this inspection.

People liked the relaxed and friendly atmosphere in the service and spoke fondly of the staff especially the deputy manager and registered manager who they had regular and close contact with. Visiting professionals were also positive about the senior staff in the home who they felt ensured the appropriate support and care was provided to people in a cosy homely environment. One told us they were impressed with the way the service managed some people's complex mental health needs with minimal use of medicines.

Staff were positive about working at Cornfield House and told us how much they enjoyed their work and felt supported and encouraged in their roles. They told us they had regular supervision and time to talk about their work and their individual roles and expectations. Staff told us the registered manager was approachable and worked with them for the benefit of people.

Information on the service was held within the services 'statement of purpose' and we were told that this document was made available to people within the home. Staff told us the philosophy of the home was 'to create a relaxed and homely atmosphere for the residents to live.' Feedback from people and visiting professionals indicated that this philosophy was being met with people saying Cornfield House was very much like a 'family home'. The culture was open with staff and people able to share their views in an open way.

People were asked for their views and were involved in developing and improving the service. Regular staff meetings were held and on the day of inspection a meeting with people was held in the dining room. These meetings were well attended and notes confirmed that they were used to gain people's views and to share information. For example, the appointment of the new manager was discussed and people were kept informed of how this would affect the service.

People were also asked to complete satisfaction surveys each year and these were reviewed to respond to people's comments. For example, the survey identified that some people wanted an outing to a local tourist attraction. Staff had responded to this and arranged an outing for all who wanted to attend the following week. This demonstrated that the service sought feedback from people and responded to the feedback in a positive way.

There were various systems in place to monitor or analyse the quality of the service provided. These included recorded visits undertaken by the providers where they spoke to people about the quality of the service. The local authority had completed a quality review for their contract department. The providers had responded positively to comments made within this report to improve the service. For example changes to medicine storage had been progressed including security of keys that accessed these facilities.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager was

Requires improvement

Is the service well-led?

aware of the need to establish system to respond appropriately to notifiable safety incidents that may occur in the service and was working on providing a duty of candour procedure for staff to follow.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was a lack of risk assessment and action to mitigate any risks to people's health and safety. Regulation 12(1)(2)(a)(b)