Jiva Healthcare Limited

Cornfield House

Inspection report

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Seaford
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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

We undertook an unannounced inspection of this service on 2 February 2018.

Cornfield House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cornfield House accommodates up to 19 people with mental health needs in one adapted building. People using the service require minimal support and supervision to live safely in the community. All bedrooms had a washbasin with three having en-suite facilities. There is a large paved garden including a fishpond and a covered smoking area. Cornfield House is located in a residential area within walking distance of Seaford town centre.

At the time of our inspection, 16 people were using the service.

At our last comprehensive inspection of 13 and 19 January 2017, we found the registered manager did not identify and manage risks to people's health and well-being. In addition, the quality assurance systems were not sufficiently robust to identify and address shortfalls in care delivery. At this inspection, we found improvements had been made. Environmental risks were identified and addressed to ensure people lived in safe and clean premises. There was an ongoing review of policies and procedures to ensure care delivery met best practice guidelines and legislation.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection, we found people undertook activities of their choosing. However, there was no schedule for people who might require stimulation to undertake individual or group activities.

People underwent an assessment of risks to their health and well-being. Staff followed the risk management plans in place to provide safe care to people, while promoting their freedom. People had access to information they required to improve and promote their welfare and recovery.

People received the support they required to manage and take their medicines safely. Staff followed safe medicines management procedures.

People were cared for by staff who received support, supervisions, appraisals and training required to undertake their roles. Staff learnt lessons from incidents and accidents to minimise the risk of a recurrence.

People's needs were met because of a sufficient number of staff deployed. Staff knew people well and had developed positive and caring relationships with them.

Staff planned and delivered care in line with each person's individual choices and preferences. There were regular care reviews to ensure staff provided support appropriate to people's changing needs.

People received support to maintain their health. Staff ensured people had sufficient amounts to eat and drink. People had their dietary and food preferences met. People were supported in line with the requirements of the Mental Capacity Act 2005. Staff sought people's consent before they delivered care and treatment and respected their decisions.

People took part in making decisions about their care. People who were unable to make decisions about their care received the support they required through best interests meetings.

People shared their views about the service and the provider made improvements when needed. People knew how to make a complaint and raise concerns about any aspect of the service.

There was a person centred culture at the service. People and staff knew the registered manager and were happy about the running of the service. Staff received support in their roles and had access to advice and guidance to manage complex situations.

People's health and well-being improved because of the close working partnership between the registered manager and other agencies.

Checks and audits were made to the quality of care to identify shortfalls. However, there was no schedule of when refurbishments to the service would be completed.

We have made a recommendation about the provision of activities for people using 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?

Good

The service was safe. Improvements had been made to ensure risks posed by the environment and poor hygiene practices were minimised. Staff assessed and managed risks to people's health and well-being.

Staff knew how to protect people from harm and the safeguarding procedures to follow if they suspected abuse.

People received their medicines safely. Medicines were administered and managed appropriately by staff who were trained for this role.

There were enough staff deployed to meet people's needs. Staff were recruited in a safe manner.

Is the service effective?

Good

The service was effective. People received care in line with best practice and guidance.

Staff attended training and refresher courses to gain knowledge and skills required to undertake their roles.

People received care in line with the Mental Capacity Act 2005. People consented to care and treatment.

People received support to maintain their health and to eat healthily.

Is the service caring?

Good

The service was caring. People received care from staff who were kind and caring. Staff had developed a good rapport with people and knew them well.

People were involved in planning their care. Staff provided care in line with people's individual preferences, cultural needs and choices.

People had care delivered in a respectful and dignified manner. Staff respected people's privacy and upheld their rights.

Is the service responsive?

Good

The service was responsive. People received care that responded to their individual needs. People's health and social needs were reviewed. Support plans were updated to reflect people's changing needs.

People were engaged in activities of their choosing. However, there was no creativity in prompting people to undertake activities or to develop new interests. Staff supported people to be independent and develop daily living skills.

People were offered opportunities to share their views about the service. The provider acted on their feedback to develop the service.

People were able to make a complaint. The provider had systems in place to resolve concerns about the service.

Is the service well-led?

Good

The service was well-led. The provider had made improvements to ensure delivery of care in line with best practice. Policies and procedures were in place to guide staff about their practice. There was ongoing review of policies to ensure these were up to date and followed to develop the service.

People and staff were happy with the registered manager who they described as visible at the service and approachable.

The registered manager carried out checks and audits on the quality of care delivery to identify shortfalls. Improvements were made when necessary.

People enjoyed improved care because of the involvement of other agencies.

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 inspection took place on 2 February 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This was a follow up comprehensive inspection to the last inspection of 13 and 19 January 2017, where we rated the service "Requires improvement".

Prior to our inspection, we reviewed the information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan our inspection.

During the inspection, we looked around the home and observed the way staff interacted with people. We spoke with 14 people using the services, five of their relatives, one healthcare professional and an external support worker who were visiting. We also spoke with the registered manager, deputy manager, two members of care staff and a cook.

We looked at eight people's care records, their risk assessments and medicine administration records. We reviewed information about the management of the service including safeguarding reports, incident records, complaints and policies and procedures.

We reviewed nine staff files that included recruitment, training, duty rosters, supervisions and appraisals. We reviewed feedback the service had received from people using the service and their families.

After the inspection, we received feedback from two health and social care professionals.

Good

Is the service safe?

Our findings

At our previous inspection of 13 and 19 January 2017, we found environmental risks were not identified and managed. At this inspection, the registered manager had taken action to ensure they made the environment safe. The fire exits were clear and allowed for easy evacuation in case of an emergency. There were handrails on stairs leading into the garden to ensure the safety of people when mobilising. Repairs were carried out when needed. Audit reports identified areas of the service that required refurbishment and improvement. However, the provider and registered manager did not provide dates detailing when refurbishments and improvements to the service would be undertaken.

People using the service and their relatives commended the home for providing safe care. One relative commented, "[Person] considers this place her/his home. When I take her/him out she/he then says, 'Can I go home?' To me it's a confirmation she/he's happy here." One person told us, "I don't have any problem here. It's [number of years] I have lived here. I like the atmosphere and the staff.''

People were supported by staff who understood how to protect them from harm. One member of staff told us, "We help people take care of themselves so that they stay safe." Another member of staff said, "Safeguarding is about keeping our residents safe from any abuse." Staff had training in safeguarding which enabled them to identify and report abuse or concerns about people's health and well-being. The registered manager understood their responsibility to ensure people's safety from abuse and to provide safe care in line with the guidance and outcomes from investigations carried out by the local authority safeguarding team. Staff ensured people who preferred to spend time at the service were not discriminated against in relation to accessing resources and support in the home and in the community. Staff were aware of whistleblowing procedures to alert the registered manager and/or external authorities of any concerns about abuse or malpractice at the service.

People received care that was appropriate to the identified risks to their health and well-being. Risk assessments were carried out and support plans developed to ensure people were supported to meet their needs in a safe manner. Health and social care professionals worked with staff to identify risks and develop management plans to support people safely and in a manner which did not restrict them. One healthcare professional commented, "I have found the service to fully engage with the process (risk assessment). The service manager will involve other parties when particular resident risk issues arise."

Staff told us they enabled people to live as they wanted while remaining safe. Some of the known risks to people's well-being included falls, a relapse of mental health, refusal to take medicines, absconding from the service, neglect of personal care and getting lost in the community. Records showed staff managed risks appropriately, for example, a Speech and Language Therapist (SALT) assessed one person with a swallowing difficulty. The person's medicines were changed to liquid form and the cook was aware of how to prepare food of the right texture to minimise the risk of choking. The radiators had guards to protect people from burns and to minimise the risk of injury in the event of a fall. The registered manager reviewed and updated risk assessments and management plans which ensured staff had guidance about how to provide care appropriate to people's changing needs. Records showed staff followed guidance about how to manage

and minimise risks to people's health and well-being.

People were protected from an emergency at the service. Personal emergency evacuation plans (PEEP) were in place and provided guidance on the level of support each person required. Staff understood the procedures to follow in response to an incident and in the event of a fire. Staff carried out checks of fire alarms, door guards and emergency lighting to ensure these were in working order.

People were protected from avoidable harm. Staff recorded and reported incidents and accidents to the registered manager. Staff told us that when incidents occurred, they learned from investigations and were able to find ways of preventing a recurrence. We read reports about a person leaving the service unnoticed and showing behaviours that challenged when in the community. Plans were in place to ensure that the person received appropriate support to minimise the risk of the incident happening again. Staff told us and records showed the registered manager discussed incidents in daily team handovers and supervisions to ensure they learnt lessons and mitigated the risks to people's health and well-being.

People were supported by a sufficient number of staff to meet their needs. One person told us, "There is always someone around to help." Another person said, "I get all the help I need." A regular team ensured people were able to develop a rapport with the staff who provided their care. Staff told us duty rosters were planned to cover shifts, absences and training. Agency staff were used occasionally to cover staff sickness and annual leave. There was one waking staff member on duty at night. There was an on call arrangement for another staff member to attend the service in the event of an emergency at night. We observed staff had sufficient time to attend to people and respond to call bells. They did not appear rushed in their manner.

People were protected as far as possible from receiving care from unsuitable staff. Applicants underwent appropriate recruitment checks to determine their suitability to provide care. This included completion of a job application form and attending an interview. The provider ensured new staff provided a complete work history, photographic identity documents, evidence of their right to work in the UK and explained gaps in employment. Satisfactory references and criminal record checks were obtained before the applicant received a job offer. Staff records contained a job description, employment contract and a copy of an identity document with a date recording when the registered manager saw the original document.

People had the support they required to take and manage their medicines. One person told us, "I get my medicines just about the same time every day." Another person said, "Staff bring my medicines and watch me take them." Assessments were carried out on each person's ability to self-administer medicines and arrangements were put in place to support them to do so safely when needed. At the time of the inspection, no person was self-administering medicines. Each had signed consent for staff to hold and dispense their medicines. Staff maintained accurate records on the management of people's medicines. Medicines administration records were completed which indicated people had received their prescribed medicines. People had reviews of their medicines and changes were made to their records when needed. Staff had received training in medicines administration and management. Some people had 'homely medicines' to be used 'when required' (PRN) which consisted mainly of painkillers and inhalers. Staff were aware of when people should use these and followed the provider's PRN policy.

People lived in a clean environment. People took a lead role in cleaning their own rooms, with staff support when needed, public areas, including the bathrooms and toilets were clean. Staff had cleaning schedules to follow. However, the registered manager did not always robustly use the system of checks/audits to ensure all tasks were carried out. There was dust on the sides of the top flight of stairs which had accumulated over some time. Staff monitored the water temperature of each person's shower or bath to ensure they were not scalded. We saw evidence of weekly temperature recording from all the taps. The service had an up to date

certificate showing that no legionella was found in the water supply.

Staff knew how to maintain good hygiene practice. They had received training in infection control. Staff told us they had access to protective equipment such as gloves and aprons. There was liquid soap and paper towels available in bathrooms.

Good

Is the service effective?

Our findings

People using the service and their relatives were happy with the care provided. Comments included, "Professional staff", "Committed and dedicated team" and "[Staff] know what they are meant to be doing. They are very good." One relative said, "They do their job very well." Another relative commented, "They seem to be on top of everything.'' Healthcare professionals commented that staff knew how to support people with their conditions.

People underwent a pre-admission assessment to identify their needs and the support they required. This was followed by a staff visit to meet the person, after which they had a chance to visit the home, or have an overnight stay to see whether they felt comfortable. This enabled the registered manager to determine the ability of staff and resources required to meet each person's individual needs. Health and social care professionals were involved in the assessments and development of care plans appropriate for each person. On admission, staff created a life story for each person with them and their families, which provided information about people's lives. People told us and records confirmed staff provided care as planned in line with best practice guidance and legislation as advised by health and social care professionals.

People received care from staff who knew how to undertake their roles. Staff attended the provider's mandatory and refresher training to keep their knowledge up to date. Staff told us the training provided them with knowledge and skills required to support people in line with best practice. This included safeguarding adults, health and safety awareness, moving and handling, emergency first aid, fire safety, equality, diversity and human rights, the Mental Capacity Act 2005, medicines management and food hygiene. The registered manager maintained a matrix to ensure staff attended training when due. Personal development plans indicated that staff received support and attended training and refresher courses to keep their knowledge up to date. Staff received training specific to people's individual needs to ensure they supported people in an appropriate manner. For example, staff had attended training in behaviour that challenged, dementia, motivation mapping and risk assessment.

People's care was delivered by staff who knew what was expected of them. New staff underwent an induction process to ensure they understood people's individual needs before they started working independently. One member of staff told us, "I worked alongside my colleagues until I was confident." Records showed the induction process included familiarising themselves with people's care and support plans, the provider's policies and procedures, having a buddy/mentor and shadowing colleagues that were more experienced. Staff new to care completed Care Certificate training which introduced them to the standards expected of health and social care workers. A new member of staff told us, "The induction was very useful. I was introduced to the residents and informed about their individual care needs and routines. The team made me feel welcome." New staff underwent three-months probation with formal reviews every six to eight weeks to ensure they were competent and had settled in to their role.

Staff were supported in their roles. One member of staff told us, "We talk about anything bothering us and how we can improve the way we work." Staff told us and records showed they received regular supervisions to discuss and receive feedback about their practice. An annual appraisal of staff performance ensured each

member of staff had an opportunity to highlight the areas of their practice they needed to develop. The registered manager put learning and development plans in place to ensure staff received the support they required. Staff were happy with the support they received and said they had regular interaction and contact with the registered manager.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

People enjoyed their freedom as required by law. The registered manager and staff were aware of the need to apply for a DoLS authorisation. For example, one person liked to walk long distances each day but was at risk of losing their way. The person had been issued with a tracker so they were able to be out in the community but could be found if they did not return. This enabled the person to do what they wanted to do whilst promoting their safety. The home had an open environment. People could come and go as they wished. One person told us, "I can go out whenever I want but I need to tell [staff] where I go in case something happens." Four people had DoLS authorisations to enable staff to provide care and treatment in their best interests. There was no central record maintained of people on DoLS to prompt reviews of these to assess if they were still required. While all reviews had been undertaken, the registered manager said they would address this in order to have a clear record when reviews were due.

People received support in line with the requirements of the MCA. Staff sought people's consent to care and treatment and respected their decisions about how they wanted the support to be delivered. People told us they had access to their care records if they wanted to see them. Care plans recorded the consent of the person to care and support and sharing information with other agencies for their treatment. Health and social professionals made best interests decisions and the person's relative when appropriate when a person was unable to make decisions about their care.

People told us they enjoyed the meals provided and had sufficient amounts to eat. Their comments included, "I have no problem with the food. It's fine for me", "It's many years I am here. I am vegetarian and they have always respected that." However, one relative commented, "There is too much instant packaged food, they serve hot dogs, not fresh food.'' We raised this issue with the cook, looked at the menus, and found that this was not the norm. People received at least one hot meal each day and were able to decide what to eat. People told us and records showed food was freshly prepared, including soups and staff were able to cater for vegetarian, diabetic and soft diets. There was a set main dish and alternatives if people wanted something different. We observed the lunch time meal, where staff served freshly prepared food.

People were involved in menu planning. Staff respected the choices people made. Staff had information about people's food preferences and likes and dislikes. Staff knew people's dietary needs and followed guidance provided by healthcare professionals. Records showed staff had sought the support of a Speech and Language Therapist (SaLT) because of concerns about a person's ability to swallow safely. Records

showed the support the person required to eat safely which included staff providing soft foods and monitoring their swallowing. We saw staff sat with the person and observed them eating to ensure they were available to supervise and encourage them to eat safely. Staff were able to describe the person's swallowing difficulty and knew their dietary requirements. Staff weighed people each month and recorded the weight loss or gain, unless there was a need for more frequent measuring for health reasons. This provided an opportunity to consider whether a person might need fortified drinks or a referral to healthcare professionals.

People had access to healthcare services when needed. One person told us, "If I need they call the doctor." Another person said, "Last week they made an appointment with my optician." Staff supported people to maintain good health and attend medical appointments. Some people could attend medical appointments alone, for example, dental check-ups, but others preferred staff to accompany them for support. Healthcare professionals commended staff for the timely manner in which they involved them when they had concerns about people's health. Records showed staff contacted emergency services and informed healthcare professionals involved in a person's care when they showed a decline in their physical or mental health. We spoke with a visiting healthcare professional who commented that staff supported a person to manage their blood sugar levels and followed their guidance to manage their diet. Records showed healthcare professionals who attended to people's needs included GPs, district nurses, care coordinators, community psychiatrists, nurses, dentists and podiatrists and specialist consultants.

People lived in suitably adapted accommodation. The shower room had appropriately placed handrails. There were humorous signs in the bathrooms and toilets prompting people to clean their teeth and flush the toilet.

Good

Is the service caring?

Our findings

People using the service and their relatives were happy with the staff. Comments included, "They are great with all of us", "[Staff] are good and I like their attitude; polite and friendly" and "The staff here know how to handle [person].''Staff told us they understood their responsibilities to deliver people's care in a respectful manner. Another person said the staff were "not bossy." One relative commented, "Staff are very good, caring but I believe they are spending too much time on the computers filling forms, not much interaction." One health and social care professional commented, "When visiting the home I have found the environment to be calm and welcoming." We observed people were happy at the service and decided when they wanted to interact with others or spend time alone.

People received care in a manner that promoted people's preferences and choices in relation to the support they required. Staff had information about each person's gender preference of who provided their care and met their cultural and religious needs. People told us and records confirmed they received the support they required. Staff knew people's likes and dislikes and understood how each person preferred to have their care delivered. We observed staff talking kindly to people and offering support discreetly when needed.

People had developed trusting relationships with staff. One person told us, "I know all the staff and trust them." Another person said, "We talk, have a laugh and have fun. [Staff] know when I am unwell and the help I need." People received support from a regular team of staff which made it possible for them to develop good working relationships. Staff were able to describe the people they cared for and showed that they knew people very well and understood their different needs. Staff ensured people had access to the information they required to maintain their health and promote recovery. One health and social care professional commented, "There has been a slow turnover of staff at the home and the team know the residents, who present with a range of mental health issues, very well." People told us of the organisations that they engaged with to maintain their health and well-being. Staff referred people for advocacy services when needed to ensure each person had their voice heard. People had access to information to enable them to enjoy their rights to equal opportunities as full citizens. A notice board displayed local services such as a centre offering cognitive and therapeutic activities and workshops, a hearing voices network and contact details for the local supported accommodation team.

People were involved in decisions regarding the care and support they received. Staff asked people about their routines, food choices, bath/shower times and what/when they wanted to eat. People told us and records showed staff provided people with the support they required, for example taking part in activities of their choice. We observed people going out shopping, spending time in the lounges or their rooms and undertaking chores such as cleaning their rooms. Each person had an assigned member of staff who acted as a key worker, ensuring their care was coordinated. The key worker was the main person with whom people discussed their care, liaised with family members and health and social care professionals. Records showed keyworkers held regular meetings with people and informed the registered manager of any significant changes to the person's health or support needs. The registered manager involved health and social care professionals for a review depending on the issues raised at key working sessions, such as when a person showed signs of a decline in their health.

People were treated with dignity and respect. People had keys and could lock their bedroom doors if they wished. One person told us, "Staff are respectful. They ask if it's ok to come into my room." Another person said, "[Staff] respect my bed times. We have an agreement where they come to check if everything is in order in my room." Staff respected people's privacy and were able to describe how they provided people's care in line with this responsibility. One member of staff told us, "We ask the residents what help they need. We go into their rooms with their permission." We saw staff knock on bedroom doors before entering people's rooms. However, people who were at risk of falls agreed with staff to keep their doors open during the day to enable them to keep a discreet eye on them.

People were supported to maintain relationships that mattered to them. One person told us, "[Family member] visits me when they can." Another person said, "[Staff] encourage my relatives to visit and they always make them feel welcome." One relative said, "We are able to visit at any time during the day and evening." The home had an open door policy to visitors and did not place any restrictions on the time people could have guests. The atmosphere was homely. Some people had their own furnishings and possessions in their rooms so they were decorated to their own taste. The communal areas displayed posters with welcoming messages such as 'What I love most about my home is who I share it with.'

Good

Is the service responsive?

Our findings

People took part in activities of their choice. One person told us, "I like to do my own thing." Another person said, "I have family and friends who visit." There were no formal activities arranged for each person. People told us they did not like group activities and preferred individual based support. People told us and staff confirmed the activities were mostly one to one support, such as accompanying a person on a shopping trip, outing or to external groups such as an exercise class or gardening group. Staff told us there were board games and card games for people who wished to use them. People told us they had developed friendships and spent time with each other. Staff monitored people's moods and encouraged them to pursue their hobbies and friendships to reduce the risk of isolation and loneliness. There were no formal arrangements or activity schedules in place for staff to prompt people to engage in individual activities. People told us they would like to go on trips. On the day of our inspection, there was a planned cooking activity. However, this did not take place. We asked a member of staff if they had carried out the activity. They told us no one had asked for support to undertake the activity. Although people told us they spent their time as they wished and were happy with the activities they engaged in, we were not confident that there were creative opportunities for them to develop new interests.

We recommend that the registered manager and provider seek advice from a reputable source about how to engage people who use the service in suitable individual programmes of activities.

People received care that met their individual needs. One person told us, "I am happy with my care." Another person said, "I get all the support I need." One relative commented, "[Family member's] condition has been managed well." Another relative said, "I have seen positive changes in [person's] life. They seem content and calmer." Health and social care professionals commented that staff provided care appropriate to people's changing needs. One health and social care professional commented, "The person I support has monthly reviews and these are shared with the local authority and myself." Staff reviewed people's needs and updated records to show the support they required. Care records were up to date and indicated people's changing needs for example when a person had a decline in their mental health. Staff had involved healthcare professionals and received guidance on how to provide appropriate care. Records showed people received care in line with recommendations of healthcare professionals.

People were supported to be independent. One person told us, "I will move to a place of my own soon once I feel confident to do things for myself." Another person said, "I am happy with things as they are. I take care of myself and plan how I spend my time." Care records detailed the support each person required to maintain their daily living skills for example maintaining personal hygiene, cleaning and tidying of bedrooms and shopping. People were involved in activities of daily living such as doing laundry, vacuum cleaning and loading the dishwasher. We saw staff supporting a person by carrying a vacuum cleaner to their room and leaving them to use it. People told staff about their plans for the day and accessed the community independently. Records showed staff supported people with budgeting skills to enable them to manage their finances. People required minimal support to undertake personal care tasks. Staff prompted people to have a wash/bath and reminded them of the importance of maintaining good standards of hygiene.

People knew how to make known concerns about any aspect of their care. One person told us, "I can talk to the [registered manager] or my keyworker. I know they would listen." Another person said, "We get along with each other and it wouldn't be difficult to say if something was bothering me." Relatives were confident that their complaints would be resolved. Comments included, "I feel at ease to raise any concern. I never had one though" and "I feel I can speak anytime I need, they listen." People told us and care records showed each person received the complaints procedure when they started to use the service and understood they could take their concerns to the Local Government Ombudsman (LGO) if they were not resolved to their satisfaction. Staff told us they reminded people in their one to one sessions of how they could make a complaint. Records were maintained of complaints received about the service. The registered manager investigated and resolved complaints in line with the provider's procedures and ensured staff were aware of what had gone wrong. The provider was open about how they handled complaints. There were compliments received from relatives about the manner in which staff provided care and support.

People shared their views about the service and the registered manager acted on their feedback. One person told us, "We have meetings where we discuss our care." Another person said, "It's a forum to talk about the changes we want. [Staff] do listen to us." Minutes of resident's meetings showed people raised issues that mattered to them and items were followed up to ensure these were addressed. For example, people were reminded of house rules and taking responsibility when they used communal areas. Staff had discussed and encouraged people to participate in the activities they said they enjoyed which included attending a garden group and having a flu vaccination.

Good

Is the service well-led?

Our findings

At our previous inspection of 13 and 19 January 2017, we found the provider did not have appropriate management systems in place to monitor the quality of care provided. At this inspection, we found the registered manager and provider had made improvements. However, this process was still ongoing and had taken a significant amount of time to implement. The registered manager told us the provider had engaged an external firm to support the management team in putting in place up to date policies. There were policies in place to guide staff on how to provide care and we did not find that this delay had had an impact on the care and support people received.

People's care delivery underwent review to ensure staff delivered a good standard of care. The provider had put quality assurance systems in place to monitor the care delivery. The registered manager carried out audits of the service which included an analysis of medicines administration records, care planning and reviews, record keeping and incidents and accidents. The registered manager had changed care planning to a more comprehensive format for identifying people's needs and setting goals. Staff told us the new care plans were better, less task oriented and contained more information about people's preferences which enabled them to deliver person centred care. The provider ensured the service had a health and safety review to protect people's safety. Shortfalls identified in the review had been addressed. Audit reports showed issues identified were resolved. The audits showed a programme of ongoing refurbishment. However, there was no timeframes indicating when this work would be completed, for example the replacement of carpets in some parts of the accommodation.

We received mixed feedback from health and social care professionals. One healthcare professional commented they "found the service managers to be caring, proactive and interested with regards to the running of the service. The service manager has always appeared keen to implement changes be it for the benefit of one resident or for the whole service." However, another health and social care professional commented that "care delivery is based on reliance on procedures and external assessments" and felt that "the place would benefit from simplifying the care and empowering the staff as to decision making and applying their own judgement." Having spoken to staff and reviewed records, we found that staff were knowledgeable about people's needs and we did not have concerns about the care delivery.

People and healthcare professionals commended the registered manager and staff for the care provided. One person told us, "They are supportive." Another person said, "The manager is friendly. I can approach him for anything really." One relative told us, "The manager and staff are readily available to talk where we have had concerns." Another relative said, "[Staff] are good. They explain issues and engage us."

People using the service and their relatives had their views about the service considered to make necessary improvements. They had resident's meetings, one to one sessions with staff and/or the registered manager and completed questionnaires about the quality of care. Feedback received was positive and showed people were happy with the quality of care provided.

There were adequate arrangements in place for managing the service. The registered manager was

supported by a deputy manager and a team of experienced care staff. Staff told us they felt supported in their role. We observed the registered manager and staff involved in discussions about people's needs, their daily duties and plans for the week. Their communication was respectful of each other and indicated good information sharing. Staff told us they were updated about changes to people's health in a timely manner. They said the registered manager was available to provide guidance and advice when needed. There were regular handovers at the beginning of each shift which ensured staff understood people's needs and provided appropriate care. Staff attended team meetings where they discussed safeguarding cases, incidents and accidents, people's needs and goals and any concerns they had. Staff said the registered manager valued their views and their concerns about people's welfare were taken seriously.

Staff told us the registered manager was hands on and provided care to people when needed. The registered manager said they used this opportunity and daily observations to carry out spot checks on the quality of support and staff's practice. While this enabled the registered manager to review the quality of care, we observed that the registered manager spent time providing care to people. This had the potential to take them away from their key role of managing the service. The registered manager told us they ensured staff worked in line with the provider's vision to support people with their recovery and to be independent. Staff understood their roles and responsibilities to empower people with daily living skills, maintain their health and reduce the risk of a relapse.

The registered manager and provider understood and acted on their responsibility to notify the Care Quality Commission about significant events that affected people using the service. Notifications had been received which enabled the CQC to analyse whether appropriate action had been taken to protect people from harm. The registered manager ensured staff maintained accurate records to reflect the care provided. Staff told us they were encouraged to be honest and open about the support they delivered and to learn from any mistakes they made.

People enjoyed better support because of the close involvement of health and social care professionals and other agencies in their welfare. One healthcare professional commented, "I have had the experience of a close working relationship with the Cornfield management team. They respond to queries/requests in a timely manner with regards to the wellbeing of residents as well as commissioning issues." The registered manager had developed close working partnerships with other agencies which ensured people benefitted from best practice guidance.