

Cocklebury Farmhouse Homes Limited

79 Malmesbury Road

Inspection report

79 Malmesbury Road
Chippenham
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 26 and 27 February 2018 and was announced. We gave the provider 48 hours' notice of the inspection. We did this to ensure people and key staff would be available at the service. The service provides accommodation and support for up to five people with learning disabilities and complex mental health needs. There were 5 people living in the home at the time of this inspection.

At our last we rated the service outstanding. At this inspection we found evidence continued to support the rating of outstanding and because of this the report is in a shorter format.

There was a registered manager in post. 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. The provider had a very 'hands on', active approach and presence within the service, with people who lived at the home, relatives, the local public and staff. He was constantly referred to us with praise and always by his first name. For the purpose of the report we will refer to him as the provider.

The views of people were sought in a way that was informal, relaxed and tailored to their individual needs. This demonstrated a person centred ethos and creativity and, ensured any barriers to effective communication were overcome. They used a sensitive approach that respected people's cultural backgrounds and mental health needs. We found during our visit that spending time with people and talking about things important to them, was an approach they were more familiar and comfortable with and enabled us to assess their experience of the service more effectively than asking more direct questions. Staff supported this and introduced us to everyone individually and explained why we were visiting.

People very were confident in their surroundings and with each other. The atmosphere was buoyant and people were excited to welcome us into their home and share their experiences. Staff were knowledgeable about everyone they supported and it was evident they had built up relationships based on trust and respect for each other. People experienced a lifestyle that met their individual expectations, capacity and preferences. There was an ethos of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated.

Everyone involved in this inspection demonstrated a genuine passion for the roles they performed and individual responsibilities. They wanted to ensure that those living at the service felt safe and valued. Staff embraced new initiatives with the support of the provider, registered manager and colleagues. They continued to look at the needs of people who used the service and ways to improve these so that people felt empowered to make positive changes.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence

and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Outstanding ☆

The service remains Outstanding.

Is the service well-led?

Outstanding ☆

The service had improved to Outstanding.
The vision and values of the home were embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed.

People benefitted from staff who felt supported and were motivated to learn and develop, embracing the culture of the home to "be the best" they could.

The provider and manager strove to maintain, sustain and further improve the experiences of people living in the home through quality assurance processes.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of our inspection because the service provides a service to adults who are often out during the day and we needed to be sure somebody would be in. Part of the inspection was carried out by two inspectors because two of the provider's homes were being inspected at the same time. This meant we could look at some areas collectively because they would be the same for both homes and would provide consistency when collecting evidence.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit we met and spent time with all five people living in the home and we spoke individually with three. Two relatives called the home whilst we were inspecting and we spoke with both. The service worked closely with various health and social care professionals and, we have considered and referred to the information we received from those that visit the service.

We spent time with the provider, registered manager and spoke with three staff. We looked at three people's care records, together with other records relating to their care and the running of the service. This included four staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

The service remained safe. People appeared to be happy, comfortable and safe in their surroundings. People told us they were safe and in good hands and relatives felt their loved ones were safe. Comments included, "He is definitely in good hands, they have kept him safe without taking away his independence", "I am safe, we all are, it's a lovely safe home to live in", "They have always looked at ways to make sure I am safe, I go out a lot on my own and there are things that help keep me safe when I am out" and "They look after me, they all make me feel happy and loved". People were kept safe by staff who understood their role and responsibility to protect people.

Staff had identified when certain behaviours from people could impact on their safety, other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure safety. Staff considered what triggers may exacerbate certain behaviours so these could be avoided wherever possible, for example loud noises, shouting, pain and distress. Where this had not been possible staff knew how to support people to de-escalate the situation. Staff had the knowledge to protect people safely without being restrictive. This particularly related to supporting people with behaviours that they were unable to control at times. Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. This included environmental risks and any risks due to the health and support needs of the person, both within their homes and the community. Risk assessments included a helpful, good level of detail about the action to be taken to minimise the chance of harm occurring.

Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented.

The provider had an up to date safeguarding policy in place. Records detailed the local procedure and contacts for the safeguarding team. Staff understood what constituted abuse and knew the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified would include the local authority, CQC and the police.

There were sufficient numbers of staff on duty 24 hours a day. During the inspection the atmosphere was busy and lively. People had made individual plans for the day ahead and staff responded promptly to people's requests for support if required. The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments and when someone wanted to go out socially. The registered manager ensured there was a suitable skill mix and experience

during each shift. Regular staff were allocated to people to help ensure a consistency and continuity when receiving care provision.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

There were clear policies and procedures for the safe handling and administration of medicines. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed/supported until they felt confident and competent to do this alone.

The service was clean and tidy and retained a homely feel. Staff were supported by the homes infection control guidance and suitable training and protective equipment, such as gloves and aprons were provided. Staff had received fire safety training. In house required health and safety checks were completed on emergency lights, fire control panel, fire extinguishers and smoke detectors. Each person had an individual fire evacuation plan in place, detailing the support they required to keep them safe in the event of a fire.

Is the service effective?

Our findings

The service remained effective. Throughout our visits staff were confidently and competently assisting and supporting people. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident within the roles they were to perform. Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications.

The service had a small, steadfast group of staff. They felt supported by the provider, registered manager, and each other. One staff member told us, "We all work very well as a team at caring for each and every one of the residents". Additional support/supervision was provided on an individual basis. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals and independent advocates.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and they had arranged to go out. They chose to spend time in the lounge, the dining room and their own rooms. They engaged with various preferred activities/interests throughout the day.

Staff ensured people were protected from the risks of poor nutrition and hydration. They offered choices and provided nutritious food that supported people's health needs. People were supported and educated by staff to eat a balanced healthy diet, without compromising their choice and preferences. One person told us, "I want to lose some weight so I have seen a diet coach. I am walking a lot more and I am not eating things like biscuits and crisps".

People were encouraged and supported to plan, source and prepare meals. They had twenty-four hour access to the kitchen and there were no rigid menus, mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed eating out and having takeaways. Hot and cold snacks and drinks were available throughout the day. Opinions about meals were always sought to help ensure people were satisfied with the choice, variety and quality of the food.

The registered manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. The home worked in partnership with the hospitals, community social workers, the community mental health teams and the community learning disabilities team.

Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported by staff for all appointments they attended. The level of support was individualised and people were empowered to represent themselves at the appointments as much as possible. All appointments were documented and included the outcomes of these. Care plans and risk assessments were updated if this was required.

Is the service caring?

Our findings

The service continued to provide an outstanding caring service. Throughout the inspection we saw various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. The provider, registered manager and staff demonstrated a determined, positive commitment to people and made sure they felt valued. People and relatives told us, "I feel loved and important", "I am very happy, the staff are kind to me and they are part of my family", "The staff are amazing even though I am a relative, I feel part of the family" and "I cannot thank them enough for the love and attention they show my daughter, they have helped us all tremendously and we are all so very grateful". The registered manager told us, "We don't just have a community spirit within the home, it is a family spirit. The work is more than a job, it is part of my life and every individual's happiness is our responsibility and the fact that we do it right is a cause of intense satisfaction".

People shared with us various examples where they felt inclusive and enjoyed their 'extended family'. People and relatives were always welcome at the provider's personal home, this would be either to celebrate an event or perhaps have some quiet, personal time in an 'hour of need'. One person who had recently lost a loved one went through a very difficult emotional time and often visited the provider and his family when things became a 'struggle' for them. The registered manager said, "The secret of our success is the enthusiasm from the provider and his absolute devotion to the homes. This enthusiasm is infectious and permeates through every staff member, infecting them with the desire to also want to provide the best quality of life for each person by working to the best of their ability".

There was a strong culture of empowering people, independence and autonomy was promoted at all times and was at the centre of all care and support people received. One relative spoke to us about the positive impact this had on their brother not only by increasing his independence but in addition this had helped maintain those strong bonds one would want between siblings. Over the years staff had worked with the person and their family to organise trips to stay with family who lived in the Scotland. At the time of the inspection the person had reached their goals to be able to do this independently. Over time and with support from staff they had learnt to make their own travel arrangements, book tickets on line, travel independently to the airport and catch the plane on their own. These trips were thoroughly enjoyed and their family really looked forward to the visits. The relative told us, "I love seeing my brother it means everything for him to be here, I am so proud of him and he is proud of himself".

Other examples were shared where people and staff had felt proud of individual successes around being responsible individuals and in control. One person had previously found it challenging when managing their own money. They often spent it very quickly and then ran out before their next allowance was due. Staff educated the person about the value of money and the advantages of budgeting and saving. Over time the person had adopted these principles and they had started to save money so they could treat themselves to something nice. This approach had also helped people to appreciate the value of personal effects and how much they had cost.

Ideas and initiatives to support people's aspirations were constantly thought about and discussed with

people and amongst staff. One person spoke with us about their love of history and how they had been supported to follow this interest. They often visited places of interest, stately homes and museums. In addition, staff had encouraged and empowered the person to apply for a job at a local museum centre. They had been successful in their application and thoroughly enjoyed having a purpose and one that enabled them to further enhance their hobby.

The provider ensured that human rights and diversity were respected and promoted throughout the whole organisation. The registered manager spoke with us about one person who expressed a wish to practice the Catholic faith and that he wished to be confirmed. Staff supported them to learn about the bible, exerts and readings, they became a member of the church and met new friends, and they also joined the choir and enjoyed doing this every Wednesday evening.

We saw various examples where dignity and respect was promoted. During our visits we saw staff demonstrating acts of patience and kindness. One relative told us, "Everything they do is for the benefit of my brother and he feels valued by them". A visiting health care professional wrote to us and stated, "The staff are always, very welcoming, polite, committed and professional. All the staff engage every time I visit and always introduce themselves even if I don't know them. They always engage with the residents in a very positive manner, whilst considering the person's rights and personal safety. Staff are always busy working and engaging with the people they support and I have never seen staff just sat around waiting or observing which often happens in other homes or services".

Is the service responsive?

Our findings

The service remains an outstanding responsive service. The registered manager told us, "There are reasons I have worked for the provider for 20 years. He is a fantastic role model not just in the workplace but in life as general. The homes and the provision of support for each and every resident is second to none. The home is unique in the person centred care they give. The quality outcome of ensuring everyone has a successful life is a goal we achieve every time. I am a part of the process ensuring these outcomes and that gives me a sense of pride that cannot be matched".

Visiting professionals felt the service was continuously focused on person centred care and providing a responsive service. Comments received included, "The manager is extremely committed to the home and the people that they support. They engage well with our team and listen and take on board the advice and support given by us. Their communication and response is very quick and efficient and their paper work that I have seen has been comprehensive" and "They work effectively with some potentially very complex individuals that have historically severely challenged other services. They have very successfully and positively managed some individuals with challenging behaviour and mental health problems".

It was never assumed that people who moved to the home would stay on a permanent basis. Support pathways were developed with individuals and relevant professionals to support phased progression for the potential to live in an alternative independent community setting. The registered manager and staff recognised individual capabilities and worked on strengthening these. This was a testament to the drive, patience and commitment of everyone in the home who had supported them and made this happen.

We spent time with a person who had made great strides since moving to the home several years ago. There were many examples where their emotional, psychological wellbeing had improved in addition to developing their life skills. They spoke with us about their love of food. They had completed a food hygiene course and worked alongside the chef preparing and cooking meals for all three homes. The person's relative told us, "His confidence and assertiveness has improved greatly and as such he is comfortable in his own skin. This is all down to the whole staff team, I can't thank them enough". This person had expressed a wish to live in a supported living environment but with the benefits of continuing to be part of their extended family and having staff available when required. Although it was considered not to be in this persons best interest to live in a conventional supported living setting, the provider wanted to do all they could to support this persons dream and ambition. During our visit we were introduced to an architect who was drawing up plans to see if a small dwelling could be built within the grounds.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to the registered manager or person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, changes in mental health well-being, review of medicines and assessment for equipment.

The registered manager and staff spoke about one person who had life changing medical interventions. The

staff had supported them to the ideal solution keeping the person's thoughts and wishes at the very centre of the decision making process. This included trialing different treatments and exploring with the person how successful they were in terms of effectiveness and personal satisfaction (including privacy and dignity issues). Staff had made remarkable progress with this person particularly around altered body image and gaining self-confidence. It was heart-warming to hear how this person had been supported to understand how they could overcome the surgery and that they could still live a fulfilling life' with the right care and support. The person was keen to meet us during the inspection. We had lunch with them and they showed us around their room. Their smiles and whole demeanour struck a chord as to how they were living a happy, healthy life thanks to all the support they had received. We read a letter from the consultant who had written to the GP and said they were 'delighted with the excellent response to treatment thanks to the experienced care staff'.

The service anticipated sensitive changes in people's circumstances and supported them at times when they suffered feelings of distress when receiving bad or sad news. One person had recently lost a significant loved one and this had caused significant decline in their mental well-being. This decline together with the 'overwhelming' loss for the whole family had a significant impact for all concerned. The provider, registered manager, health professionals, staff and fellow 'residents' supported this situation individually and collectively with the upmost care and compassion.

It was heart-warming to speak with the persons father who expressed his 'greatest gratitude' to everyone that had supported his daughter during her bereavement. He explained how knowing that his daughter was in loving hands had helped the whole family to be able to come to terms with their own grief and loss. Support provided included, counselling, promoting mindfulness, encouraging one to one sessions whenever the person was feeling vulnerable, having company from friends when needed and equally respecting the persons privacy when requested. The registered manager had supported the person to write a eulogy to read at the service and staff had supported the person to choose a new outfit.

People and staff spoke with us about how they supported each other when people who had lived at the home passed away. Great lengths were taken to ensure that people considered plans for the future, where they wish to receive palliative care and to what extent, things that would be important to them during such circumstances and how they would like people to celebrate their lives when they had passed away. We read people's plans, they were beautifully written and demonstrated what really mattered to people. One person wanted their life to be celebrated when they were gone. They made specific requests about what colours they wanted people to wear, they made choices about 'upbeat' music they wanted, preferred flowers, food at the wake and where they wanted their ashes to be scattered.

Is the service well-led?

Our findings

People continued to receive care and support from a very well-led service and had improved to outstanding. There was a registered manager in post. 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.' The provider had a very 'hands on', active approach and presence within the service, with people who lived at the home, relatives, the local public and staff. He was constantly referred to us with praise and always by his first name.

We received a very warm welcome by people who lived at the home and the whole staff team. It was an enjoyable two day visit and everyone was passionate and keen to be involved in the inspection and share their experiences. People were confident and assertive in their home and in the company of the provider, registered manager and staff. The atmosphere was buoyant, happy and refreshing. It was evident that everyone had continued to sustain outstanding work in maintaining a caring, responsive service.

Evidence throughout the inspection demonstrated that people benefited from receiving a service that was continually seeking to provide care and support that they were at the centre of. The provider and registered manager demonstrated effective leadership skills within their roles. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was evident. It was paramount to ensure a high quality service was provided, that staff were well supported and managed and that the service was promoted in the best possible light.

The provider was extremely hands on and he led by example. He played an active role in all three of his services and engendered a positive passion, loyalty and commitment from all of his staff. There were many examples where the provider 'pulled out all of the stops' for 'residents', family and staff. It was the small things that had the greatest impact and demonstrated his integrity as a provider. This included taking people for their hospital appointments for consultation and treatment, inclusion in people's reviews with health and social care professionals and conducting staff supervisions and appraisals. We read a letter the provider had received from someone in the local government constituency, who we were informed had attended several organised events in all three of the providers services. They wrote, "I am writing to express my support and admiration for Cockleberry Farmhouse LTD. The facilities provided are excellent and staff go that extra mile to cater for people. You and your team provide an outstanding service and the homes are a real asset to our constituency".

People, relatives and staff were extremely positive about the provider, registered manager and their personal experiences. Comments included, "I have never worked for a provider who cares so much about his residents and staff. His daily presence and hands on approach is second to none", "It's actually nice to know I am safe and well looked after as a member of staff and that makes me feel valued", "The provider and manager never fail to impress me with their dedication to the whole service" and "I have always been very happy living here, I enjoy my life very much".

There was a strong emphasis on teamwork amongst all staff at all levels, everyone was equal in value respectful towards each other and played a vital part within their individual roles and responsibilities. All staff were highly thought of by the provider, registered manager, people who used the service, relatives and fellow colleagues. Staff were positive and extremely proud about what they had achieved since the last inspection to ensure the quality and safety of people was promoted and maintained. They had firm perception about the provider, his vision and his values and what it was like to work for them. One staff member told us, "Not many people can say that they actually like their job, but I honestly do and feel very passionate about". A visiting professional told us, "Leadership is strong with a good and consistent leadership team. The staffing within this service is very steady and there is not a huge turn over as we find in many other services".

The registered manager spoke about accepting people into the service who had previously been let down by the care system. They spoke about people who had spent many months in secure environments because other care providers could not meet their challenging behaviours. It was clear from speaking with staff that they respected the registered manager's decision to support people with complex needs. The registered manager said they did not advertise their service but over many years they had built good relationships with social workers and different local authorities. Consistency in the management the service had provided a calm, consistent environment for people and this had led to a reduction in challenging behaviours of people.

There was a strong emphasis on continually striving to improve the services provided. The registered manager promoted and encouraged open communication amongst everyone that used the service. People were actively involved in developing the service and felt they were listened to. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Other methods of communication included meetings for people, and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. It was clear through discussions with people, staff and looking at the minutes that the meetings were effective, meaningful and enjoyed.

The registered manager continued to keep up to date with their professional development. Over the last year they had attended several courses and seminars including, a manager's safeguarding course, a registered managers network training event, falls prevention, well led in leadership and management and proud to care. They also attended Care Skills Partnership & Wiltshire Care Partnership Training & Development Day. The programme covered person centred care and effective leadership. They told us, "The training gave me a new insight and fresh ideas to use". The provider worked in partnership with other organisations to promote good practice and to promote and attended local provider forums.

Regular audits were carried out of the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. Quality monitoring reports demonstrated a good quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and staff team.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. Notifications gave sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.