

Cocklebury Farmhouse Homes Limited

13 Greenway Park

Inspection report

13 Greenway Park, 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?

Good



Overall summary

This inspection took place on the 17 and 21 April 2015. Thirteen Greenway Park is one of three homes belonging to the provider, Cocklebury Farmhouse Homes Limited. Greenway Park provides accommodation and care for adults who have a learning disability, mental health or more complex needs. The home offers support for people who have previously experienced difficulties in being able to live within a community environment. Therefore, care is generally provided for a long-term period and this benefits people who require higher levels of guidance and support.

The service had a registered manager who was responsible for the day to day operation of the home. 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 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

Greenway Park is registered to provide care and support for up to eight people. People and their families praised the staff and registered manager at Greenway Park for the kindness and the support given to people and families alike. People had developed caring relationships with

Summary of findings

staff and were treated with dignity and respect. People had been supported to become as independent as they were able to be. People told us they enjoyed a high quality of life and relatives and staff agreed.

People's rights were recognised, respected and promoted. Staff were knowledgeable about the rights of people to make their own choices. This was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. People's care needs were regularly reviewed to ensure they received appropriate

and safe care, particularly if their care needs changed. Staff worked closely with health and social care professionals for guidance and support around people's care needs.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. Staff were confident that the registered manager would respond appropriately. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs.

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?

The service was safe. People told us they felt safe.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

There were systems in place to ensure that people received their medicines safely. Risk assessments were in place to ensure that people received safe and consistent care. The environment was safe and well maintained.

Good



Is the service effective?

The service was effective. People received effective care and support to meet their needs.

People were supported to have enough to eat and drink.

People were supported by skilled and knowledgeable staff. Staff were supported to develop their professional skills to ensure they were competent to meet people's needs.

Staff received regular supervision and an annual appraisal which identified on-going training needs and development.

Good



Is the service caring?

The service was caring. We saw that people were comfortable in the presence of staff and had developed caring relationships. People were very positive about the staff. Staff treated people with kindness and respect.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. Staff listened to people and acted upon their wishes.

Staff supported people to make their own decisions about their day to day life.

Outstanding



Is the service responsive?

The service was responsive. People received care and support which was specific to their wishes and responsive to their needs.

Care records clearly identified how people wished their care and support to be given and people told us they were very happy with all areas of their care and support.

People achieved positive outcomes and had independence and choice to live the way they wanted to.

Outstanding



Is the service well-led?

The service was well led. There was an open and transparent culture and the manager and staff welcomed the views of people and their families.

There were systems in place to monitor the quality of the service provided and to promote best practice.

Staff were actively involved in finding ways to continually improve the service.

Good



13 Greenway Park

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 checked 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 the 17 April and continued on 21 April 2015. This inspection was carried out by one inspector 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. The expert had knowledge of learning disabilities and complex needs.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We asked the provider to submit 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. This enabled us to ensure we were addressing potential areas of concern.

We met all of the people who live at Greenway Park. We spoke with five people and as some were not able to fully verbalise their views, we observed their care and support. We also spoke with a relative about their views on the quality of the care and support being provided.

During our inspection we spoke with the registered manager, the deputy manager and the provider. The owner/provider of the service is also a registered manager. We also spoke with a senior care worker, a care worker and the cook. After our visit we contacted people who visit the home to find out what they thought about this service. We contacted four health and social care professionals and two people who commission services.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with people, looking at documents and records that related to people's support and care and the management of the service. We reviewed the care records of three people, we looked at staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

Is the service safe?

Our findings

People looked happy and relaxed in the company of staff. People told us they felt safe living at Greenway Park and comments included “I am always safe here” and “staff make sure I don’t get hurt”.

People had risk assessments which identified risks in relation to their health and personal care, independence and wellbeing. A member of staff told us “it’s about balancing the risks and the rights of people to make their own choices. We support people to make choices by talking about the potential risks and how they think they can keep themselves safe.” They gave an example of one person who could be vulnerable whilst out in the community. The risk assessment in place had been devised by the person and the member of staff. It described how they could stay safe by keeping within agreed social boundaries [such as how you act around people]; having access to their mobile phone and letting a member of staff know where they were going. This person told us they usually went out most days and were free to ‘come and go as they pleased’.

Staff told us they were confident the risk assessments in place kept people safe whilst enabling them to maintain their independence. Staff described how following a review of a risk assessment for mobility and independence, it was decided to offer a person a bedroom on the ground floor. As a result this had enabled the person to remain safe and to still be able to walk around the ground floor as they wished and go to their bedroom independently.

People were able to tell us ways in which they kept themselves safe and commented “don’t touch the hot kettle”, “make sure your shoelaces are tied up” and “tell staff if something is broken as it might be sharp”. Each month people living at Greenway Park held a ‘house meeting’. On the agenda was ‘keeping safe’. The emphasis was on people letting staff know if people see something which was not safe or if they did not feel safe themselves. People and staff talked about what to do in the event of a fire and how to evacuate the premises.

A member of care staff told us that all staff had known people for many years and felt they knew people really well. Staff could gauge when people were not feeling well or were not ‘quite themselves’. In the past the staff had used physical de-escalation rather than a verbal one. This

had been to prevent people from harming themselves. Staff had received training in knowing how to use the least intrusive intervention which would de-escalate the situation safely. Ensuring that people were mentally and emotionally well was regularly discussed at staff meetings and handovers.

The home was very clean, well maintained and safe throughout. The layout of the building promoted people’s independence, dignity and safety. The communal areas of the home were clutter free and spacious. The gardens were fully accessible to people and the environment was safe.

There was a safeguarding and whistleblowing policy and procedures in place which provided guidance to staff on the agencies to report concerns to. Staff had received training in safeguarding to protect people from abuse and training records confirmed this. Staff were able to describe what may constitute as abuse and the signs to look out for. All of the staff we spoke with told us that any concern, no matter how small was discussed with the management team as soon as it arose.

Previous safeguarding records evidenced that the registered manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made. Notifications had been made to the Care Quality Commission (CQC) as required. During 2014 and 2015 there had been no incidents occurring within the home and the home’s records confirmed this.

There were adequate staffing levels in place to support people who live in Greenway Park. We saw that staff were visible and available to people. Two people from Greenway Park would soon be moving into one of the providers other homes. The registered manager told us that after the move, two new people would be moving into Greenway Park and they would review the staffing numbers based upon the needs of the new residents.

People using the service could be confident that their medicines were organised and administered in a safe, competent manner. People received their medicine on time and staff were knowledgeable about the type of medicines which people took and why they were prescribed.

Medicines were stored in an office in a lockable cabinet which only certain members of staff had access to. Records showed that stock levels were accurate and balanced with

Is the service safe?

the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Staff who had had responsibility for administering and disposing of medicines undertook training and competence checks to ensure they remained competent to deal with medicines.

Staff and people adhered to safe hygiene practices and the home had been given a 5 star rating by the Food Standard Agency. Food items in the fridge had been labelled with the date they were opened to avoid people eating out of date food. Staff and people helping in the kitchen washed their hands before preparing and serving food. In the kitchen there was a separate hand basin with sanitising gel and paper towels. Before people had lunch they were encouraged to wash their hands.

The provider had risk assessments in place for the environment and facilities, such as ensuring that the water systems were regularly checked for legionella. [Legionella is a disease which is caused by bacteria in water systems]. Fire equipment was regularly tested and there were personal evacuation plans in place for people in the event of a fire. Staff reported any maintenance issues to the management team and we saw from documentation that repairs were carried out swiftly.

Should the premises need to be vacated in an emergency, alternative accommodation had been arranged for people in one of the provider's other homes. There was also a contingency plan in place should staffing levels be affected by sickness or adverse weather conditions.

Is the service effective?

Our findings

People told us that staff were “great” at doing their job and thought staff knew how to do their job well. Staff told us they really enjoyed their work and valued the people they supported. A member of staff told us “I’d like to live here, I would definitely have any of my relatives live here, and I think we do a brilliant job. It’s about giving people the very best quality of life and I think we do that”.

The staff we spoke with were competent in their understanding of how to provide safe and effective care to people with complex needs. Staff told us they had a really sound understanding of learning disability, mental health, autistic spectrum disorders and how to support people with social communication and interaction. Integral to this was the support people received to be able to better understand their emotional states and cope with new situations or routines. Our observation of staff interaction and practice confirmed they were skilful in providing appropriate support in line with people’s needs.

A senior care worker told us that many staff either had or were working towards a national qualification in health and social care at level three. Training records evidenced that staff undertook mandatory training as set by the provider. In addition there was more specific training which underpinned the spirit of the service to enable people to ‘live the life they choose’. Such as, person centred care planning, how to involve people, positive behavioural support, epilepsy support, sign language and communication. The registered manager had considered the future needs of people who live at Greenway Park as they became older. Staff had completed training in dementia awareness to be able to recognise early symptoms of dementia. This would enable them to put into place timely and appropriate care and support.

Staff felt supported throughout the learning process and in applying that learning. One care worker told us “I am very happy in my work, the training is really very good, it never lapses and it relates to the people we care for. We often do scenarios as part of our learning. We reflect on our learning and look at how we have implemented it into our daily practice.”

Staff told us they were very happy with the supervision and support they received. A care worker told us “the manager gives us very honest feedback at our supervision but in a

way which is constructive and enables us to develop our skills and knowledge. Another care worker said “our supervision is always reflective, looking at way of improving outcomes for people, we usually have actions points to follow up at our next supervision, that way our learning is continuous”. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff.

A care worker said “we have an excellent team and the management make sure that we are involved, for example we attend professionals meetings if there are reviews. There is an excellent exchange of information between us and the professionals we work with”. Staff also had many opportunities for sharing information through team meetings, monthly home meetings with people, the daily staff handovers and daily informal manager discussions. Communication between staff and the management team was seen as paramount in ensuring that people received timely and appropriate care and support.

Staff were able to explain to us how they enabled two way communication with people, particularly for people who could not fully verbalise their views. They told us “one person is a very good communicator but is language limited; we can understand their words and expressions very clearly indeed. We have all received training around non-verbal communication. We have worked with the person themselves and learnt from them. We have used communication tools, pictures and activity planners with pictures on which have been very useful for the person and staff alike.”

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Consent to care and treatment was always sought in line with legislation and guidance. At the time of our inspection applications had been made and other applications approved to deprive some people of their liberty. Staff recognised their responsibility in ensuring people’s human rights were protected and described how people could be deprived of their liberty and what could be considered as a

Is the service effective?

lawful and unlawful restraint. A commissioning team told us “staff understand the principles of the Mental Health Act in relation to the mental capacity of each service user in different respects”.

All staff had received training in the Mental Capacity Act and DoLs and we found staff were knowledgeable and applied the principles of the Mental Capacity Act in their practice. Staff told us about best interest decisions which had been made in relation to healthcare and hospital treatment. An independent mental capacity advocate had been involved in one case to support the person through the process of understanding their proposed health treatment.

When people made decisions we saw that care records documented how staff had communicated with the person and how the final decision had been arrived at. In all cases, the least restrictive option had been put into place. People told us they felt very involved in making decisions about their care and support. Care plans evidenced that people had communicated their wishes and consent had been sought.

Healthy eating was promoted by staff and people were supported to have a balanced diet. People told us they enjoyed the food and had enough to eat and drink. Fresh fruit, drinks and snacks were readily available to people if they were hungry. There was a seasonal selection of food on the menu and people choose the type of food they wanted to eat with the menu's changing every four weeks. The menus were varied and included fresh vegetables and fruit. We met one person who resides at another location belonging to Cocklebury Farmhouse homes. They enjoyed working two days a week supporting the cook at Greenway Park. They told us they really 'loved cooking' and had been encouraged by staff to obtain their food hygiene certificate.

People and staff told us they liked eating together. At lunchtime everyone ate together and enjoyed the food and each other's company. There was social chatter and laughter and discussions around people's day and what they planned to do. After lunch, one person took the orders for drinks and took the drinks to people who were sat in the garden.

The cook who prepared the meals at Greenway Park had a level two qualification in catering and had undertaken training in food hygiene and preparation. They were

confident in their knowledge of the different types of food allergies people could have and of specialised diets, but told us that people did not have any individualised needs apart from food likes and dislikes.

There were picture menus available to support people to make a choice of food and drink. The cook had a picture guide of different portion sizes and information about people's preferred size of meal. People told us that they were supported by staff to maintain a healthy weight.

People were actively encouraged by staff to think about the food they ate and different recipes they could try. People were deciding what herbs they were going to plant. We saw the ground in the garden had been prepared and people were going to visit a local school to buy some plants and herbs. They were going to use the herbs to cook with and people commented “we need some oregano because we cook with that” and “I like lots of different herbs, it will be nice to see them grow, I also like flowers”.

Records showed that people's day to day health needs were being met. People told us they saw their GP and other health professionals such as the audiology specialist. Each person had a copy of their annual health plan which was in a pictorial and easy read format. This document contained information about the health professional's people had seen, the outcome and any follow up treatment required. Staff were diligent in ensuring people were supported to attend appointments and that after care was followed up.

Records evidenced that people were supported by staff to access preventative healthcare such as having a 'flu' jab. People had been supported through their hospital admission and had received support throughout their time in hospital. Staff had liaised with health and social care professionals to ensure the person was kept up to date with information, and understood the care they were receiving.

Adaptations had been made to the premises to enable one person to continue to live at Greenway Park. Due to decreasing mobility the person was finding it difficult to use the stairs. The provider rebuilt and added onto an existing downstairs room to provide a bedroom with en-suite wet room. The extension enabled the person to continue to enjoy living in his home where he feels safe, secure and a strong sense of belonging, in an environment adapted

Is the service effective?

specifically for his individual needs. We spoke with the person who excitedly showed us around their room, they were very happy with it and showed us all of their memento's placed around the room.

Two people who currently live at Greenway Park were soon to be moving into another location belonging to the Cocklebury Farmhouse homes. We saw they could not

contain their excitement, clapping their hands saying "we can't wait; we are going to live with our friends". The provider told us "people from two of the homes are great friends and asked if they could move in together. We decided to build an extension onto one of the homes to give more bedrooms. It's all worked out really well and people are very happy about the move".



Is the service caring?

Our findings

People told us that staff were “great”, “my friend” and “funny”. Other people nodded and smiled in agreement. A member of staff said “this is very much people’s home; you would have to go a very long way to find the happiness we give to people and their families.” A relative told us “my son is so happy here; in fact I have recommended the home to other families. Families can visit at any time they like and the care is outstanding”.

Staff had worked at the home for many years and knew people well. We observed they took account of the person’s body language, made eye contact and understood the way the person communicated their wishes. Through our observation of the interactions between staff and people, it was clear that very positive and meaningful relationships had formed. The approach of staff was very caring, gentle and calm.

Staff supported and empowered people to voice their opinions. When communicating with people we saw that staff waited patiently for people to respond, in some cases repeating what the person had expressed to clarify their views. Staff clearly explained options which were available to the person and encouraged them to make their own decisions.

People, their families and staff spoke very highly of the provider and the time and commitment they had in the running of the Cocklebury Farmhouse homes. A relative sent a thank you to the home because of the way staff had supported the family during a relative’s funeral. The family were sceptical about the person attending the funeral. The provider/registered manager and the deputy manager both supported the person to be involved and attend the funeral. The family were grateful for the help and support in enabling this.

Throughout the visit, we saw that respect was a two way value between people and staff. People and staff spoke with each other in a kind and respectful way which was indicative of the esteem in which people held each other. Jokes and humour were part of the everyday banter between people and the day was filled with laughter. People looked content and everyone we met told us they liked living at Greenway Park.

People were supported to be as independent as they were able. On the day of our visit, people went out for the

grocery shopping. One person wrote the list asking everyone in the home if there were any other items not on the list. Another person checked who wanted to go shopping and asked people to get ready. One person was going to the shops on their own and told us “I go out whenever I want and staff support me when I need it”.

Staff promoted an environment which enabled people to practice their faith and keep in touch with their culture. The provider had recently gone out for an evening meal with one person to a cultural event happening in the local town. The provider told us “I thought they would like that as they are interested in different foods, we had a really good evening and it was great to have a chat together”.

The cook at Greenway Park belonged to a choir which sang ‘world music’ [world music is different types of music from all over the world]. They told us “one person is interested in their culture and likes to eat traditional dishes and look at books of where they came from. They also like music and we have been singing songs together from their background. They are going to come with me to sing in my choir, we are also going to the Chippenham music festival together.

People, staff and families from across all three of the locations spent time together on activities or at social gatherings, some of which the provider held at their own home. Staff and people told us they felt part of a big family. Many staff gave their free time to socialise with people and people knew the families of staff as an extended network of friends.

People confirmed they spent time with staff including the provider out of their working day for example at weekends and evenings. One person had developed a friendship with a neighbour of the provider because of their joint interest in classic cars. When the neighbour moved, the provider ensured the person could continue to visit their friend. These visits enhanced the person’s life through maintaining an important relationship.

Staff told us “the care we give is outstanding, I’ve worked in other homes but nothing like this” and “we all look forward to coming to work because we care about the people we support. There isn’t a member of staff who doesn’t feel that way”.

Staff recognised that at times, people’s well-being could be affected by their mental health. We saw that guidance to reduce or avoid distress was available to care workers



Is the service caring?

within the person's care plan. A care worker told us that one person had a 'weighted blanket' [this is a blanket where each corner has a weight inserted so that the blanket stays in place]. They said "The blanket gives the person security; we know when they need to feel secure, from their facial expressions and body language. They will let us wrap the blanket around them. We know people really well and can feel when they are maybe in pain or just need a hug".

The registered manager told us that the weighted blanket was one suggestion professionals from the behavioural team had made following a referral by the home. A sensory diet was formulated and the home responded to the recommendations, providing the staff with an expanded toolkit to respond to the autistic behaviours of the person. The result was that the person was question supported by staff to remain calm and content where previously they would suffer negative emotions.

During our visit we saw that when people wanted privacy they retired to their room and staff respected this. People told us they staff never entered their room without knocking and people could lock their rooms for privacy if they wished. Care plans evidenced that people's privacy and dignity was respected in the way care was delivered.

One person with a health condition required a member of staff to be with them whilst they took a bath. The person agreed that the member of staff could sit with their back to them in the bathroom whilst they bathed. Staff confirmed they respected the person's wishes.

The service supported people to express their views and to be actively involved in making decisions about their care. Information about advocacy services was available to people in a pictorial easy English format. People had access to an advocacy service and were able to tell us how an advocate could support them. Records confirmed that some people had previously accessed the services of an advocate and the registered manager had fully supported this.

People told us they were involved in the planning of their care and how they wished that care to be delivered. People had a copy of their care plan which was person centred and evidenced their involvement, their expectations and their wishes. Each person had a plan for their end of life care which documented how they wished to be supported at that time. The plans were in a pictorial and easy to read format and gave spaces for people to put pictures in of the things they wanted, such as pictures of home or hospital, important people, poems and music they liked.



Is the service responsive?

Our findings

When we arrived at Greenway Park, people welcomed us into their home and were interested to hear why we were there. People who were in their rooms came to say hello. Throughout the day we chatted with people about what it was like to live at Greenway Park. People were very positive and told us they were happy.

People living at Greenway Park had different abilities in communication and varying levels of support needs. We saw that staff were skilful in communicating with each person. Everyone was tolerant of and showed respect and courtesy towards each other. A care worker said "there is no competition here because we promote an environment where everyone is individual and feels valued".

We looked at three care plans which were very person centred and clearly showed the involvement from the people using the service. People had given their goals and aspirations and detailed how they were going to achieve them. A health and social care professional told us "people are supported to develop their independence skills through on-going activities and their lifestyles are in keeping with each of their interests, preferences and needs". People's achievements were documented and there were positive outcomes for people. A relative wrote to the provider and stated "we are so proud of my son and all that they are achieving. This is all down to you guys and your lovely bunch of workers".

Each care plan was individual to the person with comprehensive information about their preferred routines and what was important to them. Some people required more structured and supportive routines, again these were detailed with clear boundaries and guidance for staff on how to meet people's needs. There were positive behavioural support plans in place which staff told us enabled them to reinforce and sustain positive behaviour. Some people were able to tell us how the behavioural support plans had helped them to deal with their feelings and how they reacted. A GP who supported people in the home told us "the home provides an exceptionally high level of care and support to their service users".

People were fully consulted and involved in every aspect of their care and support. People had a copy of their care plan which was in a pictorial and easy to read format. People's

care plans were reviewed every six months and they could invite families and other people they wanted to the meeting. Health and social care professionals were also invited.

From our observations of the staff interaction with people, it was clear that people were supported as they wished to be. Staff had an excellent understanding of people's values and beliefs and how they wanted their care and support to be delivered. Staff knew how to meet people's preferences which meant that people had an improved sense of wellbeing and quality of life. A healthcare professional told us "service users have a positive rapport with staff and staff have a good insight into each person's interests, needs, personality and behaviours".

People were supported to develop their life skills and the care plans documented many positive outcomes for people. One person had progressed so well in the activity of Kayaking, that they were now able to paddle a solo 'sit on top' Kayak and to manoeuvre it. This progression from people with a learning disability was one of the reasons that attracted the focus from The British Canoeing magazine who were writing an article to celebrate people's achievements.

People told us they enjoyed taking part in water activities at the local water park and some people had achieved a certificate in Kayaking, recognition of paddle sport skills. The next thing which people were going to try was a form of 'banana boat' riding on the water. When we asked people about their next adventure, one person laughed out loud and said "I can't wait, I just can't wait".

People took part in activities within the community including various sports and enjoyed outdoor activities such as horse riding, walking and bike riding. Each person had a season pass to a theme park called Longleat. The provider told us "people really enjoy going to Longleat, they have a lot of fun and this was one of the places people said they wanted to go back to. A season pass lets them go when they want".

One thing which staff emphasised to us was that activities were never cancelled. They explained that cancelling activities which were part of people's routine could affect their emotional wellbeing and behaviour. Other people had to have 'plenty of warning' of forthcoming events and had to assimilate the information, again cancelling the activity



Is the service responsive?

would not be conducive to their wellbeing. Staff told us they maintained a consistent activity provision because staff across the other two locations of Cocklebury Farmhouse were able to step in at short notice.

People had set up their own skittle teams and played matches at the local pub. According to people's interests, they visited the theatre, went to festivals, attended steam engine rallies and motor car events. People were fully supported to visit their families, go on day trips and holidays. Holidays were either just one person and a care worker for a break away or several people together, depending upon what people wanted. Staff told us that some of the female members of staff had organised a holiday together, they told us "we really do get on so well".

Individually, people followed their own interests and hobbies such as gardening, football, looking at flowers, painting, collecting cat pictures or buying ornamental Christmas trees. One person had recently taken a trip to London with a care worker to visit the War Museum. They told us they had really enjoyed the trip and said a friend of the provider had given them a world war one helmet. They had been reading up on how to look after it. Another person had a particular interest in doors and was supported to go on tours of specific areas/ buildings of personal interest.

People had a wide network of friends including the families of staff who worked for Cocklebury Farmhouse homes. One member of staff had taken a person to meet their mum. The person smiled when we asked if they had enjoyed their visit and pointed to a picture of a cat, similar to the one they had seen on their visit. In their own time a care worker had enjoyed a visit to the theatre with one person. They told us they had really enjoyed spending time with someone who was also musically minded. Relatives of staff who work in the home also visited to provide specific activities, such as a 'ladies pamper and nail night', which staff and people said they had enjoyed.

People were supported to develop their life skills with varying levels of support. People participated in a range of tasks to develop their independence skills such as in,

managing their personal care, choosing what to wear, literacy and numeracy, using transport, managing relationships, and household tasks such as food shopping, cooking, gardening, helping in the kitchen and keeping their room tidy. At meal times, staff encouraged people to help by setting the table and clearing away the dishes. There was also a rota for people who wanted to help in the kitchen after the evening meal. One person told us they liked drying the dishes and after lunch we saw they confidently wiped and put away the dishes.

In the morning people got up when they wanted to and helped themselves to cereal and toast. Staff were available to make toast but some people told us they liked to cook their own toast and put butter and jam on it. Several people liked to cook and one person liked to help to bake cakes. They were now able to measure the ingredients out and crack the eggs into the bowl. Care plans documented many positive outcomes for people. Such as being able to use an electric whisk for baking.

Relationships with the local community were 'excellent' according to a member of staff. Staff told us that all of the neighbours were friendly and very supportive of people. People and staff invited the neighbours to social gatherings which they joined in with.

The complaints policy and procedure were displayed in the foyer of the home and each person had a copy of the documents. The procedure was in a pictorial, easy to read format which meant that everyone could access this information. People told us that all of the staff listened if they were unhappy. Any problems they had were always resolved quickly and to their satisfaction. At the time of our inspection people told us they had no complaints.

Within the home's documentation, we saw that staff had recorded in the daily or staff handover notes, any issues people had raised. Prompt action had been taken to speak with the person and document their issue and how they wanted the issue to be resolved. Relatives praised the registered manager and staff for the way they listened to and responded to any concerns they raised.

Is the service well-led?

Our findings

The service had a registered manager in place and there were clear lines of accountability throughout the organisation. Staff were able to tell us about their roles and how each part of the organisation worked. All of the staff we spoke with were positive about the provider and the management team. Staff told us they felt proud to work for the home. A care worker said “I have never felt so at ease as I have working here, senior people communicate in such a way that you don’t feel you have done something wrong, it’s about how we can improve and learn”.

Staff told us they felt valued by the people they supported, the provider and by all other staff. A care worker told us “as a team we are really positive and work really well together”. The deputy manager said “I feel really proud of the job we do and the quality of life we support people to have”. The registered manager and provider agreed. A relative told us “Greenway Park offers people a fantastic quality of life and it’s not institutionalised like some other places”.

Staff were aware of the organisations visions and values and a care worker told us “we [the staff] have 100% confidence in the manager and deputy manager and how the home is run”. Staff told us they felt supported by all of the management team and 'especially the provider'.

The management team told us the provider who is also a registered manager, takes a very personal approach to the way the service is managed, commenting 'their enthusiasm for the homes is infectious and generates a vibe of inclusion and ownership by each member of staff. Staff are led by example and because of the leadership, they want to be involved in constantly improving the service to the benefit of each service user. They go over and above their role as a provider and registered manager and they are accessible to all staff at any evening and weekends for support and assistance, either by telephone or in person. They include people that have an interest in activities that he attends and he regularly has them join him on personal outings'.

The registered manager told us they promoted an open and transparent culture through staff training and supervision and were very confident that staff put people

first at all times. As an incentive scheme, staff received a bonus if they did not have any sickness during the year. The registered manager told us that 55 per cent of staff achieved this last year.

The provider had a system in place to monitor the quality of the service people received. This included monthly and quarterly audits which covered areas such as record keeping, environmental safety, staff training and supervision, care plan reviews and people’s views, management of medicines and incident recording. The audits showed that the service used the information they gathered to improve and enhance the quality of care people received. For example, the service wanted to be able to offer on-going and potentially long term support to people. Following a bereavement of one person’s relative, the registered manager made the decision to provide training to all staff on supporting people through bereavement.

A member of staff told us “we have a very open and honest culture, the manager’s and staff talk daily about any issues raised, and if mistakes are made then learning comes from it. The registered manager told us that they and the deputy manager work with the care team. If they see any practice which could be done a different way, they will discuss this with the member of staff. Staff told us that the style of the management approach ‘put staff at ease and got the best out of them’.

People and their families were able to provide feedback about the way the service is led. The last satisfaction survey for people which was in a pictorial and easy to read format was carried out in early 2015. Relatives were also consulted. We saw from the survey returns there were only positive and constructive comments about the service.

The registered manager told us that all staff were at the forefront of ensuring that the home continually strived to improve the experience for people who lived there. They had introduced staff to the new model and approach to the CQC adult social care inspections. Minutes of staff team meetings demonstrated that the new ‘fundamental standards’ had been incorporated into staff learning and development.

The home shared the resources amongst the three locations belonging to the provider. This included administration systems, training and staffing cover. The registered manager told us they had a ‘team approach’

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which had enabled them to maintain a consistency of care and support and therefore felt this had enabled them to offer a high quality service. A commissioning team said of the provider “we have always found the staff team to be prompt and responsive to any queries we have raised over the years”.

The service worked in partnership with key organisations to support the provision of joined up care. Statutory notifications were made to the CQC as required. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. The registered manager was proactive in working with local initiatives such as the learning network, skills for care and provider meetings.

The provider showed us feedback they had received following a meeting with their bank manager. This stated they ‘found the service people received was superb and all down to the excellent leadership and commitment of the management team’. The provider told us it meant a lot to them and the team to have received such praise.

To keep up to date with best practice, the registered manager accessed resources and information from websites such as the CQC, National Institute for Clinical Excellence, the Social Care Institute for Excellence, the British Institute of learning Disabilities and Skills for Care. Managers were currently looking at the new care certificate prior to the recruitment of two new members of staff.