

Mrs Catherine Anne Brockie

Corran Dean at Smokey Farm

Inspection report

Smokey Lane
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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

About the service: Corran Dean at Smokey Farm is a small respite facility for people who may have a learning disability/autism and may display behaviours that challenge.

People's experience of using this service:

People enjoyed their stays at Corran Dean at Smokey Farm and were cared for by staff who understood their preferences and were kind.

- Systems were in place to identify people's individual safety risks and to promote people's safety. Staff were available to meet people's safety needs and reassure them when needed. The risk of accidental harm or infections were reduced as staff used the resources and equipment provided to do this.
 - Staff administered people's medicines safely. Staff provided people with support to have the medicines they needed to remain well, and people's medicines were regularly reviewed and checked.
 - People were supported to enjoy a wide range of activities which reflected their interests, and enhanced their lives. Staff sought ways for people to continue to do things they liked, whilst maintaining their safety.
 - People, their relatives, staff and other health and social care professionals worked together to assess people's needs and plan their care. This was done so people's needs, and preferences would be met, and they would enjoy an enhanced sense of well-being.
 - People were supported by staff to make decisions about their care. Staff used their knowledge of people's preferred ways of communicating, to assist people to make their own choices.
 - Staff promoted people's right to independence, dignity and respect.
 - Staff supported people to have timely access to external health care should this be required during their stay.
 - Staff had received a comprehensive induction and on-going training to develop the skills they needed to care for people.
 - People, their relatives and staff were encouraged to make any suggestions for developing the care provided further.
 - The provider checked the quality of care provided and developed action plans to improve people's care, so people would continue to enjoy their stays.
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report.

Rating at last inspection: Good. The last report for Corran Dean at Smokey Farm was published 15 November 2016.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

Corran Dean at Smokey Farm

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection on 10 April 2019.

Service and service type: Corran Dean at Smokey Farm is a small short stay home for people requiring respite care. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered/provider with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. We spoke with two members of staff including the service manager, the registered manager [who is also the provider]. We also spoke with two relatives.

We reviewed a range of records. For example, three people's care records and medication records. We also

looked at records relating to the management of the home. These included systems for managing any complaints, and minutes of meetings with staff. We also saw registered manager's checks on the quality of care provided. For example, surveys completed by people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.
- The registered manager and staff had received training and understood what action to take in the event of any concerns for people's safety.

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place for staff to follow to ensure they met people's safety needs. These included people's wellbeing and as well as environmental considerations to ensure people were safe during their stay. For example, consideration had been taken where people did not like loud noises, guidance was available for staff to follow on how to reassure the person and avoid them becoming anxious.
- People's safety and well-being was monitored and plans to keep them as safe as possible were regularly reviewed. People's wishes and the views of their relatives and other health and social care professional were considered as part of this process.
- Staff promptly assisted people when they needed support with their safety.

Staffing and recruitment

- All staff had been supported to understand people's safety and well-being needs.
- The suitability of potential staff to care for people was checked prior to their employment.
- There were always enough staff to care for people. The staff required were based on people's individual dependency needs.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- The accommodation people stayed in was a very clean and maintained to a high standard.
- Equipment, such as aprons and gloves, was available to reduce the likelihood of the spread of infections. Staff followed the training they received to promote people's health, and the registered manager regularly checked the cleanliness of the home.

Learning lessons when things go wrong

- Staff communicated information about incidents, so any learning could be taken, and risks to people further reduced. Any occurrences were discussed between the staff at regular handover and staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The wishes of people and the views of their relatives and staff were considered when people's needs were assessed. This helped to ensure people's care preferences and needs were understood.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff support: induction, training, skills and experience

- New staff undertook an induction which included support from experienced staff, so people consistently received care from staff who knew their care needs and preferences. One staff member told us, "For the first six months we received a supervision every month, to ensure we felt supported and could discuss any concerns."
- Staff had opportunities to gain the skills they needed and to develop their skills further. The registered manager told us staff were trained in Intensive Interaction techniques. This technique facilitates positive engagement with children and adults, many of whom are on the autistic spectrum, and with whom communication is often difficult. To support people with behaviour that may challenge, staff had received training called "Team Teach" which promotes de-escalation strategies and the reduction of risk and restraint. A staff member told us, "The manager makes sure I have everything I need to know. The training here is excellent."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed regularly. Where people had risks associated with eating and drinking there was clear guidance in their support plans.
- People were encouraged to eat healthily. People were involved in growing fruit and vegetables on the farm. Although healthy choices were promoted, and this was balanced with ensuring people's preferences were met.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Relatives told us that their family member received effective support with their health. Staff worked with other healthcare services to monitor people's physical and mental health and sought advice from external professionals when their health needs changed. For example, we saw support and advice had been taken from doctors and epilepsy nurse specialist.

Adapting service, design, decoration to meet people's needs

- Risks in relation to premises and equipment were identified, assessed and well managed.

- Easy read signs were available for people to use to assist them to find their way around the home.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported to make decisions and direct their own lives. People told us they were supported to make informed choices and staff respected people's decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with compassion by a very caring and respectful staff team. We saw people were comfortable in the company of staff. We saw people laughing and smiling in the company of staff.
- Relatives told us they thought staff treated their family member with kindness and respect. One relative said, "[Person's name] likes going there because, they understand them."
- Staff were sensitive to people's needs. They used gentle and encouraging voice tones when supporting people's mood changes to reduce any deterioration in their mental and emotional wellbeing.
- Relatives spoke positively and complementarily about the staff and management stating they were very approachable and listened to them.

Supporting people to express their views and be involved in making decisions about their care

- Staff tried a variety of ways to communicate with people, so their wishes could be respected. This included using pictorial ways of communication and intensive interaction with the use of touch.
- Where people were unable to verbally communicate their needs and choices, staff understood their way of communicating. Staff observed people's body language, gestures and eye contact to understand their views and wishes.
- Information about advocacy services was available for people. Advocacy services are independent of the registered provider and local authority and can support people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. We saw staff communicating respectfully with people and promoting their sense of well-being and inclusion.
- People were encouraged to be as independent as possible.
- People's right to dignity was reflected in the way staff cared for them. We saw staff were discreet when suggesting people may like to have personal care.
- People's confidential information was securely stored.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- All of the staff team were committed and focused on providing care and support to meet the needs of each person, so they could be as independent as possible. The provider and staff worked as a team they could be responsive to people's individual needs and choices. Each person staying at the farm had individual activity schedules of their choosing which reflected their interests. We saw an example of how one person preferred to decide on how they wanted to spend their time during their stays on arrival. Staff supported the person and adapted their time accordingly. We saw these included trips away from the farm, to the local theatre and local country parks. People staying at the farm were encouraged to become involved with all farm and animal activities, feeding, collecting eggs which ever they preferred.

- People were supported to be involved in planning their care such as providing information in different reading formats in line with the Accessible Information Standards. The Accessible Information Standards aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and receive any communication support they need. Staff understood how to communicate with each person and ensured they received support that was most appropriate to them.

- Care records contained personalised information, likes, dislikes and preferences, and set out how staff should meet people's needs. For example, how staff should support a person if they became anxious and to avoid certain situations. The person's care plan was very clear and sensitively written to provide guidance on how to support the person's needs.

- Staff had regular handover meetings to discuss support their practices to ensure people's needs were immediately responded to and consistently met.

Improving care quality in response to complaints or concerns

- The provider sent out regular feedback questionnaires to the people, relatives and staff so views could be gathered, and any improvements suggested made. We were given one example of how the provider had responded to change the environment to suit one person because the positioning of emergency lighting was causing them distress. The provider changed the furniture in the bedroom, so the bed was not facing the green light.

- Relatives we spoke with knew how to make a complaint but had not felt it necessary to do so.

End of life care and support:

- At the time of our inspection no one using the service was receiving end of life support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People staying at Corran Dean at Smokey Farm liked spending time with staff and the management.
- Relatives told us they saw senior staff and the registered manager regularly, and found them Approachable. A relative described the registered manager as being, "A very efficient manager. She has a strong presence around staff and is very straightforward."
- Staff were very complimentary about their employment. One staff member said "I love working here. The staff team are amazing."
- The registered manager told us, "I am very hands on. I like to think we are good at supporting staff holistically through mentoring including emotional and pastoral support."
- Staff understood the registered manager's vision for the quality of care to be provided. One staff member told us, "[Registered manager's name] and Service Manager's name are so supportive they want the best care for everyone using the service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and relatives all felt the service was well managed and people's care needs were met.
- Staff were supported to understand their roles through regular staff meetings and one to one meeting, with their managers. We found staff meetings were used to encourage staff to reflect on the care they provided and to focus on developing the service provided further.
- The provider/registered manager and senior staff checked the quality of the care provided. For example, checks were made to ensure people's medicines were administered as prescribed, to ensure the environment was safely maintained.
- The registered manager and senior staff were supported to provide good care, based on best practice standards, by meetings with the provider, attending training and conferences, plus research linked to the needs of people using the service.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People, their relatives and staff had been asked for their views on the service provided, through surveys. We found people's, relative's and staffs' feedback had all been positive.
- We saw the registered manager and staff worked together with other health and social care professionals

for suggestions to develop people's care further. This helped to promote people's physical health and mental well-being.

Continuous learning and improving care

- There was a drive to learn and improve people's care further. Staff were encouraged to take learning from any incidents and to reflect on the standards of care they and other health and social care providers gave, so lessons could be learnt and plans to mitigate future occurrences were put in place.
- The registered manager understood their duty of candour and had reported key events to the Care Quality Commission. They had displayed the last inspection report for people using the service to view.