Cornforth Care Ltd

Cornforth Care Ltd

Inspection report

Ferndale Farm
Scar Lane, West Barnby
Whitby
YO21 3SD

Tel: 07773477049

Date of inspection visit:
04 February 2020
21 February 2020

Date of publication:
26 March 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Cornforth Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people living in and around the Whitby area. At the time of this inspection, 23 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Appropriate checks had not been completed to ensure suitable staff were employed. Staff inductions and supervisions were not thoroughly recorded. Medicine records were in place, but these did not always contain the required level of information. The quality assurance processes in place were not effective.

Peoples preferences in relation to end of life care had not been considered. We have made a recommendation about end of life care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Decisions made in people's best interests and consent to care and support was not always recorded. We have made a recommendation about best interest records.

People received support from staff who were kind and caring in their approach. Staff had been provided with appropriate training and people told us they felt safe. Staff were knowledgeable of the process to follow if they suspected abuse.

People had the opportunity to attend a day centre and increase social interaction. Feedback was often requested from people and staff that was used to make improvements to the service provided. The service had a positive culture. The registered manager was passionate about providing person-centred support.

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

Rating at last inspection
This service was registered with us on 9 January 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified breaches in relation to safe recruitment and quality assurance processes in place at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Cornforth Care Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 February 2020 and ended on 21 February 2020. We visited the office location on 4 February 2020.

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

What we did before the inspection
We looked at information we held about the service such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit. We used this information to plan the inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

During the inspection
We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, medication records, five staff recruitment, induction, supervision and training files and a selection of records used to monitor the quality and safety of the service.

During the office site visit we had discussions with the registered manager and administrator.

We visited a day centre people who used the service attended, which was operated by the provider. During this visit we observed staff interactions with people. We spoke with four people who used the service and three members of staff.

After the inspection
We were sent further information regarding risk assessments and quality assurance checks in place.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
● People were not protected from unsuitable staff supporting them. Robust recruitment procedures had not always been followed.
● Two references had not always been requested. A thorough interview process was not followed.
● Disclosure and Baring Checks (DBS) had not been requested prior to employment commencing. For example, on staff member commenced employment in November 2018 but a DBS had not been received until September 2019.

Failure to operate safe recruitment processes was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There was enough staff to support people. One person said, "Staff are on time and it is always a familiar face. I have never had anyone I have not been introduced to first."

Using medicines safely
● Medicines were not always managed safely.
● Where people were prescribed 'as and when required' medicines, appropriate protocols were not in place to guide staff on when these should be administered.
● Records for topical medicines, such as creams, did not contain clear guidance of where these creams were to be applied.

Failure to keep complete, accurate and contemporaneous records was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● People told us they received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse
● A policy and procedure was in place to guide staff in how to safeguard people from the risk of abuse and harm.
● Staff had been trained and understood how to identify, respond and report safeguarding concerns.
● People told us they felt safe. Comments included, "I know I am in safe hands when the staff come."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risk assessments were in place to guide staff on how to safely meet people's needs.
● Risk assessments had been regularly reviewed to ensure they remained relevant and corresponded with people's current support needs.
● Processes were in place to ensure any accidents and incidents were recorded. Learning was shared with the staff team when things had gone wrong.

Preventing and controlling infection
● Staff followed good infection control practices.
● Personal protective equipment was available and used appropriately.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
● Staff felt supported in their role. Staff spoke highly of the registered manager and the support they provided. However, records were lacking in relation to supervisions and the monitoring of staff's performance. For example, one staff member commenced employment in November 2018 but had no recorded supervisions on their staff file.
● New staff completed an induction and were able to shadow experienced members of staff, but this was not thoroughly recorded.

Failure to keep complete, accurate and contemporaneous records was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Staff had the appropriate training, knowledge and skills to support people. Regular training had been provided.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.
● Where people lacked capacity, decisions made in their best interests were not always recorded.
● Signed consent was not always in place to show people had consented to care and support.
● Where people had lasting power of attorneys in place, evidence of this was not requested.

We recommend the provider considered currently best practice in relation to MCA and updates there practice accordingly.

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

● Peoples received an assessment prior to support commencing; this ensure their needs and choices could be met. People's needs were regularly reviewed.
● People were involved in making every day decisions and choices about how they wanted to live their lives.

Supporting people to eat and drink enough to maintain a balanced diet
● Were required, people were supported with their meals; healthy, balanced meals were promoted by staff.
● Appropriate monitoring forms were completed when concerns were raised regarding a person's food and fluid intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to health care professionals; staff sought medical advice for people where required.
● Information about people's health needs was recorded in their care plan.
● Staff worked collaboratively with other professionals to ensure people received the support they required.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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
- Staff were caring, friendly and helpful. People spoke highly of all staff. A person said, "This is a five-star service."
- People were supported by a consistent team of staff who supported people at their own pace. One member of staff told us, "We are not rushed at all. I have worked in home care a long time and this is the best place I have ever worked. People really are at the centre of everything we do."
- Positive, caring, trusting relationships had been developed.
- Staff respected people as individuals and were trained in equality and diversity. People were supported to practice their religion and celebrate religious festivals.

Supporting people to express their views and be involved in making decisions about their care
- People were supported and encouraged to make their own decisions. They were supported by their families or had independent professional support with making decisions where needed.
- Staff understood the importance of effective communication whilst maintaining confidentiality.
- People chose a time they would like staff to visit and this had been accommodated where possible.

Respecting and promoting people's privacy, dignity and independence
- The registered manager and staff showed genuine concern for people who used the service; they were keen to ensure people's rights were upheld and they were not discriminated against.
- People told us staff maintained their privacy and dignity at all times. One person said, "I have no concerns at all in that area. All staff are very professional."
- People told us they were supported to maintain their independence by staff who were familiar with their likes, dislikes, preferences and abilities.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were in control of the support they received. Staff provided care and support in line with people's preferences.
- Care plans and 'This is me' documents contained person-centred information which staff followed.
- Care plans were regularly reviewed with people and relatives to ensure they remained relevant. When additional support needs were identified, timely action had been taken to ensure this was put in place.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples preferred communication methods were recorded in their care plans.
- The registered manager was able to provide information in people's preferred format, such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged meaningful conversations and stimulation. Staff were familiar with people's life history and used this to engage in conversation.
- A day centre provision had been set up by the provider to encourage people to socialise and offer the opportunity to participate in hobbies and interests.
- A 'Cornforth Care' newsletter was regularly circulated to ensure people were kept up to date on events taking place in the local community.

Improving care quality in response to complaints or concerns

- The registered manager was aware of the appropriate procedure to follow if any complaints were made. There had been no formal complaint since the service began delivering care and support.
- A complaints policy and procedure was in place. People had access to this and told us they were confident any complaints would be addressed appropriately.

End of life care and support

- Peoples preferences with regards to end of life care and support had not been considered or recorded.
- The service was not currently supporting anyone who was receiving end of life care.

We recommend the provider considered current best practice guidance in relation to end of life care and updates their practice accordingly.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● Effective quality assurance systems were not in place to monitor the quality and safety of the service provided.
● The registered manager did not have sufficient oversight of systems and processes to ensure regulatory requirements were met, such as safe staff recruitment.
● Thorough records had not been kept in relation to medicines, best interest decisions, end of life preferences and staff supervisions and support. The registered manager was not aware of these shortfalls as audits had not been completed.
● The registered manager understood they needed to support staff at all levels to understand their roles and responsibilities, but this had not been done consistently.

Systems were not in place to demonstrate safety and quality was effectively managed and monitored. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The service had a positive culture that was open, honest and inclusive.
● Staff and people provided positive comments about the registered manager and their commitment and approach. One person said, "[Registered manager] is brilliant. They go out of their way to make sure I have everything I need."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood their responsibility to be open, honest and apologise if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The registered manager welcomed feedback and used this to improve care.
● People and their relative's views of their care were sought through regular engagement. These took place in person, via telephone and questionnaires.

- Regular staff meetings were held to ensure staff were kept informed about people's needs and any changes to the service. These were not always recorded to evidence how decisions were made.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager and provider failed to keep complete, accurate and contemporaneous in relation to people who use the service and staff. Effective systems were not in place demonstrate safety and quality was effectively managed and monitored.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered manager and provider failed to operate safe recruitment processes to ensure suitable staff were employed.