

Anderby Care Ltd

Cottage Farm

Inspection report

Cottage Farm
Dawson Lane, Wath Upon Dearne
Rotherham
South Yorkshire
S63 6HT

Tel: 01709879887

Date of inspection visit:
13 March 2018

Date of publication:
31 May 2018

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

This comprehensive inspection took place on 13 March 2018. The registered provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. This was the first inspection of the service, which was registered with the Care Quality Commission in February 2017. We carried out the inspection a little earlier than planned due to concerns raised with us about the way the service was operating.

Cottage Farm is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults. The registered provider is Anderby Care Limited. Not everyone using service receives regulated activity. CQC only inspects the service being received by people provided with 'personal care.' This means help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there were 31 people using the service, 20 of whom were receiving personal care.

The service was managed on a day to day basis by the owner, who was also the registered manager. 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 service was rated 'Requires Improvement.'

The written records available did not always reflect the very positive aspects of the service that people told us about. The people who used the service and relatives we spoke with were all very happy with the service provided. They told us that the service was particularly person centred and that risks were well managed. Staff told us they loved working for the agency and had received support, training and supervision to help them to carry out their roles. However, written records were not always available to show this.

There were gaps in the records of staff recruitment, so it was not always evident that staff had been safely recruited.

People told us they had been consulted about their satisfaction in the service they received. However, the registered provider did not have evidence of an effective system to monitor the quality of service delivery and of staff performance.

There was a procedure in place to ensure any safeguarding concerns were addressed and reported. People we spoke with felt safe using the service. There were sufficient numbers of staff to meet people's needs

People told us they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, there was a need to improve the written records in relation to this.

Improvements were needed to ensure documentation reflected the training and support staff received.

People told us the registered manager and care staff were very caring. They said they treated people with respect and dignity, and cared for them in a way which met their needs.

People and their relatives had been involved in formulating care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The people we spoke with told us they would feel comfortable raising concerns, if they had any.

The service supported people to maintain a healthy diet, when this was part of the persons care package. People who required the involvement of health care professionals were assisted to obtain this support.

During this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Written records did not always reflect that robust pre-employment checks had been made prior to new staff commencing their employment.

There was a need to improve the consistency of records about risks associated with people's care. This included risks associated with the management of medicines

There were sufficient numbers of staff to meet people's needs and staff had received training in safeguarding people from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff felt that they were well trained and supported. However, there was a need to introduce a more formal system to ensure staff always received training and support in a timely way.

There was room to improve the written information in people's records in relation to their capacity and consent.

People were supported to receive a balanced diet, which met their needs. People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us the care workers were kind and caring.

The registered manager made sure people were cared for by the same staff, allowing time to build positive relationships.

Staff explained how they maintained people's privacy and dignity and involved people in their care.

Is the service responsive?

Good 

The service was responsive.

People told us the service was the best they had ever experienced. People's needs had been assessed and people were involved in planning their care.

People knew how to make a complaint and felt able to complain if they needed to.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The registered provider had systems in place to ensure the service operated to an expected standard. However, some of these were not used and others required embedding into practice.

People, their relatives and staff all spoke very highly of the caring and supportive nature of the registered manager and of the service overall.

More than one staff member told us the registered manager was the best manager they had ever had.

Cottage Farm

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 registered provider was 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.

The inspection included a visit to the agency's office on 13 March 2018. To make sure key staff was available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. Two adult social care inspectors carried out the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. This including notifications submitted to us by the registered provider, and information gained from people who had contacted CQC to share feedback about the service. A Provider Information Return (PIR) had been sent to the registered manager for completion. This was returned within the timescale requested. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We requested the views of other agencies that worked with the service, such as the social work professionals who made referrals to the service. This was because most people who used the service were funded through direct payments. A direct payment is a way that local councils enable people to purchase services that will meet their needs.

We also spoke with the registered manager and a senior care worker. After the inspection visit we contacted five people who used the service and their relatives. We also contacted five care workers by telephone to gain their opinions of the service.

We looked at documentation relating to people who used the service, staff and the management of the service. We checked five people's care and medication records and six staff files, which included recruitment, training and support records.

Is the service safe?

Our findings

Improvements were needed to ensure staff were recruited safely. We found that there were gaps in records regarding staff recruitment, so it was not always evident that staff had been safely recruited. The service had a recruitment policy and procedure in place for recruiting new staff. This process included obtaining pre-employment checks prior to staff commencing employment. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We noted that in some cases, recent DBS checks had been accepted from applicants' previous employment and had not been updated. Some application forms and interview records were not fully completed, so it was difficult to ascertain if a complete record of the applicant's work history had been obtained during the recruitment process.

The registered manager explained that some months ago, they had been required to take a period of unplanned absence. During this time a temporary, consultant manager had come in to cover. It was evident during this period best practice had not always been followed in the recruitment of staff. The registered manager also explained that in a small number of cases, they had been unable to obtain references for applicants who had previously worked for one particular social care employer. Therefore, it had been necessary to seek references from alternative sources. We spoke with some of the staff affected and they confirmed this. We saw that alternative references had been obtained.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 19: Fit and proper persons employed.

The risk assessments that were in place for people who used the service needed to be developed further, as some risks were not described in detail and there was sometimes a lack of written guidance for staff on how to manage particular risks. It was evident that staff relied on information being passed by word of mouth about how to best support people and manage any risks involved. However, there was no evidence that this had resulted in any harm to people. This was largely due to the high levels of consistency of staffing in the service, with the same staff supporting people all of the time and getting to know them very well. However, this was not ideal, particularly where people who used the service were unable to communicate verbally, or to direct their own care.

We spoke with people who used the service and their relatives and they were positive about the way the registered provider managed risks and felt the service was safe. One relative said, "The service is very safe. I talk with the staff a lot and observe the way they care for [my family member]. They are aware of [my family member's] needs and conscious of the risks, and act accordingly." Another relative said, "We have never had a problem with safety and reliability. In fact we have been very pleased with everything."

All staff we spoke with told us they had completed moving and handling training, as well additional training, specific to the individual and support they required. They told us that this included training in how to use specialist equipment for helping people to move and transfer, such as hoists. This was confirmed by people

who used the service and their relatives. The registered manager told us staff had received formal, practical moving and handling training.

One staff member told us about an incident, when a person who used the service had displayed behaviour of a challenging nature. There was no documented learning about this. However, in discussion with the staff and with the registered manager, it was evident that lessons had been learned and action taken to prevent recurrences.

Although there were some gaps in the written records regarding medicines, all the people and their relatives we spoke with gave very positive feedback about the way people were supported with their medicines. For instance, one person said. "[Staff] are very good at making sure [my family member] receives their tablets. They do it in a very caring and careful way."

People's care records included a section about their medicines and how they should be taken. The registered manager and staff confirmed that the medication administration record charts were audited by the registered manager to ensure people were receiving the medicines as prescribed. However, there were some gaps in the written records of audits and of action taken to address any issues arising from them. There were also gaps in the written evidence that staff had been trained and assessed as competent to administer medicines,

Some people were prescribed 'as and when required' medicines, sometimes known as PRN medicines and the written guidance for staff was not very detailed. Where one person's relatives and staff, both administered PRN medicines, there was no written record of the medicines the person's relatives had administered. Staff explained that this information was always shared with staff by the person's relatives. However, there was room to improve the written guidance for staff and records to reduce any risk, in the event of a breakdown in communication.

We spoke with people and their relatives and staff about staffing levels and everyone told us there were enough staff to meet the needs of the people who used the service. The registered manager told us that if they felt people's level of need required more hours of support; they would discuss a reassessment with the person's social worker.

Staff we spoke with told us they had received training in safeguarding people from abuse. They were able to explain what they would do if they suspected abuse had occurred and confident the registered manager would take appropriate action.

Is the service effective?

Our findings

Improvements were needed to ensure documentation reflected the training and support staff received and to ensure consistency with this. Records of staff training, assessments and supervision had not always been fully completed. Whilst the service was relatively new and quite small, the registered manager had been able to retain this information by memory rather than keeping written monitoring records. However, the service had grown quite quickly and there was a need to establish more formal monitoring systems. This would provide evidence of good practice and help plan future training and supervision monitoring. The registered manager was aware of this and had told us this was an area they planned to improve upon, both at the inspection and in their provider information return (PIR).

However, all of the people and relatives we spoke with told us that staff were knowledgeable and understood people's needs very well. This included knowledge of any specialist healthcare needs they might have. One person said, "My staff know about my needs and are trained in the areas that matter to me." One person's relative explained that their family member was living with a long term healthcare issue, which could sometimes affect their daily life. They told us the staff who supported their family member understood their needs particularly well and were very sensitive in the way they approached this aspect of the person's care. They said, "The staff are very aware, sensitive and are never patronising."

The registered manager told us they recruited staff who already had relevant experience, training, knowledge and skill base and that this usually included nationally recognised vocational qualifications in care at diploma level. Where staff were yet to attain vocational qualifications, they were supported to do so by the agency. The registered manager told us two staff had recently signed up to undertake diplomas in care.

All the staff we spoke with confirmed they had had previous experience in care and had completed extensive relevant training before working for the registered provider. The registered manager told us new staff completed an induction, which included training that was tailored to meet their individual needs. The staff we spoke with confirmed this and told us that the registered manager placed a great deal of emphasis on making sure staff were well trained and well supported. They confirmed they had up to date training in all of the core subjects, such as health and safety, safeguarding people and moving and handling.

The registered manager also told us that one staff member was undertaking the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This helped to ensure staff were given the right skills and training after completing their induction.

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. The registered manager told us that staff had completed training in this subject and staff we spoke with confirmed this. The staff we spoke with were aware of good practice guidance. For instance, one staff member explained that one person who used the service sometimes made decisions the staff member did not think were wise. They added, "The [person] had the capacity and had the right to make their own decisions and they supported the person by discussing the risks with them."

Whilst the feedback about the outcomes for people was very positive, we found there was room to improve the written information in people's records in relation to their capacity and consent. For instance, there was not always written evidence that mental capacity assessments had been carried out when a person's ability to make a specific decision was in question.

The people who used the service and their relatives told us staff were always careful to maintain the principles of the MCA. For instance, one person's relative said, "[Staff] are good at supporting [my family member] and careful to give them the information and the time they need to make their own decisions."

The people who used the service and their relatives also spoke very positively about the support the staff provided to people with food and drink. Staff we spoke with explained how they prepared meals and offered drinks and snacks to people. However, we did see one instance when staff had recorded information in one person's log that showed their meal had been provided without being prepared to the required texture. This meant guidance about the person's needs had not been followed. We discussed this with the registered manager, who told us that the person had the capacity to make such choices. They told us they would ensure that people's records better reflected their capacity to make decisions.

Staff we spoke with confirmed they would contact the registered manager if they felt someone was unwell or required support from health care professionals. It was evident the registered manager worked well with other professionals. For instance, one social work professional said, "It has really been a positive experience with [the registered manager] as she is easy to talk to and negotiates start dates etc. with little disruption to the customer."

Is the service caring?

Our findings

The people who used the service and their relatives we spoke with said they felt staff were very kind and caring. One person's relative said, "[My family member] absolutely loves the staff member who cares for her. She thinks [staff member] is great." Another person's relative said, "The staff are very caring, very aware of [my family member's] needs and preferences and communicate well with [my family member]."

We also saw written feedback about the service from one person's relative that stated, "Nothing is too much trouble. Anderby Care Ltd is so much more than an agency that pops in to do the basics. [My family member] likes the carers and enjoys their company. This is thanks to the input and investment that the manager and her team give."

One social work professional told us, "[The registered manager] is very caring and goes further than one hundred per cent. I have had feedback from clients and families who are now happy with their journey in care. [The registered provider's] company is a very receptive company."

One person's relative told us their family member had the same staff consistently, which was important to them and had enabled good communication and positive relationships. They added that if any staff had proved to be incompatible, the registered manager had responded quickly and in a positive way to the situation.

Staff we spoke with told us the registered manager had clear values and encouraged them to work within these values. This included caring for people as they would a member of their own family, promoting independence, listening to people and helping them to have choice. All the staff we spoke with told us they loved working for Cottage Farm. One of the reasons they gave for this was that the registered manager cared very much about the people who used the service and worked tirelessly to make sure their needs were met.

Staff were clear that it was important to ensure people were involved in their care and for them to be at the centre of all discussions and planning involving their care and support. They told us that they talked to people to find out how they liked things doing and involved them. They told us they supported and encouraged people to remain as independent as possible. They were also able to explain how they maintained people's privacy and dignity.

Is the service responsive?

Our findings

All of the people we spoke with and their relatives spoke very positively about the service. More than one person told us the service was the best they had ever experienced. The people we spoke with who used the service told us that the registered manager had visited and assessed their needs and asked about their preferences prior to them using the service. People told us that the care staff involved them in their care and support on a day to day basis. We also saw written feedback about the service from one person's relative that stated, "This is the most amazing person centered care facility. [My family member] came out of hospital needing support and companionship. The manager and her team stepped in to offer whatever support [my family member] needed, not just when they could fit it in. They have supported [My family member] emotionally and physically enabling them to regain their independence."

People's relatives said the registered manager always carefully introduced staff members to the person they would be caring for. The registered manager also, later sought their feedback and consent before allocating the staff member to the person. This was reflected in the feedback we received from staff, who told us the registered manager always made sure they were properly briefed and aware of the person's needs and preferences. They said being introduced in this way was very helpful in getting to know people.

From talking to people and their relatives it was evident the registered manager put a lot of thought into matching the skills of the staff with the needs and preferences of each person. For instance, one person's relative told us the service was delivered in a very person centred way and the same, small team of five staff always supported their family member. The person's relative told us that, as well as receiving training, many of this small team had relatives who were living with the same disabilities as their family member and this was very positive, as it gave them a good insight into the issues faced by the person and their family.

Both social work professionals we contacted provided positive feedback regarding the responsiveness of the service. For instance, one social worker told us the registered manager supported the people who used the service to a high standard. They added that the registered manager always had time for people, and treated everyone with dignity and respect. One social worker also commented positively on the wide range of support the service offered to different people.

People confirmed they had a care plan and care records in their homes and staff wrote in the day to day records each time they visited. In addition, feedback we saw from one relative during the inspection said, "At the assessment they built a person specific plan, building in re-learning [for my family member] on how to do tasks like laundry washing, observing meal preparations by [my family member] taking them out for visits and shopping, and accompanying them to appointments. With their help, [my family member] has been able to get back their life."

Whilst all of the feedback we received about the service was very positive, we found there was a need to provide more written information about people's needs and personal preferences. Everyone had care plans and printed versions were provided to each person in their home. We saw copies of people's care plans and day to day records during our visit to the office location. Most of the care plans we saw lacked detail about

people's preferences in relation to how their care was provided. This meant staff had little written information on how to provide person centred care and support in accordance with the person's wishes. This was because staff often relied on information being shared verbally about the detail of people's preferences. This was not always ideal, particularly where people who used the service had specific communicate needs, or were unable to direct their own care. However, we found no evidence that this had had a detrimental effect on the service people had received.

Some people who received the service had disabilities, which included sensory impairments and there was room to improve their care plans in relation to their communication needs. There was also a need to further develop information shared with people in different formats, to help them make informed choices. The registered manager was aware of these issues and told us of their plans to improve in these areas, both at the inspection and in their provider information return (PIR).

The registered provider had a complaints procedure and people told us they would speak with the registered manager or a particular, senior member the care staff if they had any concerns. One relative said, "I can't fault them [the agency]. I have never had cause to complain." Another person said, "I am confident the manager would deal with any concerns. We have always had a very satisfactory service."

Is the service well-led?

Our findings

Overall, we found that there was room to improve some elements of written information and governance. However, whilst we found areas for improvement, all of the people and relatives we spoke with spoke very highly of the registered manager and of the way the service was run. One person's relative said, "The registered manager understands the importance of caring for her care staff. She does care and looks after her staff very well. They then feel valued and go on to do their jobs very well." This was echoed in the feedback we received from one of the social work professionals we contacted, who told us, "[The registered manager] always had time for her staff group."

The registered manager, who owned the agency, managed the agency alone, although they had some support from a senior member of care staff. 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.

There was little written evidence to show that effective systems were in place to evaluate and monitor records, such as people's care plans and medication records. Day to day records were kept in people's homes. Although people, their relatives and staff confirmed that they were checked by the registered manager, there was no written evidence of the audit checks or of action taken to address any issues arising from them. Additionally, during our inspection we identified that records of staff recruitment and training required improvement to reflect that staff were both suitable and trained to meet the requirements of their role.

Although people told us that they were regularly asked about their satisfaction with the service, there were no formal systems in place to gain and record feedback from people who used the service, their relatives, representatives and staff. This meant the registered manager could not provide evidence that they continually evaluated the service and identified areas of improvement.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had systems in place to ensure the service operated to an expected standard. However, some of these were not used and others required embedding in to practice. Documentation required more detail so the registered provider could monitor and evaluate the service.

Both social work professionals we contacted provided very positive feedback regarding the way the service was managed. For instance, one social worker told us, "I have had quality service with [the registered manager] from the beginning. I am working at a fast pace with the winter pressure beds and the need to get provision quickly. [The registered manager] has provided me with this positive outcome and allowed swift discharge. We also saw very positive written feedback about the service from one person's relative, which included, "They [the service] stepped up on every level, often being called in emergencies at short notice."

Staff we spoke with spoke very positively about the registered manager and felt supported by them. Some

staff we spoke with told us that the registered manager was determined that there should be no 'call cramming' and this was a particularly positive aspect of working for Cottage Farm, as it had often been an issue in other agencies they had worked for. Call cramming is where staff are routinely given too many visits, too close together. Staff emphasised how positive it was that they were provided with realistic time to travel from one call to another and encouraged to stay for every minute of each of their scheduled calls. They felt that this is helped to make sure that people received a good service, as staff had time to care for people properly and to get to know them.

More than one staff member told us the registered manager was the best manager they had ever had. One staff member told us that the registered manager was very 'hands on', exceptionally supportive and always put people who used the service first. They said, "[The registered manager] would not ask you to do anything that she wouldn't do herself and regularly works side by side with staff delivering care to people, so she really knows the people [who use the service] and the pressures on staff. When I've phoned to say I've been delayed or am unable to attend a call, [the registered manager] will say, 'Don't worry, I'll go.' and will go quickly to cover the call, so people aren't left waiting."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had systems in place to ensure the service operated to an expected standard. However, some of these were not used and others required embedding in to practice.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had not always operated robust recruitment procedures to ensure staff were suitable to work with vulnerable people.</p>