

Corfe Care Ltd

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Inspection report

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21 March 2022

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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

Corfe Care is a domiciliary care agency. It provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection six people were receiving the regulated activity of personal care from the service. 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

Without exception people and their relatives told us they were extremely happy with the support they received from Corfe Care. People told us they were kept informed of any changes and felt involved in their care. Staff knew people well and understood how they preferred their care and support to be delivered.

People had risk assessments completed for them. These were then used to develop person centred care plans which guided staff on how to care for people safely. Care plans were detailed and regularly up-dated to ensure people received effective care and support. Staff received the training they needed to support people safely and liaised with health and social care professionals if they needed further guidance regarding people's health.

People were protected from abuse and avoidable harm. People felt safe with staff, who had the appropriate training and skills to provide care safely and effectively.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received an appropriate induction and were well supported through a programme of regular supervision and training.

Medicines were managed and administered safely. People were supported to take their medicines safely by staff who had received training to administer medicines.

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 supported this practice.

People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with kindness and care, whilst respecting their privacy and dignity. People received their care from a small, consistent team of care staff who knew people's care and support needs well.

The service involved people and their families with people's day to day care and support needs. Relatives

and people felt listened to and were consulted about how they preferred to receive their care and support.

People felt the service was well led, friendly and professional. Staff felt well supported in their roles and appreciated the open and supportive approach taken by the management team.

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

Rating at last inspection

This service was registered with us on 2/12/2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Corfe 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection started on 18 March 2022 and ended on 21 March 2022. We visited the office location on 18 March 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and their relatives, about their experience of the care provided. We spoke with four members of staff including the registered manager, the office administrator and two care staff.

We reviewed a range of records. This included three people's support and care plans, daily monitoring charts and medicine administration records. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, three staff recruitment, supervision and training records, spot check observation records and a range of the providers quality assurance records, policies and procedures.

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 of this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff. One person told us, "Oh yes I feel very safe, they are all very good. I couldn't commend them any higher." Another person said, "Very safe, yes I'm very happy with it all."
- Staff were clear about their role in protecting people from abuse and had received training in Safeguarding. Staff knew how to identify and act on any concerns. A member of staff told us, "I know all about safeguarding abuses, such as financial and physical abuse. I have had to report potential abuse in a former service but not for Corfe Care." Another member of staff told us, "I'm very confident in reporting potential abuse and have reported in the past."
- Safeguarding incidents had been reported appropriately to the local authority and CQC.

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

- Risks to people were assessed and recorded in people's care records. These covered areas such as, eating, drinking, mobility and skin integrity. Risk assessments provided personalised detail for people to ensure staff could support people safely.
- Risks in people's home environments, such as utility concerns, accessibility and pets were assessed.
- Staff had received training in how to use specialist equipment safely.
- There was a system in place for recording and reviewing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned.
- We reviewed a selection of completed accident and incident forms. These were detailed and made use of visual body maps to ensure any accidents and incidents to people were recorded.
- Learning around accidents and incidents was shared through team meetings and supervision sessions.

Staffing and recruitment

- Staff were recruited safely. Recruitment procedures were in place to ensure the required checks were carried out on staff before they commenced their employment.
- People told us they received their care from a regular small team of care staff who knew them well. Comments we received included, "They are absolutely brilliant... they are always on time, they are part of the family, we always have the same staff", "They come at the same time every day, not rushed at all. I find them ever so good" and "I've had other agencies but these are the best. I get the same three staff sometimes four and I know them all very well. They are very rarely late and if they are I am always informed and get a call from the office."
- Rotas showed suitable times for travelling between visits was given. Staff confirmed there was enough travelling time and that they received their rotas each week. A member of staff told us, "There is enough

travel time... when we set the rotas up we made sure there was enough travel time." People confirmed staff telephoned them if they were going to be delayed.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways they preferred.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- Medicines administration records (MAR) were completed by staff and returned to the office each month to enable a full audit to be completed on them to ensure staff were correctly completing them.
- MAR's were checked by two members of staff but staff initials had not been recorded on the MAR's. We discussed this with the registered manager who confirmed staff initials would be recorded on MAR's immediately.
- Where people were administered topical creams, body maps and instruction documents were in place and provided clear guidance for staff.
- One person told us, "They do help me with my creams and they are gentle and thorough. They do the morning and evening and write it all down."

Preventing and controlling infection

- Staff were trained in infection control and spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- Staff had access to and wore personal protective equipment (PPE) such as disposable gloves, masks and aprons. They had received training in this area. A member of staff told us, "Oh yes, I have enough PPE, masks, aprons and gloves. I collect it from the office."

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 good. This meant 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

- People's care needs were assessed before the service started to provide them with care and support. Assessments and care plans were completed for people in consultation with themselves and their family. These assessments then formed the basis of people's care plans which were personalised and gave staff clear guidance on how people preferred their care and support to be delivered
- Care plans were regularly reviewed and updated with the person, their family and professionals when appropriate. This meant care staff had up to date information about each person they supported.

Staff support: induction, training, skills and experience

- Staff were supported through a system of training and supervision to carry out their roles safely and effectively. New staff completed an induction and were supported to attain the Care Certificate if they did not have previous experience of working in a care setting. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. Staff told us they had found their induction training, "Useful and helpful" and, had given them the necessary skills they needed to carry out their role.
- A member of staff told us, "I completed the induction and learnt all about their paperwork. I had already done the care certificate, so I just needed a refresher through online training. I found the training helpful, I had done a lot before but a refresher is always useful."
- Staff told us they felt well supported by their management team. Staff received regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and their own personal development. A member of staff said, "Supervisions and observations are done regularly, about every six weeks, I think. They are helpful... It's nice working for a small company. They are all very approachable and I'm confident any concerns raised would be listened to and sorted out."
- People told us the staff were well trained, knew them well and supported them in ways they preferred. Staff spent time shadowing existing staff in order to get to know people before they started to care and support them independently.
- There was a system in place to ensure staff received their core training subjects and any specialised training they requested. Staff were completing online training of all core subjects such as medicine management, infection prevention and control, food safety and hygiene, mental capacity act, oral health and skin integrity.
- The service was in the process of securing further practical training for subjects such as first aid and moving and handling.

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

- People were supported by staff who understood their food and drink preferences. One person told us,

"They do my breakfast, just cereal and a bit of yoghurt. I have a little, you can't go wrong with cereal, sugar and milk I hope." Another person said, "They help me with my meals. They make some sandwiches and a nice cup of tea. I'm very happy, I would thoroughly recommend them."

- People's dietary needs were known and met, including if they had allergies to certain foods or needed individual support with eating their meals.
- All staff had received training in food safety and hygiene. A member of staff said, "I do prepare some breakfasts, such as cereal and toast and porridge. Some people really like their porridge. I also prepare some sandwiches for their lunch and make sure I leave them with a drink that they like."

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

- People's care plans set out the support they needed from staff to maintain their health. Staff spoke knowledgeably about people's health needs and acted quickly if people's health conditions deteriorated.
- One person told us, "They are very, very capable and experienced. Everything they do is great. They encourage me and their knowledge is very good. They are absolutely perfect they have helped me improve no end."
- The service worked collaboratively with other agencies, such as GP's, occupational therapists and district nurses this ensured people received effective care which improved people's quality of life.

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 MCA 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.

- Staff had received training in relation to the MCA. People's consent to their care was recorded clearly in their care records.
- Staff understood the principles of the MCA, how to implement this and ensured people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- People told us staff supported them to make decisions for themselves and they were involved in their day to day care. Staff told us how they supported people to make decisions about their care and support. Where possible, people signed their care records to show that they had consented to the care and support they received.

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

- People and relatives described staff as, "Brilliant, very good, helpful, wonderful, kind, gentle, capable, experienced and knowledgeable." One person told us, "I can't rate them highly enough, they are wonderful." Another person told us, "They do everything really well, everything is fine."
- Staff received equality and diversity training when they commenced employment with Corfe Care. People received person centred care that respected their individual needs.
- Staff supported people in a kind, calm and respectful way. People told us they felt respected and their views were listened to.
- Staff had developed positive relationships with people and demonstrated they knew people well, how they preferred their care and support to be delivered and what interactions worked best for each person.
- People, relatives, staff and health professionals were all involved in decisions regarding ongoing care and support.
- People and relatives told us they were kept well informed and felt fully involved in their care and support. One person told us, "I have had one or two questionnaires asking for my views, I've completed them and found it all positive." Another person told us, "They have asked me if I'm happy with the service and they also ask my son. We've also had an official review, they went through everything."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity in all their interactions. People and relatives told us staff spoke with them respectfully and were attentive to their wishes.
- One person told us, "Absolutely they respect my privacy and we welcome them. I can't speak highly enough of them, they respect my choice, they look after me very well." Another person said, "They respect my privacy they always shout out who it is as they come in. I have a key safe and they use that all ok."
- One member of staff told us, "I always knock on doors, make sure curtains are pulled shut. One person told me they felt very relaxed when I was supporting them."

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; 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

- People received person-centred care. Their needs, abilities, background and preferences were documented, known and supported by staff. Care plans were regularly reviewed to ensure they remained current and provided accurate information about how to meet people's needs.
- People told us they felt well cared for. One person told us, "They come twice a day every day. I have the same two staff... they know how I like things done."
- People and relatives received weekly rotas which were accurate and clear to understand. One person told us, "I get a weekly schedule, they are very rarely late and have never missed a call."
- People were encouraged and supported to maintain contact with those important to them including family and friends.
- Without exception, people and relatives described having a small team of consistent staff who knew how they preferred their care and support to be delivered and arrived when expected.
- Staff had time within the visits to chat to people to find out how they were feeling. A member of staff said, "I make sure we can chat so it is nice and relaxed."
- Staff knew people well, what their interests and hobbies were, what things were important to them and what events and hobbies they enjoyed.

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.

- Assessments and care plans explained people's communication needs and how staff were to support them with these.
- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy which was included in the welcome pack people received. The service had not received any complaints.
- People and relatives were confident that if they had any concerns they knew who to raise them with and that any action needed would be completed.

- One person told us, "I've not had to complain, I've never had any problems but I would call the office if I had to." Another person said, "I have their telephone number if I need to speak with them or need to complain," and If I had any concerns I would go to [manager] but I've not had to."

End of life care and support

- During the inspection the service was not supporting anyone who was anticipated to be close to the end of their life. The registered manager told us staff had supported people with end of life care previously.
- Staff received end of life training as part of their ongoing training programme. People who wished to have an advanced care plan had discussions with staff regarding their end of life wishes.
- Advanced care plans included people's faith and beliefs, their special preferences and how they preferred to be cared for at this time of their life.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- People and relatives expressed confidence that the service was well led. Comments included; "I'm extremely happy, I think it is very well run", "They do everything well. We are very happy that they are helping us, it's all going well," and "I think they are well led and I would definitely recommend them."
- Staff and people told us communication was good, with the systems supporting staff fully in their roles. Staff were fully informed of any changes to people's health or care needs in a timely way.
- The registered manager and staff team had a commitment to learning and making improvements to the service people received. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs. A member of staff told us, "[Manager] is strict on doing our observations and spot checks, we get regular observation."
- The service was monitored through a range of audits. These provided the registered manager with clear oversight of the service and ensured effective governance of all areas of service delivery.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a friendly, open, positive and supportive culture amongst the management team and the care staff.
- Staff told us they felt well supported in their roles, felt valued and were confident in approaching the management team at any time for support or guidance. They commented they all worked very well as a team for the benefit of the people.
- A member of staff told us, "I feel supported, very much. I've worked in other companies which are not as supportive but I'm very happy in my work here... I would say staff morale is good, It's lovely. I would say what they do well is their quality of care. The fact I feel I can go the extra mile as I'm supported too," and, "The culture is friendly, open and honest, I get satisfaction I my work."

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 was aware of their responsibilities under the duty of candour and promoted an open and honest culture. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Providers are required to notify CQC of significant incidents and events. The registered manager understood the requirement to notify CQC of significant incidents and events and appropriate notifications

had been submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had sent out quality assurance surveys to people and relatives. We reviewed a selection of these which had all been positively completed, comments included; "A happy caring experience. The team always considers my welfare along with my immediate family", "We couldn't ask for more lovely staff, wonderful service and very caring, thank you for everything", "I can't fault the care I received it's totally friendly and professional" and "I am totally satisfied with every aspect of care provided."
- Staff described how they respected and promoted people's rights, choices and differences. Staff demonstrated an understanding of equality issues and valued people as individuals ensuring they received individualised, person-centred care.
- Staff attended regular staff meetings. These ensured information was shared and minutes were made available for all staff. Staff told us they fully understood what their roles and responsibilities were.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.