

Farmhouse Care Home Ltd

Farmhouse Care Agency

Inspection report

Unit A33
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Christchurch
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Tel: 07523871472

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08 March 2023

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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

Farmhouse Care Agency 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 16 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 Farmhouse Care Agency. 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 updated 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 their care and support needs well.

The service involved people and where appropriate their families with their 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 30/06/2022 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.

Farmhouse Care Agency

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 1 inspector and an Expert by Experience, who made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 7 March 2023 and ended on 9 March 2023. We visited the office location on 7 and 8 March 2023.

What we did before the inspection

We reviewed the information we held about this service during the planning for this inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give key information about the service, what the service does well and improvements they plan to make. We used all this information to plan for our inspection.

During the inspection

We spoke with 3 people who used the service and 6 relatives, about their experience of the care provided. We spoke with 5 members of staff including the registered manager and care staff. We received written feedback from a health and social care professional.

We reviewed a range of records. This included 6 people's support and care plans, daily records, and 6 people's 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, "I feel very safe, they are all very pleasant and they make me a cup of tea when I want one." Another person said, "Very safe, they are good, they are concerned I'm comfortable." A relative told us, "Very safe. When I go there, we check the book; we can see they are taking care of [person]. They are very thorough; they contact us if anything is needed. They know [person] well."
- 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 have flagged up and raised safeguarding concerns in the past. The onus is on us and I'm confident on reporting safeguarding concerns."
- The registered manager spoke knowledgeably regarding when to report safeguarding incidents 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, mobility, skin integrity, eating and drinking. Risk assessments provided personalised detail for people to ensure staff could support them safely.
- Risks in people's home environments, such as security, accessibility, lighting, infection control 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 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

- Recruitment practices were safe. The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before staff supported people in their homes. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they received their care from a regular small team of care staff who were on time and knew them well. One person told us, "We know roughly who is coming and we know when they are coming. We have been introduced to them before they come, we don't have somebody at the door we don't know. If

somebody new comes, they come with someone from Farmhouse Care to introduce us." Another person said, "They just come in the morning and evening. It works well for me. If I want to go out, I tell them. The same ones come all the time."

- One relative told us, "What I like is that there is one main carer. She phoned me up to say she would like to cook [person] some home-made meals, it's really lovely. They know [person] so well." Another person told us, "They turn up the same time each day. I know most of them, occasionally there is a new one and they come in tandem with another one. I am comfortable with them."
- Suitable times for travelling between visits was given. Staff confirmed there was enough travelling time and that they received their rotas in advance. A member of staff told us, "Most of the time, travel time is enough. Generally, they are really good at making sure we have enough time to get to our visits. We get paid for travel time. It's brilliant, it's all good." 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. Some people had medicines administered PRN, 'as required' and staff spoke knowledgeably about administering these medicines. Protocols for administering PRN medicines were completed during the inspection.
- 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 were checked by two members of staff, however staff had not always signed MAR to confirm checks on hand written MAR had been completed. We discussed this with the registered manager who confirmed staff initials would be recorded on MAR immediately to confirm medicine information had been transcribed onto the MAR correctly.
- 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 help me, they get the tablets out. They are locked in a box; they prepare then and make sure I've taken them. They write it up in the book." Another person said, "My medicine is locked up as I have great grandchildren. They open it, they give the medication in a little plastic cup, it's all written down. They are really efficient and thoughtful."

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.
- A person said, "They [staff] have got a uniform and they always have got gloves as well. My house is always tidy."

A relative told us, "They [staff] wear a mask all the time, they wear gloves and aprons. There is never any mess, they do the bathroom after them."

- 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, "There is so much PPE, there has never been a problem getting it. We have gloves, aprons, masks and sanitiser, it's all available."

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 guidance on how people preferred their care and support to be delivered
- Care plans were 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 spoke positively regarding the induction and training they had received at Farmhouse Care Agency saying it was, "Helpful and Useful" and, had given them the necessary skills they needed to carry out their role. New staff were supported to attain the Care Certificate if they did not have previous experience of working in a care setting. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme."
- A member of staff told us, "I did the induction which covered everything. It all made sense and was quite straightforward. It was definitely easier coming into this agency than the last one I worked for." Another member of staff said, "I had already done the Care Certificate and I'm just starting my level 3 diploma in Health and Social Care. I'm really interested and excited to be doing it and get it all done properly."
- 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, "I've worked in about 3 care jobs, and this is the happiest I've been. I feel completely supported.... It has worked out so well and I am so pleased. I love it I really do, and you are valued and appreciated and treated so well."
- 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. One person told us, "I am confident they know what they are doing."
- There was a system in place to ensure staff received their core training subjects and any specialised training they requested. The service was in the process of changing their training platform and training programme. Staff told us they were looking forward to this change.

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, "It's all in the fridge and freezer. My daughter orders it. It's delivered, they get it out and it goes in the microwave

or oven. They are very good."

- People's dietary needs were known and met, including if they had allergies to certain foods or needed specific support with eating their meals.
- Staff received training in food safety and hygiene. A member of staff said, "I noticed [person] has gone onto soft food. I do their shopping on a Monday. [Person] likes sausages and they were leaving the skin, so we have gone for skinless sausages. I get to know their likes and dislikes. I ask them, would you like chicken, gravy and veg if you describe it, they understand. [Person] has gone more onto soft food such as scrambled egg."
- Another member of staff said, " [Person's] favourite is coffee, but I've noticed they don't always drink when we are not there so I always make sure they have some fresh squash, and I have to remind them it's fresh."

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 knowledgably about people's health needs and acted quickly if people's health conditions deteriorated.
- A health and social care professional provided written feedback that stated, "I have found staff from Farmhouse Care Agency approachable, caring and willing to be flexible to the client's needs."
- One person told us, "If they thought I was ill they would call the doctor or ambulance. I don't need that help at the moment."
- One relative told us, "[Person] had COVID-19, they were really good. They phoned to gain my permission to do a COVID-19 test. I came down and we worked together. I feel [person] is in good care."
- 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.

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

- Staff received equality and diversity training when they commenced employment with Farmhouse Care Agency. People received person centred care that respected their individual needs.
- One person told us, "They are kind and concerned. They are doing their best to be professional." A relative commented, "They refer to [person] by their Christian name, talk to them and chat. They are very pleasant." Another relative said, "They are always polite, and they tell me what they are going to do."
- 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, "They call and ask if everything is ok?" Another relative said, "The registered manager rang the other day and asked if we were happy and if there were any problems, they have been in touch."

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 relative told us, "They are exceptionally kind and caring. If I forget to clean [persons] glasses, they say, I will do it for them. They do say, I try to let him dress himself, not to take away his independence. They are so caring."
- We asked people if staff respected their privacy and upheld their dignity. One person told us, "They just do, they are kind and polite." Another person told us, "They will wash my back for me if I want them to."
- One relative said, "They speak to [person] like they have known him a long time. I'm so happy with how they are with [person]. [Person] is happy with them, they talk about [person's] trains and boats. The care staff speak slowly and clearly so [person] understands every word. [Person] then has time to reply. I couldn't wish for any better."
- One member of staff told us, "I always ring or knock on the door and call out my name and let them know I'm here. If they are on the phone or with family, I leave them on their own to give them privacy." Another member of staff said, "I check they are all ok, and make sure they have a clean, warm towel on their lap to make sure they are not exposed."

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 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 and were involved in their care. One person told us, "Registered manager came around, explained everything, and set it all up. I said it was important to us to come at 8.00 due to medication. They come as regular as clockwork."
- People were encouraged and supported to maintain contact with those important to them including family and friends. One relative told us, "I just think these carers are lovely, they give [person] happiness and safety. They give us as a family confidence, they manage well. It's the care that they show and understand [person] as a person. [Person] is getting the best out of life they can."
- 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. One person told us, "They will sit and have a chat" another said, " They are people I can talk to when they come over."
- 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 Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Assessments and care plans explained people's communication needs and how staff were to support them with these.
- 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 complaints policy in place. 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 never had the need to complain." Another person said, "I haven't needed to complain. I've got all the numbers if I needed to contact them."

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.
- We discussed end of life care planning with the registered manager. They told us they would be investigating end of life training for staff for the future. Where required, people's care records were able to reflect their end of life wishes if they wished them to.

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: "it's absolutely perfect. I had fingers crossed beforehand, it exceeded all our expectations", "As far as I'm concerned, it's excellent. The girls come every morning", "It's very well organised. I get the impression the manager has their finger on it. What I like is they do catch up meetings about the client, they are on it", "it's my first experience of care and I couldn't have wished for any better ones."
- Staff, relatives and people told us communication was good, with the systems supporting staff in their roles. Staff were informed of any changes to people's health or care needs in a timely way. A member of staff told us, "The biggest plus is communication. I've never worked for a company that liaises so well together... it all works well."
- The registered manager 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, "[registered manager] has done observations and spot checks just last month. Another member of staff told us, "I've had observations and spot checks done. They are unannounced and useful."
- The service was monitored through a variety of audits. These provided the registered manager with oversight of the service and ensured effective governance 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 throughout the service. Staff told us the registered manager was always available for advice and guidance and led from the front. One member of staff said, "The registered manager is very approachable. There is nothing that [registered manager] wouldn't do themselves. They always listen and value our views."
- Staff told us they felt well supported in their roles, felt valued and were confident in approaching the registered manager at any time for support or guidance. They commented they all worked very well as a team for the benefit of the people.
- A relative told us, "[Person] is in their own home. They are fed well and healthier and I feel they have got someone there, it's like wraparound care."
- A member of staff told us, "The registered manager is loyal and passionate. No stone is to be left unturned, if you go somewhere leave it tidy and make sure people are well. Safeguarding people comes first before jobs and consideration for the next carer. The registered manager is quite passionate about that, and it

feeds across to the team. It's a good ethos."

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.

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: "The carers genuinely seem to care for [person's] welfare and well-being", "Generally I am very happy with the service the care agency is providing", "Whenever I meet the carers at my sisters flat they are always very friendly and helpful both towards me and [person].it is clear [person] enjoys having them visit her", " I always get timely responses from registered manager when I contact the office. All the staff are friendly and show great concern for [person's] welfare. I like the fact that [person] has a regular carer who has been with them for some time, really knows them and shows great concern for their well-being and happiness", "In essence everything is excellent."
- 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 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.