

Potsford Care Services Ltd

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Inspection report

Potsford Farm
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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

Potsford Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 17 September 2018 there were three people who used the personal care service. The inspection was on a Monday and we announced the inspection on the Friday before. We gave the service notice of the inspection to make sure that someone was available to see us. The service is run from an office at Potsford Farm, which also provides a day service for people with learning disabilities and mental health conditions. Potsford Farm is a working farm and people have the opportunity to participate in the running of the farm. This includes the care of the animals on site.

This service was registered in May 2016 and started to provide care and support to people using the personal care service in June 2017, this was their first inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People received a safe service. Risks to people were managed well, including risks from abuse and in their daily lives. There were enough care workers to ensure that all planned visits for people were completed. Care workers were recruited safely. The service did not provide people with their medicines, other than the application of creams, which was done safely. However, there were systems in place, should this service be required. The service learned from incidents to make improvements. There were infection control procedures in place to reduce the risks of cross infection.

People received an effective service. People were asked for their consent before any care was provided and their choices were documented. The service's staff understood the principles of the Mental Capacity Act 2005 (MCA). Where people required assistance with their dietary needs, this was provided. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

People received a caring service. People had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People were provided with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. A complaints procedure was in place and people's concerns were addressed.

People received a service which was well-led. There were systems in place to monitor and assess the service provided. This supported the management team to independently identify and address any shortfalls. There

was an open culture in the service and the views of people using the service and care workers were valued and used to drive improvement. As a result, the service continued to improve.

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.

There were systems in place designed to reduce the risks to people from abuse and avoidable harm.

There were care workers available to cover people's planned visits. The recruitment of care workers was robust.

The service were systems in place to support people with their medicines, as required. The service currently did not provide people with their medicines apart from checking that people had taken them and the application of creams.

Infection control processes reduced the risks of cross infection.

Is the service effective?

Good 

The service was effective.

People received care from care workers who were trained and supported to meet their needs.

The service understood the principles of the Mental Capacity Act 2005.

Where people required support with their dietary needs, this was provided effectively.

People were supported to access health professionals, where required. The service worked with other professionals to provide people with a consistent service.

Is the service caring?

Good 

The service was caring.

People were treated with care and kindness and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Good 

The service was responsive.

People's specific needs and preferences were assessed, planned for and met.

There was a system in place to manage people's complaints.

Is the service well-led?

Good 

The service was well-led.

There were systems in place to assess and monitor the service provided to people. This assisted the management team to identify and address any shortfalls.

There was an open culture, where people using the service and care workers were asked for their views. These were valued and acted on.

Potsford Care Services Ltd

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 checked whether the provider is 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.

This announced comprehensive inspection was carried out by one inspector on 17 September 2018. The inspection was on a Monday and we announced the inspection on the Friday before. We gave the service notice of the inspection visit because we needed to be sure that someone would be available.

We visited the office and spoke with two directors and a care worker. With their permission, we visited one person who used the service in their home and spoke with another person on the telephone. We reviewed two people's care records, records relating to the management of the service, training records, and the recruitment records of three care workers.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including their registration documents and notifications we received from the service. Notifications are required by law which tells us about important events and incidents and the actions taken by the service. We also reviewed information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection, we sent questionnaires to 10 members of staff and seven community professionals. This was to gain their views about the service. We received completed questionnaires from five care workers and three community professionals in April 2018.

Is the service safe?

Our findings

One person we spoke with told us that they felt safe using the service and with their care workers.

The service had systems in place designed to protect people from avoidable harm and abuse. This included policies, procedures and training for care workers. The service's information brochure and staff handbook clearly identified the service's commitment to safeguarding people from abuse. The minutes from a care worker meeting in July 2018 identified that care workers were reminded how to report any concerns of abuse to the organisations responsible for investigating them. Where safeguarding concerns had been raised, the service's management team learned from these and took action to reduce future risks. During our inspection we saw that one of the directors acted promptly where there was a safeguarding concern.

All of the questionnaires from care workers and community professionals said that they felt that people who used the service safe from abuse or harm. In addition, the care worker questionnaires said that they knew what to do if they thought that a person was at risk of abuse or harm.

Risks to people's safety were managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with medicines, diet, mobility, and risks in their own homes.

All of the questionnaires from care workers said that their schedule allowed them to arrive on time for people's planned visits and to complete all of the care required by people and there had been no need to use any agency staff. All the questionnaires from community professionals said that people who used the service told them that the care workers always stayed for the agreed length of time for their visits and completed all the care and support identified in their care plans. The directors told us that there were enough staff to ensure all visits were completed. There were no missed visits and the ways that these were prepared for was robust. During our visit to a person we saw that their care worker arrived at the expected time.

We reviewed the recruitment records of three new care workers. These included checks that prospective care workers were of good character and suitable to work in the service. One care worker confirmed that the checks were made before they were allowed to work in the service. The directors told us that they recruited care workers to ensure they had the attributes to work in the service and cater for people's wishes and needs.

The people who used the service did not require assistance to take medicines, apart from checking that they had been taken and the administration of creams. Records showed that creams were administered as prescribed. To reduce the risks to people associated with their medicines, their care records listed the medicines prescribed and identified any side effects. In addition, care workers received training in medicines management. One person had been assisted to set up a call reminder service on their telephone, which was used by the person to know when their medicines were due to be taken. The person told us that this system worked well.

Care workers were provided with training in infection control. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves, shoe protectors and aprons. All of the questionnaires from community professionals said that care workers followed good hygiene and infection control practices. During our visit to a person in their own home we saw the care worker using PPE where required.

Is the service effective?

Our findings

People's care needs were assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. Prior to people starting to use the service, a member of the senior team undertook a needs assessment, in consultation with the person and their relatives, where required. This provided a smooth transition to start using the service.

Community professionals had sent us completed questionnaires which included comments about the service. All said that the care workers were competent to provide care and support to people. One stated, "I have found all staff at Potsford to be knowledgeable, caring, committed and respectful." All the questionnaires from care workers said that they had the training they needed to meet people's needs, choices and preferences.

We reviewed the training records which showed there were systems in place to provide care workers with training and with the opportunity to undertake qualifications relevant to their role. Training including medicines, safeguarding and infection control. They also received training in people's specific needs including mental health conditions, behaviours that may be challenging, diabetes and equality and diversity. One of the directors told us that they had purchased a new training package which they felt would further improve the training provided. Meeting minutes identified that care workers were kept updated and discussed issues including people's specific needs, pressure ulcers, autism and behaviours that may be challenging. Care workers were also provided with guidance in the staff handbook, which identified the terms and conditions of their role and policies and procedures relating to the care provided to people.

New care workers were provided with an induction which included shadowing more experienced care workers. One of the directors told us about how new care workers worked alongside the director to be introduced to people and to learn the job. All the questionnaires from care workers said that they had received an induction which prepared them fully for their role.

All questionnaires from care workers said that they received regular supervision which enhanced their skills and learning. One stated, "I feel I am kept well informed and supported to enable me to support the clients in the best possible way." One care worker we spoke with said, "The support is amazing." Records showed that care workers received one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work practice, receive feedback and identify any training needs they had.

The service worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. Community professionals had sent us completed questionnaires which included comments about the service. They all said that the service acted on any instructions given and made sure the care workers knew about people's needs and preferences and. One stated in how the service worked with them, "Highlighting concerns to me and also putting forward solutions." Another commented, "Potsford staff are welcoming and have assisted me greatly in developing customer's independent skills whilst keeping them safe and increasing their quality of life." People were supported to maintain good

health and had access to health professionals, where required. Where care workers had identified concerns about people's wellbeing, records showed that, with people's consent, health care professionals were contacted to arrange for appointments.

The service supported people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. One person told us about the support they had received with their dietary needs. They were proud of the progress they made and we saw that the director complimented them.

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.

During our inspection we saw that a care worker asked for a person's consent before providing any support. One of the directors asked for people's consent for us to visit their home and speak with them on the telephone. People's care records included information about people's capacity to make their own decisions. The records also advised care workers to seek people's consent. People had signed their care records to show that they consented to the care they were being provided with and the data kept about them. All the questionnaires from care workers said that they had training and understood the MCA. This was confirmed in the training records. The directors understood the principles of the MCA and when best interest meetings were required.

Is the service caring?

Our findings

People told us that their care workers treated them with kindness and respect. One person said, "I like them [care workers]." We saw that a care worker and the director interacted with a person in a caring and compassionate way. They clearly shared positive relationships with the person who smiled and chatted with them freely.

Community professionals had sent us completed questionnaires which included comments about the service. All said that the people using the service were treated with kindness and the care workers treated them with respect and dignity. One stated, "A totally trustworthy, kind and truly caring organisation that I thoroughly recommend." Another commented, "All customers I speak with who either attend the farm or have community support speak very highly of the staff and their service. They feel listened to, well cared for and safe in the knowledge that they have the support of this service." All the questionnaires from care workers said that people were always treated with respect and dignity.

The directors and the care worker we spoke with talked about people in a compassionate manner. They clearly knew the people who used the service well. They were knowledgeable about people's needs and preferences.

Care workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. Records were stored securely in the service, which reduced the risks of their personal information being accessed.

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. All the questionnaires from care workers and community professionals said that people were supported to be as independent as they could be. One of the directors told us that they had assisted a person to set up a system using technology to remind them to take their medicines, which supported their independence. We spoke with the person who confirmed this system was in place, and they were happy with it.

A person who used the service told us that their choices were respected and the care workers acted on what they wanted to do in their life. People's care records identified that they had been involved in their care planning. This included their choices about how they wanted to be cared for and supported.

Is the service responsive?

Our findings

People said that they were happy with the care and support they received. One person said, "I am very happy." Care workers had sent us completed questionnaires which included comments about the service. One stated, "The attention to detail and support provided to the clients is second to none." Community professionals had sent us completed questionnaires which included comments about the service. One stated, "Potsford Care offer an outstanding service to our clients with Learning Disabilities where other care agencies have failed to meet their needs. Potsford offer a true holistic approach helping to encourage their independence and build their self-worth." Another commented, "They get to know their customers and take pride in providing an individualised adaptable service."

The directors told us how they tried to provide people with a consistent service with the same care workers supporting them. People were matched with care workers who they got on with. If people did not get on with a care worker, they were removed from their rota.

Care records identified how the service assessed, planned and delivered person centred care. People's specific needs were identified in the care plans and how these affected them in their daily living and relating to the care provided. Reviews on the care provided was undertaken to ensure people received care that reflected their current needs. The service was working on developing their care planning to a computerised system. This included systems for care workers to log in and out of care visits. This was still under development.

Records of concerns identified that swift action was taken to address them and use them to drive improvement and reduce the risk of formal complaints. There was a complaints procedure in place and a copy of this was provided to people. All the questionnaires from community professionals said that the management dealt with any concerns they had.

The directors told us that there were no people using the service who required end of life care. They assured us that they would include the discussion with people about their choices in people's care records and provide training for care workers where required.

Is the service well-led?

Our findings

This service was registered in May 2016 and started to provide care and support to people using the personal care service in June 2017, this was their first inspection.

The directors and registered manager had qualifications and experience of working with people with specific needs and conditions. The registered manager was on leave during our inspection. We spoke with two directors who understood their roles and responsibilities and were committed to providing a good quality service to people at all times. The directors and registered manager also completed care visits, which enabled them to receive feedback from people about the service they were provided with. A care worker we spoke with told us that they thought that this was good, because the management team, "Led by example." They also said that they felt that the service was well-run and they felt comfortable to raise any issues they had with any of the management team. All of the questionnaires from care workers and community professionals said that they would recommend this service to a member of their own family.

There were systems in place to support the management team to monitor and assess the service. This included audits and checks on care plans and training. This assisted the management team to identify any shortfalls and take action to address them. There was a service improvement plan in place which was added to as the service identified areas for continuous improvement. The plan held information to show how the improvements were to be addressed, a planned date and when these were completed.

The directors kept updated with any changes in the care industry. This included the changes in the ways that the service maintained people's personal data. The service's brochure clearly identified the care and support that people could expect to receive. This had been updated to include information about personal data and its use. A director told us that they read other service's inspection reports to keep updated on the requirements of their role. They had also attended training relating to running a care service and their regulatory requirements. We reviewed the service's registration documents and Provider Information Return which identified that the director understood their roles and responsibilities in providing a good quality service.

There was an open culture in the service, people and care workers were asked for their views and these were listened to and valued. People had completed satisfaction questionnaires to express their views of the service. Where comments from people were received the director said they would address them. We saw the results from the surveys and they were all positive.

Care workers told us that they felt supported by the service's management team. They said that the service was well-led, there was a positive culture and the team worked well together. Care workers had sent us completed questionnaires which included comments about the service. One stated, "In my experience Potsford care services provides care and support to both clients and employees to the highest standard, as an employee I am proud to represent them." Another commented, "I have worked in other services and feel that Potsford goes way above what is expected. The clients are always put first and are led by good role models. The high managers are very hands on and experienced and I can learn from them. I feel proud to

work for Potsford." Another said, "As a mental health professional there is no doubt in my mind that Potsford Care services is one of the best support agencies around." A fourth stated, "Potsford Care Services is run by a kind, warm, passionate and dedicated team. I feel proud to work for such an organisation and have consistently seen a very high level of practice across all areas of the organisation."

Minutes of meetings attended by care workers identified that they discussed people's changing needs, and suggestions were discussed in meeting them. All of the questionnaires from care workers said that they would feel confident reporting any concerns or poor practice to their managers and the managers ask for their views about the service and took them into account.

The directors told us about the positive relationships they maintained with other professionals. This included those who commissioned the service and other community professionals involved in people's care, such as the pharmacy and GP service and people's allocated social care and mental health workers. The service had booked with an organisation linked to the local authority to undertake a 'mock inspection.' This identified their willingness to receive feedback about the service. All of the questionnaires from community professionals said that the service was well-led, the management team were accessible and worked hard to continuously improve the quality of care people received.