

Cornforth Care Ltd

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Inspection report

Ferndale Farm
Scar Lane, West Barnby
Whitby
YO21 3SD

Tel: 07773477049

Date of inspection visit:
09 December 2020
10 December 2020
16 December 2020

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15 January 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cornforth Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people living in and around the Whitby area. At the time of this inspection, 15 people were using the service.

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

People's experience of using this service and what we found

People were extremely happy with the care and support they received, and they felt safe. Risks to people had been assessed, recorded and regularly reviewed. People received their medicines as prescribed and their nutritional needs were being met by staff who promoted a healthy, balanced diet.

Staff had been recruited safely and were provided with appropriate training and support to enable them to carry out their roles.

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. Signed consent was in place.

People and staff spoke highly of the registered manager and their commitment to the service. The staff team had worked hard to make improvements to ensure they were meeting regulations.

A system was in place which was used to monitor the quality and safety of the service. People were regularly asked their views on the service provided and action had been taken when suggestions were made.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 27 March 2020).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an announced comprehensive inspection of this service 4 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the recruitment processes and governance systems in place.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cornforth Care Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cornforth Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection site visit was carried out by one inspector. A second inspector made calls to people who used the service and relatives.

Service and service type

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

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

Notice of inspection

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

Inspection activity started on 9 December 2020 and ended on 16 December 2020. We visited the office location on 10 December 2020.

What we did before the inspection

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

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Prior to the inspection site visit we asked the registered manager to send us some documentation electronically. This included records relating to the monitoring of the service provided, staff meeting minutes, risk assessments and accidents and incidents.

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

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted four people who used the service and two relatives to ask their views on the service provided. We also contacted two members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Safe recruitment processes were in place and followed.
- All appropriate pre-employment checks had been completed prior to new staff commencing employment.
- There was enough staff to support people with their care and support needs. People were supported by a consistent team of staff who arrived at the allocated times. One person told us, "Well, I'm very happy with Cornforth Care. I don't think there is any better carers."

Using medicines safely

At the last inspection the provider failed to keep complete, accurate and contemporaneous records in relation to medicines. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were recorded and administered safely.
- Detailed information was not always in place with regards to as and when required medicines. The registered manager took action to address this following the inspection.
- Audits were used to identify any shortfalls; action had been taken when shortfalls were found.
- Staff had received appropriate medicines training and had their competencies assessed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguarding people from the risk of abuse.
- Staff had received appropriate training and knew the process to follow if they had any concerns.
- Safeguarding concerns had been shared with the local authority when required.

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

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

Preventing and controlling infection

- Staff followed infection prevention and control policies and procedures that were in place.
- Staff had access to appropriate personal protective equipment which was stored and disposed of appropriately.
- The registered manager had ensured staff were provided with up to date information and guidance in relation to Covid-19.
- We have signposted the provider to guidance in relation to Covid-19 risk assessments for staff.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to keep complete, accurate and contemporaneous records in relation to staff inductions and supervision. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- New staff received a thorough induction when they joined the service. This was clearly recorded.
- Regular observations of staffs practice had taken place and were documented.
- Records in relation to staff support had improved. Staff were provided with regular one to one supervision. The registered manager was in the process of making further improvements to how these were recorded.
- Staff told us they felt supported. Comments included, "The support staff receive is amazing. I think the registered manager goes above and beyond to support staff."

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

- People were supported with meal preparation where this was required; healthy, balanced meals were promoted by staff.
- Appropriate monitoring forms were completed when concerns were raised regarding a person's food and fluid intake.

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

- Staff worked with other professionals to ensure people received the appropriate care and support.
- When staff had concerns regarding a person health, they had contacted professionals in a timely manner; advice provided had been followed.
- People were supported to medical appointments if this was required.

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

- People were involved in making everyday decisions and choices about how they wanted to live their lives. One person said, "Staff come out to talk to me about the care all the time. They ask me whether I think any changes would be useful."
- Thorough assessments of people's needs had been completed prior to support being provided. This

ensure their needs and choices could be met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider consider current guidance in relation to MCA and act to update their practice. The provider had made improvements.

- Records were in place to show people had signed consent to their care and support.
- Where people had Lasting Power of Attorney's in place, evidence of this was requested.
- Staff had received MCA training and were aware of the process to follow if they had concerns regarding people's capacity.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At the last inspection the provider failed to ensure systems were in place to demonstrate safety and quality was effectively managed and monitored. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A clear auditing system was now in place to monitor the quality and safety of the service provided.
- Audits had been effective in identifying shortfalls. Records did not always clearly show actions that had been taken as a result of the shortfalls found; the registered manager took action after the inspection to address this.
- The registered manager was clear of their role and responsibilities. They had worked hard to implement improvements to ensure they were meeting regulations. One staff member said, "[Registered manager] is so very caring. They would do anything for anyone and their aim is to ensure people get the best possible care."

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

- People and staff told us the service had an open, honest, positive culture.
- People spoke highly of the registered manager and staff team and their commitment to the service. Comments included, "[Registered manager's name] is a marvellous woman, and the carers are out of this world. Nothing is too much trouble for any of them."

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager understood their responsibility to be open, honest and apologise if things went wrong.
- People, relatives and staff were regularly asked to provide feedback on the service. Action had been taken when suggestions were made. One person told us, "You can tell [registered manager's name] anything and they will sort it straight away."
- The service has strong links with the local community and made use of local resources, such as

community centres, to offer social interaction, although this had been restricted due to Covid-19.

Working in partnership with others

- The service had strong links with other professionals. The registered manager had worked hard to build strong, working relationships. This had resulted in positive outcomes for people. For example, staff had direct contact with named professionals to enable them to seek support and guidance immediately in relation to a person's complex health condition.