



Inspection Report on

Cornpoppy Homecare

**27 Brook Estate
Monmouth
NP25 5AN**

Date Inspection Completed

21/02/2023

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About Cornpoppy Homecare

| | |
|--|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Cornpoppy Homecare Agency |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | This is the first inspection to the service since registration under The Regulation and Inspection of Social Care (Wales) Act 2016. |
| Does this service provide the Welsh Language active offer? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

People are complimentary of the service they receive from Cornpoppy Homecare. They told us they are happy with a reliable service provided by familiar and caring staff. The manager oversees the service as they conduct the dual responsible individual (RI) role. Staff are safely vetted, trained, and supported to perform their duties. The manager is a visible presence and both service users and staff have confidence in them. A call monitoring system supports the agency to provide a flexible and individualised service for people. We have issued the service provider with areas for improvement in relation to people's personal plans, policies and procedures and quality assurance.

Well-being

People told us the service makes a difference to their lives. Care workers treat individuals with dignity and respect. Staff are familiar to individuals and understand their needs. People told us they have good relationships with their regular care workers which they value. People told us, "They (staff) go above and beyond." "Couldn't be any better everything they (staff) do is wonderful." "Staff are very thorough."

People can access the right information about the service, where and when they need it. We saw the agency's key documents in people's houses which provides information about the service, how to contact the agency office and how to raise a complaint.

People's wellbeing is maintained. The agency works with other healthcare professionals to support individuals with their health needs. We viewed people's personal plans which direct care workers how to meet their assessed care and support needs. The information is person centred which outlines individuals likes and preferences.

People are safe and protected from harm and abuse. The agency audits the length of time of calls to ensure people are receiving care and support in accordance with their needs. Staff monitor accidents and incidents and are trained to report concerns to the relevant agencies. Infection control arrangements are in place. Medication practices need to be strengthened to further safeguard individuals in receipt of services.

People are supported to maintain their independence. The agency assists individuals to live in their own homes. The agency can provide additional services which allows live in carers time to visit friends and attend appointments.

Care and Support

People's needs are assessed before the service is commenced. An individual assessment is carried out which enables the agency to decide if they can meet a person's needs. From this information a personal plan is drawn up in consultation with the individual and or their relative. The manager told us previously, the plan would be compiled in the first seven days of the service starting. The regulations expect a personal plan to be in place at the start of a package. The manager gave assurance they will implement this practice. We visited an individual who has just started using the service and found a personal plan in place. The agency's statement of purpose (SOP) has been revised accordingly.

People's care and support needs are being met. Staff support individuals with their daily needs. Personal plans provide sufficient detail for care workers to deliver care and support in accordance with needs, likes and preferences. The agency works with healthcare professionals to support people with their needs. People told us care and support is delivered in a dignified and respectful manner.

People's personal plans are not being reviewed to reflect any changes in needs and or outcomes. The plans do not identify outcomes for people. The regulations require reviews consider the extent to which the individual is able to achieve their personal outcomes. Although, we did not see this reflected in people's care documents we saw and heard of examples of this happening. This is an area for improvement, and we expect the provider to take necessary action.

Personal plans are not being reviewed in line with regulations. The regulations specify reviews are conducted every three months. At our initial visit, the manager gave assurance this would be addressed and during visits to people's homes this was confirmed. Individual risk assessments are in place which further support individuals to continue to live in their own homes. In addition, we saw no evidence that people using the service and or their representatives are involved in the reviews. This is an area for improvement, and we expect the provider to take necessary action.

People receive a flexible, consistent, and reliable service. The agency is dependable and able to respond flexibly to meet the needs and preferences of people. An electronic management system is responsible for managing late and or missed calls. In addition, it monitors the delivery of people's care and support and ensures care workers have sufficient time to deliver a person's care package safely. This enables the service to be responsive to an individual's changing needs. The agency can refer care packages back to the commissioners to adjust, as necessary.

Medication systems need to be strengthened. Staff are trained to assist individuals with their medication. We noted staff are administering medication but are not signing individual medication administration records (MAR) charts as they are unable to identify tablets. We asked the manager to amend their practices to safeguard individuals.

The service promotes hygienic practices and manages risks of infection. An infection control policy is in place to inform those working at the service. Staff have received infection control training in accordance with guidance. Staff have access to sufficient stocks of personal protective clothing.

Environment

This domain is not considered as part of a domiciliary inspection however, we visited the agency offices as this was our first visit to the service since registration and found they are suitable for their intended use with secure storage facilities.

Leadership and Management

Governance systems support the running of the agency. The manager/RI is experienced and qualified to conduct the role. They are supported by two senior managers. The management team or managers are visible and engage in the running of the services. Staff told us they have good lines of communication with managers, and they feel well supported. The agency has sufficient systems to manage the operation of the service which ensures people's needs are met in accordance with care plans.

Arrangements for the oversight of the service through on-going quality assurance needs to be strengthened. The service's statement of purpose and supporting policies are routinely reviewed. Although, we found they contain outdated information and references to redundant legislation. These are key documents which staff need to be able to access to support them in their role in achieving best outcomes for people. This is an area of improvement, and we expect the provider to take the necessary action.

A quality of care review of the service has taken place. The report includes engagement with individuals and or their relatives. We noted there needs to be a greater level of analysis to show improved outcomes for individuals which improves their wellbeing. This is an area for improvement, and we expect the provider to take necessary action.

The service has safe recruitment practices. We viewed personnel files and found sufficient recruitment checks in place to demonstrate care workers fitness to work with people who are vulnerable. All newly appointed staff receive an induction including shadowing more experienced care workers. Staff complete a probationary period which further safeguards people. The service is continuing to recruit staff despite experiencing sector wide recruitment pressures.

Care workers are trained and supported to undertake their role. Care workers performance is routinely monitored to support their development and senior staff conduct spot checks on care workers to ensure their performance meets the expectations of agency. Staff receive supervision in line with the regulations. Care workers who have met probationary period are registered with Social Care Wales.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|---|-----|
| 15 | People's personal plans fail to consider how the individual will be supported to achieve their personal outcomes. | New |
| 16 | People's personal plans must be routinely reviewed every 3 months. Reviews of people's personal plans must include engagement with the individual/ their carer. | New |
| 12 | We viewed the Infection control and safeguarding policy. We found references to outdated legislation/ information and organisations. | New |
| 80 | The RI must analyse the information and make recommendations of how and where the quality and safety of the service can be improved. | New |

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